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This research thesis is presented as part of the requirements for the award of the Degree of PhD (Education)

School of Education
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Declaration of Originality

I, Irene Nakasote Ikafa, certify that this thesis does not incorporate, without acknowledgement, any material previously submitted for a degree or diploma in any university, and that, to the best of my knowledge and belief, it does not contain any material previously published or written by another person, except where due reference is made in the text.

Signed: _________________ On: 05/08/2015
Abstract

This study investigated the resettlement experiences of both involuntary (refugees) and voluntary African migrants to Western Australia using Peplau’s Interpersonal Relationship Theory (IRT) as its theoretical framework. Peplau’s IRT was used primarily in Chapter 7 and 8 to inform the findings of Migrant Support Service Providers (MSSPs), to establish how migrant support services might be strengthened and to understand how this theory can support migrants in some areas.

Despite increasing numbers of African migrants resettling in Australia, little research has examined their experiences during this process. The following research questions were asked: 1) what are the resettlement experiences of African migrants living in Western Australia? 2) what is the status of their mental health and how do they cope with stress? and 3) what are their perspectives about migrant support services?

This study utilised a mixed-method research design in which quantitative and qualitative approaches were used. Convenience, snowballing and purposive sampling resulted in a sample of 115 migrant participants from Sub-Saharan African countries living in Western Australia (WA) and five Migrant Support Service Providers in WA. Recruited migrant participants were provided with a survey questionnaire. Out of 115 migrant participants, 30 participants also agreed to be interviewed. The purpose of the interviews was to explore the experiences of migrants in narration to fully understand the issues affecting them. Descriptive statistics, an independent t-test and one-way and two-way analysis of variance (ANOVA) were used to analyse the survey data, and interpretive qualitative methods were used to analyse the interviews.

Most participants were involuntary migrants (refugees) from war-affected countries and a few were voluntary migrants from non-war-affected countries. Reasons
for migration included escaping civil war and seeking better life opportunities. The participants reported good general health and mental health and were generally quite positive about their future in Australia. Feelings about the future were more negative for participants who were unemployed than for those who were employed. Most participants from war-affected countries utilised services from Centrelink, Migrant Resource Centres and Homeswest.

Most migrants reported being well integrated and appreciated safety and security in Australia, in addition to educational opportunities for themselves and their children. Some migrants often experienced racial discrimination, and felt isolated and lonely. Coping strategies by migrants included seeking support from family, friends and faith communities and most felt that information about support services was not sufficient, and recommended accessible and culturally appropriate services.

Migrant Support Service Providers (MSSPs) indicated that support services for migrants were not sufficient and not easily accessible. They recommended ways to improve support services, such as consulting with migrants, adapting services to meet their needs and coordinating longer-term services.
Acknowledgements

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Secondly, I would like to thank the African migrants and Migrant Support Service Providers who participated in this study. They deserve much recognition because, without their generosity, this research could not have been completed.

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<tr>
<td>ABS</td>
<td>Australian Bureau of Statistics</td>
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<tr>
<td>ACA</td>
<td>African Community Association</td>
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<tr>
<td>AMEP</td>
<td>Adult Migrant English Program</td>
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<tr>
<td>ANOVA</td>
<td>analysis of variance</td>
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<tr>
<td>ASeTTS</td>
<td>Association for Services to Torture and Trauma Survivors</td>
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<tr>
<td>ATM</td>
<td>automated teller machine</td>
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<tr>
<td>CALD</td>
<td>culturally and linguistically diverse</td>
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<tr>
<td>CCS</td>
<td>Complex Case Support</td>
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<tr>
<td>CMS</td>
<td>Centrecare Migrant Services</td>
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<tr>
<td>DIAC</td>
<td>Department of Immigration and Citizenship</td>
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<tr>
<td>DIMBP</td>
<td>Department of Immigration and Border Protection</td>
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<tr>
<td>DIMIA</td>
<td>Department of Immigration and Multicultural and Indigenous Affairs</td>
</tr>
<tr>
<td>DRC</td>
<td>Democratic Republic of Congo</td>
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<tr>
<td>ECCWA</td>
<td>Ethnic Communities Council of WA</td>
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<td>IHSS</td>
<td>Integrated Humanitarian Settlement Strategy</td>
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<td>IRT</td>
<td>Interpersonal Relationship Theory</td>
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<tr>
<td>MRC</td>
<td>Migrant Resource Centre</td>
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<tr>
<td>MSSP</td>
<td>Migrant Support Service Provider</td>
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<tr>
<td>NESB</td>
<td>non-English-speaking background</td>
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<td>PhD</td>
<td>Philosophical Doctorate</td>
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<td>PTSD</td>
<td>Post-traumatic stress disorder</td>
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<td>SGP</td>
<td>Settlement Grants Program</td>
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<td>SHP</td>
<td>Special Humanitarian Program</td>
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<td>Abbreviation</td>
<td>Description</td>
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<tr>
<td>SPSS</td>
<td>Statistical Programs for Social Sciences</td>
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<td>TAFE</td>
<td>Technical and further education</td>
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<tr>
<td>TIS</td>
<td>Translating and Interpreting Services</td>
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<tr>
<td>TPV</td>
<td>Temporary Protection Visa</td>
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<td>United Nations</td>
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<td>US</td>
<td>United States</td>
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<td>WA</td>
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<td>WHO</td>
<td>World Health Organization</td>
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Chapter 1: Introduction

1.1 Introduction

This study examined the resettlement experiences of African migrants to Western Australia (WA). Peplau’s Interpersonal Relationship Theory was used as the theoretical framework for this study to inform the findings of Migrant Support Service Providers (MSSPs) in Chapters 7 and 8, and to establish how migrant support services might be strengthened in order to provide greater support for migrants in certain areas. The current study was undertaken because there are increasing numbers of African people migrating to Australia, but little research has examined their experiences. Their reasons for migrating were related to seeking life opportunities and escaping civil war, political persecution and joining spouses. Most of the participants in this study were involuntary migrants from war-affected countries, such as Sudan and Somalia, who were fleeing from civil war or persecution. A few were voluntary migrants from non-war-affected countries, such as Botswana and Zambia, who were seeking better life opportunities and better education for themselves and their children. It is likely that the number of African migrants will continue to increase due to various problems facing Africa, such as civil wars, drought and economic problems.

To date, studies conducted on the resettlement experiences of African migrants in Australia have focused only on refugees. This study addressed the major issues affecting both voluntary and involuntary (refugee) African migrants in WA. In addition, it examined the coping strategies of this group of migrants, and evaluated the current support services available to migrants.
While moving to countries such as Australia can be positive for Africans, the stressors associated with the resettlement process can be significant and can have a profound effect on their physical and mental health (Ognsiji, Wilkes, Jackson & Peters, 2012). Migrants often experience problems related to adaptation, language barriers, lack of education, isolation and loneliness. They also encounter resettlement challenges, such as multiple losses, racial discrimination, unemployment, underemployment and separation from family members. Muli et al. (2009) confirmed that there are many challenges associated with resettlement experiences of African migrants in a new country, including lack of housing, racism, culture shock and acculturation issues. Therefore, it is important that upon resettlement in a new country, all migrants be given orientation and information about the support services that are available to assist them with the resettlement process. Byrne et al. (1994) recommended that new migrants receive social orientation and material assistance in order to adapt to their new country.

This chapter will discuss an overview of migration and Africans migrating to Australia, aims and significance, and the scope of the study, and the study’s research questions. Additionally, the historical background of the investigation will be discussed to better understand the reasons why African migrants are migrating to Australia. Australia’s migration policy will be explained to understand the previous Australian immigration control policy known as the ‘White Australia Policy’, which excluded all non-European people from migrating to Australia. In addition, this chapter will discuss Australian policy of multicultural society, which accepts migrants from Asia, the Middle East, Africa, and other parts of the world. It will also describe the current immigration process in Australia and explain the two main migration programs and other programs that are used to process migrants. Following this, the settlement support services policy for migrants will be discussed to identify support services that are
available for migrants. Further, the chapter will provide the operational definitions used in this study, as well as an overview of subsequent chapters. In this investigation, the word ‘migrants’ will be used to refer to both voluntary and involuntary (refugees) migrants.

1.2 Overview of Migration

The movement of people is not recent—people have been constantly migrating within and to other countries throughout human history (Eitinger & Schwarz, 1981; Grinberg & Grinberg, 1989; Ingleby, 2005; Muggah, 2003). Migration can be defined as a process whereby individuals or groups of people leave their homeland. In the few years prior to 2014, the total number of international migrants has increased from an estimated 154 million in 1990, followed by 175 million in 2000 and finally, to a current 232 million (Divinský, as cited in IOM, 2014).

Migrants are people who leave their home countries to settle in other countries, without any intent of returning (Grinberg & Grinberg, 1989; Muggah, 2003). Eitinger and Schwarz (1981) define a migrant as “a person who, without any intent of returning, leaves their homeland to seek work and permanent domicile in another country” (p. 86). African migrants are those Africans who leave their homeland to search for ‘greener pastures’ in other countries or are forced to leave their homeland because of civil war, human trafficking or the slave trade. In fact, the slave trade of Africans in America began many hundreds of years ago and according to Lovejoy (1989) nearly 12 million Africans were traded in the trans-Atlantic slave trade between the 16th to 19th centuries.

In recent years, there has been an increase in people migrating from one country to another. Global mobility and wars have played a major role in migration trends (Ingleby, 2005). Indeed, people move from one country to another for various additional reasons, including life opportunities, living conditions, economic perspectives,
adventure, curiosity, violence and forced armed conflicts. The latter is certainly the case for refugees or displaced people. According to Ingleby (2005), the pandemic of wars—particularly in developing countries—has displaced many people all over the world. The United Nations High Commissioner for Refugees (UNHCR) (2009) estimated that there were nearly 200 million migrants living outside their country of origin. According to Crowley (2009), the United States (US), Canada, Sweden, Norway, Finland and Australia resettled the largest number of refugees in 2005.

Migrants are recognised by their legal status or ethnicity, and are referred to as refugees or—for example—African, Indian, Vietnamese or Chinese migrants (Grinberg & Grinberg, 1989). Grinberg and Grinberg (1989) reported that there are two types of migrants: voluntary and involuntary. Voluntary migrants are also referred to as ‘economic migrants’—they plan and move to other countries to seek better life opportunities. Involuntary migrants are considered refugees or displaced people who are forced from their countries and cannot return as a result of persistent danger.

Similarly, Muggah (2003) claimed that “displacement becomes involuntary when the choice to remain is not provided” (p. 10). Toole and Waldman (1993) also described refugees as people who are forced out of their countries, fleeing wars or persecution for race, religious or political affiliations, and protected by United Nations International Conventions. In 2007, it was estimated that there were more than 16 million refugees worldwide (Murray, Davidson & Schweitzer, 2010).

Migration can have an effect on migrants regardless of their migration status. The effect of migration is evident throughout both historical and recent literature (Fisher, 1989; Hack-Polay, 2012; Hertz, 1988; & Ward, 2000). Hertz (1988) and Ward (2000) found that migration is related to multiple losses and homesickness, which result in some migrants constantly thinking about home, not sleeping well, refusing to eat food.
and feeling weak and anxious. Hack-Polay (2012) identified homesickness among migrant workers and expatriates. Fisher (1989) also observed that soldiers who were relocated during World War I suffered from homesickness, and this was the main cause of desertion during the war. Freud (1917) identified that grieving for one’s homeland can result in melancholia, and stated that “mourning is regularly the reaction to the loss of a loved person, or the loss of some abstraction which has taken the place of one, such as fatherland, liberty, an idea, and so on” (p. 153). However, Ward (2000) pointed out that not all migrants experience distress when they move to another country; some migrants are able to assimilate well into their new country and new culture.

In Australia, large demographic changes have resulted from migration. The number of migrants to Australia has increased as a result of the change to a non-discriminatory policy in 1973. From the literature available, it appears that the majority of Africans who have been allowed to settle in Australia arrived as refugees and via the special humanitarian entrants program under the United Nations International Convention (Australian Bureau of Statistics [ABS], 2007; Department of Immigration and Citizenship [DIAC], 2009; Renzaho, Swinburn & Burns, 2008). According to the ABS (2007), Sub-Saharan African refugees and migrants represent 1% of the Australian population and are one of the fastest-growing communities in Australia. The Department of Immigration and Citizenship (as cited in Renzaho et al., 2008) reported that 33.2% of the total number of humanitarian visas granted by the Australian government went to Africa, with Sudan (631), Ethiopia (478), the Democratic Republic of Congo (DRC), (463), Somalia (456), Liberia (387) and Sierra Leone (363) receiving the majority of visas.
1.3 Aims, Significance and the Scope of the Study

The major aim of this study is to investigate the resettlement experiences of African migrants in Australia. It also aims to examine the status of the mental health of African migrants and how they cope with stress, and to evaluate the available migrant support services.

This study is significant because it will lead to a greater understanding of the issues affecting African migrants in Australia, and the findings may assist in the development of a wider range of effective solutions for problematic areas. Furthermore, the outcomes of this study may contribute to promoting the mental health of African migrants using current migrant support services and ultimately, may have an influence on migration and mental health policies that address the needs of Australia’s multicultural society.

The scope of this study covers adult ethnic African migrants and refugees (male and female) from Sub-Saharan African countries who have migrated to Australia for various reasons, and are either permanent residents or citizens of Australia.

1.4 Research Questions

To undertake this study, the following research questions were asked.

1. What are the resettlement experiences of African migrants living in Western Australia?
2. What is the status of their mental health and how do they cope with stress?
3. What are their perspectives about migrant support services?

This study used a mixed-method research design in which quantitative and qualitative approaches were used to address the research questions. Quantitative methods aim to test hypotheses, while qualitative methods aim to generate a hypothesis (Denzin & Lincoln, 2005). Mixed research approaches provide breadth and depth of
information, and allow a wider understanding of the experiences affecting the resettlement process, and how these experiences affect the mental health of African migrants. Convenience, snowballing and purposive sampling were used to recruit participants. The total sample comprised 120 participants, including 115 migrants from Sub-Saharan African countries and five Migrant Support Services Providers in Western Australia.

1.5 Historical Background

In this section, the historical background of this study is discussed to better understand the reasons why African migrants are migrating to Australia. Colonisation of Africa, reasons for colonialism, economics of colonialism, struggle for independence and experiences following independence are discussed.

1.5.1 Colonisation of Africa.

The colonisation of Africa by European forces, also known as the ‘scramble for Africa’, began in the late nineteenth century and changed the political and social face of African life. Khapoya (2013) stated that the European empires of Britain and France were the two largest colonial powers who declared two-thirds of Africa for themselves before World War I, and over 70% after that war. Other rising empires, such as Italy, Portugal, Belgium and Germany, also claimed small areas of Africa between 1800 and 1900. By 1900, all African nations, except Ethiopia and Liberia, were under European control (Shillington, 1995). These European empires divided Africa into small countries, and their sense of superiority enabled them to control these colonised countries.

Colonial rule was formalised at the Berlin conference of 1884 to 1885. This conference was held to reach an agreement regarding imperial boundaries in order to avoid future conflict between the European empires (Perham, 1976). All empires met,
apportioned Africa and recognised each other’s share of the continent. After World War I, Germany was defeated and deprived of all its colonial powers, which went to the conquerors’ allies under the League of Nations mandate. For example, Tanganyika—now Tanzania—was allocated to Britain, while Rwanda and Burundi were allocated to Belgium, (Figure 1.1) (Khapoya, 2013).

1.5.2 Reasons for colonialism.

The European empires were interested in colonising Africa for many reasons, including exploration and political and economic exploitation (Khapoya, 2013). The initial interest stemmed from the need to gather knowledge about Africa—the ‘dark continent’ (Mazrui, 1969). The second reason was that the European empires believed that colonisation conferred great political status with other countries (Khapoya, 2013). In addition, colonised countries provided an army during wartime. For example, almost one million African soldiers fought on the side of their allied powers in World War I, and two million fought in World War II. Britain had colonised the southern tip of Africa to have a tactical advantage against France. The third reason for colonising Africa was based on European economic benefits in terms of mineral wealth, unfair taxation of the colonies, expropriation of land, industrialisation and exploitation of labour (Khapoya, 2013).

1.5.3 Economics of African colonialism.

The colonial powers exercised significant control over the economies of their colonies. This included the acquisition of land, introduction of cash crops (coffee, cocoa, tea and cotton) to meet the industrial needs in Europe, forced labour and exploitation of labour and unfair taxation of the African people. All minerals were controlled and mineral resources were transferred from Africa to Europe. Africa became a source of raw materials for industries within Europe (Khapoya, 2013).
1.5.4 Struggle for independence.

After World War II, the African people began to assert and win their right of independence, and this process continued at a rapid pace. The national struggle was waged by religious groups, trade unions and political parties (Wepman, 1993). On 6th March 1957 Ghana was granted independence from Britain and Dr Kwame Nkrumah became the first president of Ghana. Later, other countries also became independent.
from Britain: Uganda on 9th October 1962 – first President Milton Obote, Kenya on 12th December 1963 – first President Jomo Kenyata, Malawi on 6th July 1964 – first President Dr Hastings Kamuzu Banda and Zambia on 24th October 1964 – first President Dr Kenneth Kaunda (Khapoya, 2013). In total, 17 British colonial nations achieved independence in the 1960s.

Following the Lancaster House Agreement signed in 1979, there was a transition to a black majority rule, and Zimbabwe was granted independence by the British Government on 18th April 1980, with Robert Mugabe becoming the first president. In 1990, Namibia attained independence – first President Sam Nujoma, followed by South Africa, which achieved independence from Britain on 31st May 1910, but was governed by white minority rule until 27th April 1994, when the black people achieved majority rule, and Nelson Mandela became the first black president (Shillington, 1995). The last nation to gain independence was South Sudan, which seceded from the North of Sudan and became a separate country on 9 July 2011, (see Table 1.2) (Baird, 2012).

1.5.5 Experiences after independence.

Despite achieving independence, the influence of colonialism persisted and became one of the causes of many of Africa’s civil wars and much of its oppression (Wepman, 1993). Independence provided the African people with sovereignty over countries that were still divided along artificial lines. These national divisions were designed to serve the interests of colonial powers and did not recognise pre-existing African nationalities. As a result, some cultural groups were split across national borders, and, in other cases, different cultural groups—often historical rivals—were aligned under one country. Combined with the remnants of an African army left from colonial rule, this cultural mixing often resulted in war (Reader, 1998). Over half of the independent nations have experienced long periods of civil war since achieving
independence. These countries include Angola, Chad, the Democratic Republic of Congo (DRC), Ethiopia, Nigeria, Rwanda, Somalia, Sudan and Uganda (Shillington, 1995; Wepman, 1993).

Since the independence of most African countries from the European empires, the African refugee population has increased. The changing political climate brought about by coups d’état, civil wars and resultant political ethnic cleansing, combined with famine, drought and economic problems, have forced many Africans to flee their homelands to seek refuge in other countries due to fear of death, escaping civil war or persecution (United Nations High Commissioner for Refugees [UNHCR], 2005). For example, in 1988, there were more than 14 million refugees worldwide, one-third of which were found in 15 African countries (McColm, 1989). Many Africans have escaped to neighbouring countries in Africa, and a few have eventually been resettled in developed countries such as Australia, Canada, the Netherlands, the United Kingdom (UK) and the United States (US) (Troeller, 2002). Under the United Nations (UN) Humanitarian and Asylum Seekers Program, Australia and other countries mentioned above are obliged to accept refugees and displaced people (UNHCR, 2009).

1.6 Australian Policy on Migration

The Australian policy on immigration consists of two parts: the immigration control policy, which governs the selection and regulation of foreign citizens, and the immigration policy, which governs the conditions provided to resident migrants, such as welfare, education opportunities and housing (Hamer, 2008; Wooden, 1994; Zolberg, Suhrke & Aguayo, 1989).

From the 1890s to 1970s, Australia established an immigration control policy known as the ‘White Australia Policy’ that excluded all non-European people from
### Table 1.1

**Chronological List of Independence Dates for African Countries**

<table>
<thead>
<tr>
<th>Country</th>
<th>Independence date</th>
<th>Prior ruling empire</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Liberia, Republic of</td>
<td>26 July 1847</td>
<td></td>
</tr>
<tr>
<td>2. South Africa, Republic of</td>
<td>31 May 1910</td>
<td>Britain</td>
</tr>
<tr>
<td>3. Egypt, Arab Republic of</td>
<td>28 February 1922</td>
<td>Britain</td>
</tr>
<tr>
<td>4. Ethiopia, People’s Democratic Republic of</td>
<td>5 May 1941</td>
<td>Italy</td>
</tr>
<tr>
<td>5. Libya (Socialist People’s Libyan Arab Jamahiriya)</td>
<td>24 December 1951</td>
<td>Britain</td>
</tr>
<tr>
<td>6. Sudan, Democratic Republic of</td>
<td>1 January 1956</td>
<td>Britain/Egypt</td>
</tr>
<tr>
<td>7. Morocco, Kingdom of</td>
<td>2 March 1956</td>
<td>France</td>
</tr>
<tr>
<td>8. Tunisia, Republic of</td>
<td>20 March 1956</td>
<td>France</td>
</tr>
<tr>
<td>9. Ghana, Republic of</td>
<td>6 March 1957</td>
<td>Britain</td>
</tr>
<tr>
<td>10. Guinea, Republic of</td>
<td>2 October 1958</td>
<td>France</td>
</tr>
<tr>
<td>11. Cameroon, Republic of</td>
<td>1 January 1960</td>
<td>France</td>
</tr>
<tr>
<td>12. Senegal, Republic of</td>
<td>4 April 1960</td>
<td>France</td>
</tr>
<tr>
<td>13. Togo, Republic of</td>
<td>27 April 1960</td>
<td>France</td>
</tr>
<tr>
<td>14. Mali, Republic of</td>
<td>22 September 1960</td>
<td>France</td>
</tr>
<tr>
<td>15. Madagascar, Democratic Republic of</td>
<td>26 June 1960</td>
<td>France</td>
</tr>
<tr>
<td>16. Congo (Kinshasa), Democratic Republic of the</td>
<td>30 June 1960</td>
<td>Belgium</td>
</tr>
<tr>
<td>17. Somalia, Democratic Republic of</td>
<td>1 July 1960</td>
<td>Britain</td>
</tr>
<tr>
<td>18. Benin, Republic of</td>
<td>1 August 1960</td>
<td>France</td>
</tr>
<tr>
<td>20. Burkina Faso, Popular Democratic Republic of</td>
<td>5 August 1960</td>
<td>France</td>
</tr>
<tr>
<td>21. Côte d’Ivoire, Republic of (Ivory Coast)</td>
<td>7 August 1960</td>
<td>France</td>
</tr>
<tr>
<td>22. Chad, Republic of</td>
<td>11 August 1960</td>
<td>France</td>
</tr>
<tr>
<td>23. Central African Republic</td>
<td>13 August 1960</td>
<td>France</td>
</tr>
<tr>
<td>24. Congo (Brazzaville), Republic of the</td>
<td>15 August 1960</td>
<td>France</td>
</tr>
<tr>
<td>25. Gabon, Republic of</td>
<td>17 August 1960</td>
<td>France</td>
</tr>
<tr>
<td>27. Mauritania, Islamic Republic of</td>
<td>28 November 1960</td>
<td>France</td>
</tr>
<tr>
<td>28. Sierra Leone, Republic of</td>
<td>27 April 1961</td>
<td>Britain</td>
</tr>
<tr>
<td>29. Tanzania, United Republic of</td>
<td>9 December 1961</td>
<td>Britain</td>
</tr>
<tr>
<td>30. Burundi, Republic of</td>
<td>1 July 1962</td>
<td>Belgium</td>
</tr>
<tr>
<td>31. Rwanda, Republic of</td>
<td>1 July 1962</td>
<td>Belgium</td>
</tr>
<tr>
<td>32. Algeria, Democratic and Popular Republic of</td>
<td>9 October 1962</td>
<td>France</td>
</tr>
<tr>
<td>33. Uganda, Republic of</td>
<td>12 December 1963</td>
<td>Britain</td>
</tr>
<tr>
<td>34. Kenya, Republic of</td>
<td>6 July 1964</td>
<td>Britain</td>
</tr>
<tr>
<td>35. Malawi, Republic of</td>
<td>24 October 1964</td>
<td>Britain</td>
</tr>
<tr>
<td>36. Zambia, Republic of</td>
<td>18 February 1965</td>
<td>Britain</td>
</tr>
<tr>
<td>37. Gambia, Republic of the</td>
<td>30 September 1966</td>
<td>Britain</td>
</tr>
<tr>
<td>38. Botswana, Republic of</td>
<td>4 October 1966</td>
<td>Britain</td>
</tr>
<tr>
<td>39. Lesotho, Kingdom of</td>
<td>12 March 1968</td>
<td>Britain</td>
</tr>
<tr>
<td>40. Mauritius, State of</td>
<td>6 September 1968</td>
<td>Britain</td>
</tr>
<tr>
<td>41. Swaziland, Kingdom of</td>
<td>12 October 1968</td>
<td>Spain</td>
</tr>
<tr>
<td>42. Equatorial Guinea, Republic of</td>
<td>24 September 1973</td>
<td>Portugal</td>
</tr>
<tr>
<td>43. Guinea-Bissau, Republic of</td>
<td>25 June 1975</td>
<td>Portugal</td>
</tr>
<tr>
<td>44. Cape Verde, Republic of</td>
<td>5 July 1975</td>
<td>Portugal</td>
</tr>
<tr>
<td>45. Comoros, Federal Islamic Republic of the</td>
<td>6 July 1975</td>
<td>France</td>
</tr>
<tr>
<td>46. São Tomé and Príncipe, Democratic Republic of</td>
<td>12 July 1975</td>
<td>Portugal</td>
</tr>
<tr>
<td>47. Angola, People’s Republic of</td>
<td>11 November 1975</td>
<td>Portugal</td>
</tr>
<tr>
<td>48. Western Sahara</td>
<td>28 February 1976</td>
<td>Spain</td>
</tr>
<tr>
<td>49. Seychelles, Republic of</td>
<td>29 June 1976</td>
<td>Britain</td>
</tr>
<tr>
<td>50. Djibouti, Republic of</td>
<td>27 June 1977</td>
<td>France</td>
</tr>
<tr>
<td>51. Zimbabwe, Republic of</td>
<td>18 April 1980</td>
<td>Britain</td>
</tr>
<tr>
<td>52. Namibia, Republic of</td>
<td>21 March 1990</td>
<td>South Africa</td>
</tr>
<tr>
<td>53. Eritrea, State of</td>
<td>24 May 1993</td>
<td>Ethiopia</td>
</tr>
<tr>
<td>54. South of Sudan Republic of</td>
<td>9 July 2011</td>
<td>Sudan</td>
</tr>
</tbody>
</table>

Source: http://africanhistory.about.com/library/timelines/blIndependenceTime.htm
migrating to Australia. This policy was official to all governments and all political parties in the nation. After World War II, Australia instigated immense immigration programs, believing that—having narrowly avoided Japanese invasion—Australia must ‘populate or perish’. More than two million people migrated to Australia from Europe in the 20 years following the end of the war (Price, 1986).

Since 1945, when Australia’s first Immigration Department was established, around 6.5 million migrants have settled in Australia from all parts of the world, including over 700,000 refugees and humanitarian entrants. Source countries included, Europe, the Middle East and Asia. Australia’s first federal immigration portfolio was a major driving force for the implementation of a large-scale migration program (Spinks, 2009). After World War II, the Australian government was keen to boost the population in order to stimulate post-war economic development and increase the number of people able to defend the country in the event of another war, with the result that approximately one million migrants arrived in each of the six decades following 1950 (Spinks, 2009).

In addition, following World War II, the Australian government resettled thousands of refugees and displaced people, and ratified the UN Convention Relating to the Status of Refugees on 22nd January 1954. However, it was not until the late 1970s, with the arrival of Indochinese ‘boat people’ seeking asylum, that the government developed a specific refugee policy (Phillips & Spinks, 2010).

The ‘White Australia Policy’ was abolished in 1973 by the government of Prime Minister Gough Whitlam. Soon after, there was an influx of Asian migrants. The Minister for Immigration at the time, Al Grassby, introduced the term ‘multiculturalism’. Thereafter, Australia’s multicultural policy was developed and influenced by the 1978 Galbally Report, which addressed various multicultural issues and planned for a multicultural Australian society (Jordan, 2006).
1.6.1 Australian policy on multicultural society.

The Federal Government’s policy on immigration has changed to a multicultural approach, accepting migrants from Asia, Africa, the Middle East and other parts of the world. Prior to the Multicultural Society Policy of 1973, Australia’s population consisted primarily of European ancestry. In recent times, migration has been a key force in demographic changes in Australia. Every year, Australia resettles almost 6,000 refugees and 6,000 special humanitarian entrants as part of its migration program (Muli, Pittaway & Shteir, 2009). As a result, there has been an increase in the number of non-English-speaking backgrounds (NESB) migrants to Australia due to the country’s change to a non-discriminatory policy in 1973. From 2004 to 2005, Australia granted 13,851 refugee visas, 7,000 places for the Special Humanitarian Program and 5,000 places for skilled migrants (Hugo, 2005). The majority of recent refugees have come from Africa and the Middle East, international priority areas for humanitarian resettlement because of the wars in these regions.

Australia is a continent with a population of more than 23 million people (Australian Bureau of Statistics [ABS], 2014). Specifically, the estimated population of Australia as of 30th September 2014 was 23,581,000 people (ABS, 2014). At present, 24% of Australia’s population were born overseas, and 43% either were born overseas or had at least one parent born overseas (Spinks, 2009). Spinks reported that Australians identify with more than 200 ethnic groups and speak over 300 languages. In 2006, there were 248,699 African residents in Australia (ABS, 2011). The majority were from South and East Africa (72.6%), with 22.9% from North Africa and 4.5% from West and Central Africa (ABS, 2011).

The current immigration process in Australia mainly comprises two migration programs—one that processes refugee and humanitarian entrant program, and one that
processes skilled and family migrants, including through marriage. The humanitarian program distributes around 12,000 to 13,000 resettlement places each year (Hugo, 2005). Most involuntary African migrants coming to Australia are processed under the refugees and humanitarian entrants. A few voluntary African migrants coming to Australia are processed under skilled migrants, family migrants, and through marriage. For example, 71.9% of participants in this study were involuntary migrants from war-affected countries such as Sudan, and 28.1% were voluntary migrants from non-war torn countries such as Botswana. Hence, the section below will explain the two main migration programs and other programs that are used to process migrants to Australia, including African migrants.

The refugee categories include the following: Refugee visa (subclass 200), In-country Special Humanitarian visa (subclass 201), Emergency Rescue visa (subclass 203) and Women at Risk visa (subclass 204). These are permanent visas for people who have been subject to persecution in their home country, and who are in need of resettlement (Hugo, 2005). The majority of applicants who are considered under these categories would have been identified by the UNHCR and referred to the Australian government for resettlement. The Special Humanitarian Program (SHP) category comprises visa subclass 202. The SHP entrants are people who are outside their home country and have experienced substantial discrimination, amounting to a gross violation of human rights (Hugo, 2005).

The skilled migrant categories for voluntary migrants include the following: Skilled-Sponsored visa (subclass 176) for skilled migrants who are sponsored by an employer on a skilled list occupation, and Skilled-Independent visa (subclass 189). This visa is points-tested for skilled migrants who are not sponsored by an employer, and allows them to work in Australia as permanent residents.
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Family stream migrants are selected based on their family relationship with their sponsor in Australia. The family migration category includes the following: Child visa (subclass 101), Parent visa (subclass 103) and Other Family visas. In addition, there is the Prospective Marriage visa (subclass 300), which allows people to enter Australia to marry their prospective spouse (Hugo, 2005; Khoo, Hugo & McDonald, 2008).

Recently, there has been a shift in patterns of global migration towards the short-term movements of skilled migrants. In Australia, there is also a strong argument that skilled migrants are needed to fill skills shortages in essential industry and service sectors, in the interests of the Australian economy (Khoo, Voigt-Graf, Hugo & McDonald, 2003). In 2006 to 2007, 227,856 visas were granted in the Temporary Work (Skilled) category (subclass 457). These skilled migrants generally end up applying for permanent visas (Spinks, 2009).

Table 1.2

<table>
<thead>
<tr>
<th></th>
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<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Humanitarian</td>
<td>13,178</td>
<td>14,144</td>
<td>13,017</td>
<td>13,014</td>
</tr>
<tr>
<td>Family</td>
<td>41,740</td>
<td>45,290</td>
<td>50,080</td>
<td>49,870</td>
</tr>
<tr>
<td>Skilled</td>
<td>77,880</td>
<td>97,340</td>
<td>97,920</td>
<td>108,540</td>
</tr>
<tr>
<td>Temporary Resident</td>
<td>198,273</td>
<td>227,856</td>
<td>227,856</td>
<td>Not available</td>
</tr>
</tbody>
</table>

Source: Compiled from data published on the Department of Immigration and Citizenship (DIAC) website (www.immi.gov.au)

1.7 Settlement Support Service Policy for Migrants

The Australian Federal Government’s assistance for refugees has been linked to broader policies relating to new arrivals entering into the mainstream community. In 1945, the government established Australia’s first Department of Immigration in order to manage the post-war entry of migrants and displaced people. Settlement support services began to be developed from the outset (Jupp, 2002; Spinks, 2009). Price (1986) stated that there was a need to support and help migrants start a new life in Australia.
Further, Spinks (2009) reported that following World War II, migrants and refugees were expected to assimilate and merge into Australian society as quickly as possible. Settlement services were limited to the provision of migrant hostels and some language tuition.

Furthermore, migrants were encouraged to dispose of their old culture, grasp the Australian way of life and contribute to Australia’s growing economy (Lack, 1995). The government ensured that English language classes and Australian cultural education were provided to migrants, and played a major role in assisting new arrivals in adapting to the new Australian life (Jupp, 2002). Jupp (2002) asserted that after World War II, the growing economy in Australia needed workers and their ethnic background was not a barrier to employment.

From the 1960s to 1970s and onwards, the emphasis had moved away from assimilation towards the integration of migrants into their new Australian society, in recognition that new arrivals may not want to lose their cultural identity (Hinsliff, 2006; Spinks, 2009). As a consequence, the Department of Immigration extended settlement services and established new programs for migrants, including the Child Migrant Education Program, the Translating and Interpreting Service, and the Committee on Overseas Professional Qualifications. The first new arrivals of non-European migrants after the abolition of the ‘White Australian Policy’ saw a change in the government’s resettling of migrants and refugees.

The influential Galbally Report of 1978 played a major role in shaping the future of settlement services in Australia, and reflected Australia’s growing commitment to a multicultural society. This report has been identified as the first major shift in settlement policy towards multiculturalism. According to Spinks (2009), throughout the 1980s and 1990s, multiculturalism continued to be the underpinning framework for the provision
of settlement services for migrants and refugees. Settlement services were further extended, including English language classes, on-arrival accommodation and orientation assistance, interpreting and translating services, and assistance with overseas qualification recognition. New services were also introduced, such as ethnic radio and the Special Broadcasting Service (SBS), Migrant Resource Centres (MRCs) and grants to ethnic community organisations (Spinks, 2009).

As a result of the Australian change to multiculturalism and the resettlement of refugees and special humanitarian entrants in recent years, many involuntary African migrants (refugees) have resettled in Australia from war-affected countries, such as those located in in the Horn of Africa including — Sudan and Somalia (Muli et al., 2009). By 1996, a total of 22,914 Africans were living in Australia, although it is unclear what proportion of these migrants were voluntary or involuntary (refugees) migrants (ABS, 2008). African migrants are now accepted in Australia under the refugee and SHP, and skilled migration and family reunions. The focus of this study is on Sub-Saharan African migrant residents or citizens living in Western Australia (WA).

1.8 Operational Definitions

For the purposes of this study, the following operational definitions are outlined to ensure the clarity of the research.

*Acculturation:* Borrowing and learning from other people’s cultures, resulting in a new, blended culture (Chavez, Moran, Reid & Lopez, 1997).

*Adaptation:* Psychological changes and outcomes that occur as a result of individuals’ experiences of acculturation (Nwadiora & McAdoo, 1996).

*Assimilation:* The adjustment of migrants to a dominant culture or way of life (Stein, 1986).
Chapter 1: Introduction

*Culture:* The characteristics of a particular group of people, as defined by their beliefs, customs, language, religion, cuisine, social habits, music and arts (Eliot, 2010).

*Culture shock:* “A stressful and anxiety producing situation, a violent encounter which challenges the functioning of a person and also causing a threat to an individual’s identity” (Garza-Guerrero, 1974, p. 410).

*Displacement:* Displacement becomes involuntary when the choice to remain in a home country is not provided (Muggah, 2003).

*Integration:* “Simultaneous ethnic retention and adaptation to the new society to be most conductive to immigrants ‘well-being’” (Phinney, Horenczyk, Liebkind & Vedder, 2001, p. 505).

*Migrants:* People who leave their home countries to settle in other countries with no intention of returning (Grinberg & Grinberg, 1989).

*Migration:* Any movement of people from one locality to another, either individually or in a large group (Eitinger & Schwarz, 1981).

*Racial discrimination:* Any distinction, exclusion or restriction based on race, colour or descent, for the purpose or effect of nullifying or impairing the recognition, enjoyment or exercise on an equal footing of human rights and fundamental freedoms in the political, economic, social, cultural or other field of public life (Schwelb, 1966).

*Refugees:* People who are forced out of their countries, fleeing wars or persecution for race, religious or political affiliations, and who cannot return to their countries because of persecution or a well-founded fear of persecution. They are protected by United Nations International Conventions (Toole & Waldman, 1993).

According to the 1951 Convention relating to the Status of Refugees and its 1967 Protocol, a refugee is also defined as:

a person who, owing to well-founded fear of being persecuted for reasons of race, religion, nationality, membership of a particular social
group or political opinion, is outside the country of his nationality and is unable, or owing to such fear, is unwilling to avail himself of the protection of that country; or who, not having a nationality and being outside the country of his former habitual residence … is unable, or owing to such fear, is unwilling to return to it. (The UN Refugee Agency [UNHCR] 2015).

Resettlement: A process and period of adjustment that migrants experience before they establish themselves and feel fully settled in the host society (Peisker & Tilbury, 2003).

1.9 Conclusion

This chapter has described the overview of migration and Africans migrating to Australia, the aims, significance and the scope of the study, and the study’s research questions. It has also explained the historical background of this study, including Australia’s policies on migration and multiculturalism. In addition, the settlement support services policy for migrants, and the operational definitions for this study were explained.

The findings of this study will lead to a greater understanding of the issues affecting African migrants in Australia. It may also contribute to influencing policies on migration in general. In addition, the study will provide a baseline for further research on the experiences of African migrants who include both voluntary and involuntary (refugees) migrants.

1.10 Overview of Subsequent Chapters

Chapter 2 presents a review of the literature on migrant resettlement experiences, challenges to resettlement, coping strategies used to aid resettlement and support services. Chapter 3 describes the theoretical frameworks used for this study. Chapter 4 describes the methodological approach of the study while Chapter 5 reports the findings of the quantitative analysis of migrants’ settlement experiences. Chapter 6 reports the findings of the interviews with Africa migrants, and their perspectives about
settlement support services. Chapter 7 reports the findings of the interviews with Migrant Support Service Providers (MSSPs), and their perspectives about settlement support services. Finally, Chapter 8 presents a discussion of the findings, the contribution to the literature, limitations of the study, suggestions for future research, and recommendations as well as the conclusion of this study.
Chapter 2: Literature Review

2.1 Introduction

This chapter first discusses the concept of migration, followed by a review of the literature in relation to the reasons for migration and stages of migration. The chapter also examines the experiences of migrants, in particular the African migrants in other countries and in Australia. In addition, the chapter reviews the literature in relation to challenges to resettlement, the general health and mental health of migrants, and their feelings about the future and migrants’ coping strategies. The settlement support services available to migrants are also reviewed.

2.2 Migration

Migration can be defined as the movement of people to other countries for the purpose of obtaining permanent residence or citizenship (Grinberg & Grinberg, 1989). Geiger and Pécoud (2010) reported that the total number of migrants worldwide was approximately 214 million in 2010. Migration has historically occurred in all nations in two forms: voluntary and involuntary. Voluntary migrants are migrants who move to other countries to seek better life opportunities whereas, involuntary migrants are migrants who are forced to leave their countries and cannot return as a result of constant danger (Grinberg & Grinberg, 1989). In addition, voluntary migrants can plan their migration and can chose which country to go to and the mode of travel but for involuntary migrants, there is little time for an organised approach throughout the migration process.
Voluntary migration includes skilled migrants or family stream migrants, while involuntary migration is the result of the slave trade, human trafficking, persecution or forced migration due to war and armed conflict.

The process of migration can involve an individual or family who moves to seek a better life elsewhere or to join other members of their family who have already moved to establish themselves. According to Crowley (2009), civil war, terrorism, political persecution and struggle have forced many people from their homelands. In the current study, the term ‘migrant’ is used to refer to both voluntary and involuntary migrants (refugees).

Refugees are persons who have crossed an international boundary because they are unable or unwilling to avail themselves of the protection of their former country due to a well-founded fear of persecution based on: race, religion, nationality, membership of a particular social group, or political opinion (Schwelb, 1966).

Migrants are also identified by their legal status or ethnicity, and those from Africa can be referred to as African refugees or African migrants. Refugees who have resettled in Australia include those from who have fled war and political oppression (Bosnia, Cambodia, Chile, Vietnam), those who have fled terrorism (Iran, Iraq, Afghanistan, Pakistan) and those who have fled civil war, persecution and genocide (Burundi, Liberia, Rwanda, Sierra Leone, Somalia, Sudan and Zimbabwe) (UNHCR’s evaluation activities, 2000). In Australia, most refugees are from countries such as Afghanistan, Burma, Iraq, Liberia, Somalia and Sudan (DIAC Annual Report, 2008–2009).

2.3 Reasons for Migration

There are many reasons why people move to other countries, which may include work, adventure, climate, seeking better life opportunities or escaping armed conflict. According to Irfaeya (2006), people can migrate to other countries for pleasure,
business, escaping persecution, civil wars, religious conflicts, underdevelopment and seeking a better life for themselves and their families. Africans can migrate to other countries for economic reasons, such as wage disparities, unequal division of goods, to improve living standards, to escape poverty and to seek better life opportunities (Castles & Miller, 1993). The majority of Africans flee their countries as refugees because of wars or fear of persecution for ethnic, religious or political affiliation (Omar, 2003). Mhwezi and Sam (2004) stated that Sudanese refugees arriving in Australia have fled from human rights violations, torture, rape, family losses and open warfare.

2.4 Stages of Migration

The literature indicates that there are three phases of migration: pre-migration, migration and post-migration (Crowley, 2009; Irfaeya, 2006).

2.4.1 Pre-migration phase.

Pre-migration phase refers to both planned and unplanned (uprooting) migration. Voluntary migrants are able to plan their migration, whereas involuntary migrants (refugees) may be unable to do this because they can be presented with sudden traumatic life events, such as civil unrest, persecution, genocide or loss of possessions, and may have to flee their country suddenly (Crowley, 2009).

Voluntary migrants planning to migrate become preoccupied with thoughts of moving to another country. The push to migrate can result from a desire for better life opportunities or to reunite with family members who have already migrated. A decision is made by individuals or family members to migrate; to leave their homeland, social networks, family, friends, culture and property (Irfaeya, 2006). The process may entail applying for a job and sponsorship from employers, and then apply for a Skilled Migrant visa or a Skilled-Independent visa (subclass 189) which does not require sponsorship by an employer. The process of obtaining a visa can take up to one year,
which can be a very stressful time, and create a feeling of being in limbo (Birrell, et al., 2006).

During the pre-migration phase, there is an extensive list of factors to consider including: what to take and what to leave, whether to sell or rent one’s house, and when to tell family and friends. For planned migration, there is often excitement, curiosity and high expectations about moving to another country (Irfaeya, 2006). However, for unplanned migration (ie. as in the case of involuntary migrants), pre-migration is characterised by social upheaval and chaos, with disruptions in the lives of refugees who often have to deal with dangerous situations that threaten their safety and the safety of their family and friends.

2.4.2 Migration phase.

Migration phase is the actual migration to another country, which can sometimes take days of travel by air, land or sea. Voluntary migrants can plan how to travel to their host countries but for involuntary migrants, there is no time to organise their migration process. Refugees are often faced with sudden migration that is undertaken in the midst of chaos and uncertainty about the future and how to meet their basic needs (Crowley, 2009). Refugees can face sudden unrest in their country, and may be forced to leave their country immediately, or face persecution that could result in death. Pumariega, Rothe and Pumariega (2005) stated that during the migration phase, the children of refugees are the most vulnerable because their parents may often be too overwhelmed to attend to their physical and emotion well-being.

Further, migrating refugees can be separated from family members, or can lose loved ones. Following displacement, refugees may be resettled temporarily in refugee camps in neighbouring countries, where they can be exposed to traumatic experiences such as sexual abuse and lack of basic needs, such as food, water and access to health
services. Muli et al. (2009) reported that refugee camps are violent and have minimal food, education and health care services for involuntary migrants.

### 2.4.3 Post-migration phase.

Post-migration involves resettlement and integration into the new society. It includes the processes of acculturation, assimilation and adaptation. Migrants may consider themselves lucky when they arrive safely in their host country, and may be very curious and euphoric about being in a new country (Irfaeya, 2006; Ward, 2000). However, in many ways, this phase can be very challenging stage because refugees do not know their way around the new city or town and are unsure of how to accomplish daily activities, such as purchasing goods, using public transport, and using utilities such as an automated teller machine (ATM) and other unfamiliar services. According to Muli et al. (2009), the majority of refugees have lived in refugee camps for long periods, with many children born and raised in these camps. As a result, these children have never known any other life and face major challenges during the resettlement process in their host country.

Many studies have shown that migrants move to other countries because of economic problems. Caperchione, Kolt and Mummery (2013) claimed that migrants who relocate to developed countries as a result of economic problems and civil wars are often poor; therefore, they may be located at the bottom of the socioeconomic ladder, feeling little support and strong pressure to adapt to a new way of life. Lustig et al. (2004) stated that while new hope and prosperous life is found in the host country, new stressors also emerge, and some migrants mourn for the loss of their homeland, family, friends and possessions. In some cases, after migrants are settled in their new country, they are challenged with additional cultural expectations and societal values, and must confront everyday struggles to meet the basic needs of housing, food and finances, as
well as obeying the laws of their new country (Birman et al., 2005; Lustig et al., 2002; Lustig et al., 2004; Muli et al., 2009).

Migrants have to ‘sail’ through their new country and deal with resettlement issues. Murray (2010) stated that refugees must learn to navigate a new society, language and culture, whilst simultaneously coping with the loss of their homeland, family, friends and lifestyle. Many studies have found that the worst outcomes in the resettlement of refugees are associated with post-migration experiences, such as financial problems, social isolation, feelings of loneliness, unemployment and underemployment (Beiser & Hou, 2001; Murray et al., 2010; Porter & Haslam, 2005). Migration may be followed by grief, guilt, homesickness and resentment that can last for many years after resettlement in a host country (Lustig et al., 2004).

2.5 Resettlement Experiences of Migrants

The migration and resettlement experiences of migrants will differ from one individual to another. Reasons for this may include personal factors (for example, age, education, English language proficiency) and social factors (such as social support, social network and the reception in the host country). All of these factors play a major role in the resettlement experiences of migrants, and may hinder or promote their resettlement process. Previous studies have investigated the experiences of migrants in Australia and other countries such as Canada, the US and the UK (for example, Beiser, 2009; Chile, 2002).

Specifically, Beiser (2009) examined many of the social factors that promote and hinder resettlement process, including issues of integration and mental health. This study was conducted over a 10-year period with 1,348 Southeast Asian refugees who settled in Canada between 1979 and 1981. Knowledge gained from this study included resettlement experiences, the social costs of resettling refugees, factors that promote and
hinder integration, risk and protective factors for mental health, and social services. The findings were summarised in the form of 18 lessons that were offered as a framework to contribute to policy in order to assist and ease resettlement, as well as making it less expensive, more humane and more effective. No other major study of this kind has focused on the practical maintenance of refugees’ well-being.

The resettlement experiences of migrants can have various effects on their lives. For example, Lindencrona, Ekblad and Hauff (2008) found four dimensions of resettlement stress among Middle Eastern refugees who had just been granted permanent residence in Sweden: economic strain, alienation, discrimination and threats of violence from the Swedish population. In contrast, Guruge et al. (2009) investigated the experiences of migrant women receiving care in a mobile health clinic in Canada. They found that the mobile clinic was an alternative model of care delivery for refugees to help them deal with their health needs, and to overcome post-migration barriers by providing accessible, holistic, linguistic and culturally suitable care.

2.6 Challenges to Resettlement

Many factors can affect the resettlement process of migrants (Baird, 2012; Murray, 2010; Ogunsiji et al., 2012, Renzaho et al., 2008 & Ward, 2000), including:

1. multiple losses and homesickness,
2. expectations,
3. family separation issues,
4. cultural shock,
5. acculturation issues,
6. social isolation and loneliness,
7. integration,
8. gender and role reversal,
9. unemployment and underemployment,
10. racial discrimination,
11. language barriers,
12. feelings about the future and
13. parenting issues.
2.6.1 Multiple losses and homesickness.

The multiple losses associated with migration may include loss of homeland, culture, food, family, friends and social networks. In the case of involuntary migrants, there may also be loss of the lives of family members and friends, and loss of all possessions. Ogunsiji et al. (2012) identified multiple losses as a major source of stress for West African migrant women because they perceived they had lost everything they had achieved in their homeland, and described this loss as “beginning again” (p. 282). Multiple losses can aggravate grieving and homesickness. According to Ward (2000), migrants may feel lost, protest and cry for their lost homeland, and become uncertain about their future. Ward further stated that homesickness is very common among migrants; however, health care professionals find this difficult to detect. Likewise, a study by Hack-Polay (2012) examined homesickness and coping strategies among migrant workers and expatriates, and established substantial evidence to support the claims that homesickness is an illness and can negatively impact on the mental and social well-being of migrant workers and expatriates.

2.6.2 Expectations of migrants.

Migrants often have high expectations about their new life in their host country. Research has shown this to be true, particularly in terms of their economic status and occupational prospects (Cox, Cooper & Adepoju, 1999; Stein, 1986). Stein (1986) maintained that migrants, particularly refugees, tend to have romantic and unrealistic expectations when they arrive in their host country. As a result, this can have a major effect on their resettlement process. Stein also postulated that most refugees expect to recover from their lost status, and apparently do not realise that securing good jobs is very competitive in Western countries; thus, they are reluctant to accept underemployment. When chasing these ‘rose-coloured’ expectations in order to recover
from their losses, migrants can become anxious and confused about their future (Stein, 1986). Because of this, guidance is very important in the initial stages of the resettlement process of migrants. Ater (1998) agreed, stating that most involuntary migrants are unsure of what to do when they arrive in their host country.

2.6.3 Family separation issues.

Separation from family is another resettlement challenge that can impact on the mental well-being of migrants. In a study of involuntary migrants in Australia, Savic, Chur-Hansen, Mahmood and Moore (2013) concluded that separation from family members can create sadness, worry and on-going stress. Baird (2012) confirmed that many refugee women from South Sudan who resettled in the US had been separated from their husbands and older sons who were left behind to fight civil war, and often these women later became widows. The refugee women in Baird’s study’ had been forced to separate from their homes, families and communities; for some, this led to multiple separations and losses. It is important to remember that, even though refugees may escape political persecution, many members of their families could still be living in dangerous environments and conditions in their native countries or refugee camps. This can lead constant worry, nightmares, panic attacks and other anxiety disorders in refugees.

2.6.4 Culture shock.

Regardless of the level of preparation, migration to a new country and new culture, whether voluntary or otherwise, is a complex process that is likely to result in a degree of culture shock. Culture shock, is “a stressful and anxiety producing situation, a violent encounter which challenges the functioning of a person and also causes a threat to an individual’s identity” (Garza-Guerrero, 1974, p. 410). Dunbar (1993) linked culture shock to the adaptation or adjustment process. Buttaro (2007) found that culture
shock was related to language problems among Spanish-speaking migrants living in New York City. Wyspianski and Fournier-Ruggles (1985) stated that “even the most prepared [migrant] would encounter some degree of culture shock” (p. 266).

Culture shock can be terrifying and stressful, particularly for refugees who have been forced out their country and have never travelled outside their country. Baird (2012) reported that most Sudanese women in her study experienced culture shock because of travelling by an aeroplane, and finding the culture in the US different. Berry (2005) purported that culture shock can cause stress because of the attempt to merge two cultures together. Brand, Loh and Guilfoyle (2014) established that during the process of acculturation, non-dominant groups in the society may experience a great deal of emotional distress when trying to adjust to their new life in their host country. Equally, this may create ‘cultural conflict’ during the acculturation period if a person becomes torn as to which cultures or behaviours should be forfeited or retained. When serious cultural conflict arises, an individual will experience difficulties, changing their behaviour resulting in culture shock (Berry, 1997).

2.6.5 Acculturation issues.

People change their behaviours and culture through contact with people from various other cultural or ethnic groups. This is referred to as ‘acculturation’, which is also the process of borrowing between cultures, marked by the transmission of beliefs between people, and resulting in new and blended patterns of behaviour (Eitinger & Schwarz, 1981). According to Winthrop (1991), acculturation results from frequent contact with other individuals of different cultural groups, and learning the new habits and values of the dominant cultural group. Berry (1997, 2005) developed a framework of acculturation and outlined four change strategies: integration, assimilation, separation and marginalisation. Dow (2011) claimed that the most positive result of acculturation
is integration, where people maintain values of their own old culture and also adopt the values of their host country.

Some migrants are able to combine their own culture with the culture of the mainstream society in the host country. Baird (2012) found that refugees who maintain their culture and also accept the culture of their host country have better mental health outcomes. Migrants who are forced out of their countries and find themselves in a cultural system that is very different from their own can end up adopting an acculturated lifestyle. An example is living a sedentary lifestyle, a change from a lifestyle of physical activity. A study by Hinsliff (2006) found that adjusting to a new culture and environment is significant in the resettlement process of refugees because they come from many different backgrounds.

2.6.6 Social isolation and loneliness.

Social isolation and loneliness are common among all migrants, particularly in the early stages of migrating to new countries, because of separation from extended family members, friends and the loss of social networks. Studies have shown that both conditions are prevalent in all migrants, regardless of their origin (Ogunsiji et al., 2012; Ward, 2000). Ogunsiji et al. (2012) found that West African women in Australia experienced problems in developing social networks and obtaining employment; this led to feelings of isolation and loneliness, which negatively affected their mental health. Hattar-Pollara and Meleis’s (1995) study found that Jordanian migrant women in the US experienced social isolation, loneliness and alienation due to language barriers and a lack of social interaction during their initial adjustment period in their adopted country. Baird (2012) also indicated that refugees who maintain ties with their communities in their new country and their homeland adjust well in the host country.
2.6.7 Integration.

Migrants feel integrated in a new country when they are socially and economically integrated. Integration is described as “simultaneous ethnic retention and adaptation to the new society which is most conductive to immigrants’ well-being” (Phinney et al., 2001, p. 505). Brand, Loh and Guilfoyle (2014) claimed that integration requires a degree of culture shedding to accommodate a new culture. Thus, an integrated person is someone who is definitely connected to their cultural inheritance and to the culture of the broader community in which they live in (Brand, Loh & Guilfoyle, 2014).

An integrated individual is someone who is linked to their own cultural heritage as well as the culture of the mainstream society in which they live. Baird (2012) contended that integration occurs internally and externally. External integration is adjustment to a new society, which requires mastering skills necessary for survival in a host country, such as learning a language, obtaining employment and following the legal system of their host country. Internal integration entails assimilating the culture of the host country. Muli et al. (2009) asserted that achievement in accessing education, employment and housing are identified as markers for achieving integration. They also stated that, despite forced migration, loss of family and exposure to persecution, most refugees integrate well and are able to contribute to Australian society.

Some studies have highlighted problems with integration among some migrant groups in Australia. A study conducted in Perth in Western Australia by Casimiro, Hancock and Northcote (2007) examined the resettlement issues of 80 Muslim refugee women during their first five years of resettlement. They re-affirmed that problems of integration continued with Muslim refugee women because of a lack of English language skills, problems with securing employment, and personal and cultural issues,
which were heightened by reactions in some sections of the community. Ager and Strang (2008) reported that the achievement of integration includes three separate domains: social bonds with family, social bridges with other community groups and linkage with structures of the host country.

Certainly, linking and making connections with other groups of people are important for integration in the host society. Ager and Strang (2008) referred to social links as relationships between people from similar groups and social bridges as connections between different groups and communities. Positive social links and social bridges with the host society are important for integration because they ensure social inclusion and provide opportunities for interaction and social support.

2.6.8 Gender and role reversal.

Gender and role reversal can create conflict within African families due to disparity between men and women. The literature suggests that role reversal is prevalent among African migrants when they migrate to Western countries. In African cultures, the roles of men, women and children are well defined, and each member of the family functions within these boundaries. Traditionally, African men are the head of the family and are responsible for providing material and financial support for their families. Following migration, however, men often have great difficulty finding suitable employment due to the various issues of migration such as the host country’s failure to accept their qualifications from their countries of origin. As found by Boyle and Ali (2010), Somali women were empowered economically when they migrated to the US because they could secure jobs and were exposed to women’s rights.

As mentioned above, the role reversal can result in conflicts within African families. Ahmed (2006) reported that a major challenge for many African men is acceptance of the differing and complementary roles of women in mainstream
Australian society. The issue of role reversal is a major factor affecting relationships within the families of African migrants, which can result in family violence, breakdown and divorce (Boyle & Ali, 2010). Poppit and Frey (2007) examined resettlement experiences of refugees in Australia and found that female refugees were at a greater risk of poorer resettlement outcomes and adaptation. In addition, Whittaker et al. (2005) found that young Somali women felt the need to keep some of their feelings and behaviours to themselves and secret from their family members or elders because of the fear of disapproval. An example of this is young women talking to boys, which may be unacceptable in their culture. Eventually, the need to keep secrets affected these young women’s ability to form successful social relationships and networks.

2.6.9 Unemployment and underemployment.

Having a good job and a good wage can provide a person with a feeling of self-sufficiency and self-worth. The literature highlights issues of unemployment and underemployment among African migrants (Batrouney, 1991; Boyle & Ali 2010; Omar, 2003). Boyle and Ali (2010) asserted that many Somalis live at or near the poverty line in Minnesota, in the US. They are unable to find formal employment and often work more than one informal job. For example, they may work as parking-lot attendants, factory workers and taxi drivers because their previous qualifications are not recognised by employers. Without doubt, unemployment or underemployment is also a major factor affecting African migrants in Australia (Ogunsiji et al., 2012). Finding suitable employment can be the most challenging aspect of the resettlement process (Omar, 2003). A number of factors that are related to unemployment among migrants include language barriers, lack of educational skills, racial discrimination and lack of work experience (Muli et al., 2009; Omar, 2003).
2.6.10 Racial discrimination.

Experience of racial discrimination is common among non-white migrants in countries where the established population is predominantly white. Racial discrimination is defined as any distinction, exclusion or restriction based on race, skin colour or descent for the purpose of nullifying or impairing the recognition, enjoyment or exercise on an equal footing of human rights and fundamental freedoms in political, economic, social, cultural or other fields of public life (Schwelb, 1966).

Racial discrimination, both indirect and direct, can be experienced in public places, and workplaces, and can have a significant impact on the mental health and well-being of the victims. African migrants or other ethnic groups can be subjected to blatant discrimination in a systemic and subtle way within their community, workplace, or school/University (Guilfoyle & Taylor, 2010; Guilfoyle & Harryba, 2009; Salleh-Hoddin & Pedersen, 2012).

High levels of discrimination against African migrants have been reported in Australia. Shakespeare-Finch and Wickham (2009) found that six out of 12 participants in their study experienced racial discrimination and recounted incidences of verbal abuse. These experiences resulted in feelings of exclusion, fear and regret. These participants also stated that racial discrimination made it very difficult to find jobs in Australia. However, Farida and Silvia (2008) found that refugees in Australia experienced high levels of discrimination; although at the same time, they reported positive well-being.

2.6.11 Language barrier.

The language barrier is often a critical factor affecting the resettlement process of migrants from non-English-speaking backgrounds (NESB), particularly when they settle in countries where English is the predominant language. These migrants may
struggle to communicate their needs, to interact with other people or to obtain necessary information about services. Muli et al. (2009) found that a lack of proficiency in the English language negatively affects migrants from the Horn of Africa in securing employment, gaining further education and gaining access to community and support services in Australia. Chile (2002) claimed that African migrants are anxious to participate in the activities of their host country, but their lack of English language skills prevents them from doing so. Many African migrants in Australia from NESB lack English language skills, which can create social isolation and anxiety (Ahmed, 2006). This author contended that it is important to inform African migrants from NESB of the availability of professional health interpreters in the health care system when the need arises.

2.6.12 Feelings about the future.

Feelings about the future can be positive or negative depending on the resettlement experiences of migrants. For instance, Muli et al. (2009) found that African migrants who had good English language skills and were employed in professional jobs, had high levels of satisfaction about their future in Australia, while those who could not speak English and were unemployed, had low levels of satisfaction about their future in Australia. Şenyürekli and Menjivar (2012) reported that some migrants live in a state of limbo, unable to decide whether they should stay in their host country or return to their homeland because of their uncertainty about their future.

2.6.13 Parenting issues.

Migrants with young families settling in high-income countries (such as Australia) may find parenting to be challenging because they have to cope with parenting in a new culture. Some migrant parents find it very difficult to care for their children because they have to work abnormally long work hours. This keeps them away
from home and their children, resulting in poor parenting, family disruption and maladjustment disorders in children and youth (Ahmed, 2006). Renzaho (2011) examined the impact of parenting intervention in Australia among African migrants and refugees from Liberia, Sierra Leone, Congo, and Burundi and found that they were faced with challenges in parenting because the new culture in their host country was not consistent with their customary parenting from their countries of origin.

Migrant adolescents may be caught in a cultural trap, which may lead to conflict between the demands of parents and those of peers. Conflicts can be due to life transitions between childhood and adulthood that are influenced by cultural transition, which plays a major role in resettlement process of young migrants (Aronowitz, 1992). Protective factors for promoting well-being among young migrants have been identified. Berman (2001) grouped protective factors into: disposition of a child, family support and support from teachers and peers. Lustig et al. (2004) also identified acculturation and a strong connection to one’s culture of origin as protective factors in the resettlement of children.

2.7 Experiences of African Migrants in Australia

The author identified a number of studies that have examined the experiences of African migrants (including refugees) in Australia but only 17 of these studies will be discussed. These studies are: (Ahmed, 2006; Batrouney; 1991; Brand; Loh and Guilfoyle 2014; Colic-Peisker 2009; Farida and Silvia 2008; Muli et al., 2009; McMichael, 2002; McMichael and Manderson; 2004; McMichael et al., 2011; Murray et al., 2010; Ogunsiji et al., 2012; Omar, 2003; Savic, Chur-Hansen; Mahmood and Moore 2013; Poppit and Frey 2007; Renzaho, 2011; Shakespeare-Finch and Wickham, 2009; Schweitzer et al. 2006). Most of these studies have been limited to refugees. In this section, the major findings of these studies will be reviewed. Many of these studies
have already been discussed in other sections of this chapter, however, they will be reviewed collectively here so that the reader can more clearly see the current understanding of African migrant experiences in Australia. For the sake of clarification, these studies will be grouped into the following areas of impact upon migrants: well-being, discrimination, separation and integration.

Settling in a new country can have a significant impact upon the well-being of migrants. During the resettlement process, African migrants may experience difficult situations when trying to adjust to their new life in Australia. These problems can affect their well-being. Poppit and Frey (2007) examined sources of acculturative stress of 20 Sudanese adolescents in Brisbane, Australia and found that the sources of stress which impacted on the well-being of young African refugees were lack of English proficiency, strict parental control and differences in cultural rules between Sudanese and Australian culture. Ogunsiji et al. (2012) also investigated the experiences of 21 West African women in Sydney, Australia. The results indicated that West African women were exposed to a range of health risk factors including loneliness, isolation, underemployment and underemployment, and being forced to ‘start again’ which affected their well-being. Omar (2003) examined the resettlement experiences of 24 Somali refugees in Western Australia using a qualitative case study approach. The findings revealed that Somali refugees experienced resettlement problems and stress related to language barrier, cultural differences, family reunion, parenting issues, gender and role reversal which impacted on their well-being. Ahmed (2006) established that some African parents (migrants) in Australia, being forced to accept any jobs with unusually long hours, are confronted with many childcare problems which caused poor parenting, family disruption and maladjustment disorders in children and young people.
Discrimination is common towards non-white migrants such as African migrants who resettle in countries including Australia where the majority of the population is predominantly white. In most cases African migrants may be discriminated because of their different skin colour. A study by Colic-Peisker (2009) examined resettlement success and life satisfaction of three refugee communities in Western Australia and found that African refugees, because their dark skin colour made them more visible to other Australians, experienced more discrimination than ex-Yugoslavs or Middle Eastern refugees with lighter skin. Shakespeare-Finch and Wickham (2009) also examined the process of the resettlement of 12 Sudanese refugees of both genders found that six out of 12 participants experienced racial discrimination. This study advocated wider support networks to facilitate the integration of refugees in Australia. It also recommended a process for educating Australian-born residents about the status of refugees. In addition, Farida and Silvia (2008) investigated perceptions of discrimination and the well-being of 150 refugees, which included African refugees in Western Australia, and found high levels of discrimination in the labour market and everyday life.

Many African migrants, particularly involuntarily migrants, have been forced to separate from their family members. This can result in persistent worry about family members remaining in dangerous situations or environments and even at risk of being killed. Murray et al. (2010) found that Sudanese refugees experienced constant stress because of separation from their family and friends who often remain in refugee camps and war zones. Similarly, Savic, Chur-Hansen, Mahmood and Moore (2013) established that separation from family members can create sadness, worry and on-going stress. McMichael and Manderson (2004) examined how the loss of social networks as a result of civil war and displacement contributed to distress and sadness among Somali female
refugees in Melbourne, Australia. The findings revealed that social networks among Somalis in Melbourne were challenging as they limited women’s ability to use and produce social capital during their resettlement process in Australia. They also found that well-being was not only about social structures and networks, but about how the women use the past to give meaning to the present. They argued that women’s understanding of social networks gave them meaning through association with memories of their social world in Somalia. McMichael (2002) also examined the role of Islam on the emotional well-being of Somali refugee women who were displaced and resettled in Melbourne, Australia. The results showed that their religion of Islam provided them with comfort and a significant framework of practice and ideology that sustained them throughout challenging times and emotional distress during their resettlement process.

Migrants feel integrated in their new country when they are socially and economically integrated. Brand, Loh and Guilfoyle (2014) conducted a study of eight young African women, aged between 19 to 24 years from Sudan, Uganda, Kenya, Somali and Liberia about their resettlement experiences in Western Australia. They found that belonging to supportive social networks, participation in sport, early age of arrival and personal factors such as resilience were promoters for integration. Lack of social networks, lack of knowledge about services, racism and parental control were barriers to integration. Renzaho (2011) also found that African migrants were challenged with parenting issues in Australia because of their strict parental control which was not consistent with the Australian parenting. Colic-Peisker (2009) suggested that having social connections and networks that include members from the mainstream society is an indicator of effective resettlement. Poppit and Frey (2007) also found that social connections and links are very important to female refugees as they are often
disadvantaged during their resettlement process. McMichael et al. (2011) explored family life of 120 young refugees in Melbourne, Australia focusing on changing household composition, levels of trust, attachment, discipline and conflict in family during their first years of resettlement. The findings recognised that families were vital to the well-being of young refugees and therefore, altering family dynamics could pose a threat to their well-being and changes of successful settlement.

### 2.8 General Health of Migrants

Studies of the general health of migrants have reported different findings depending on the conditions in which they lived in prior to migrating to Australia. Some studies have shown that when migrants arrive in Australia, they are on average healthier than their Australian-born counterparts; however, as time progresses, their physical and mental health deteriorates (Barnes & Almasy, 2005; Caperchione et al., 2013). In contrast, other studies indicate that migrants and in particular refugees are not in good health when they arrive in Australia because of greater exposure to bad conditions and trauma in refugee camps (Murray et al., 2010; Porter & Haslam, 2005).

#### 2.8.1 Physical health.

Researchers often use the concepts of health and well-being interchangeably. Baird (2012) contended that well-being implies emotional, social, spiritual and physical health. Caperchione et al. (2013) stated that many migrants were in good physical health upon arrival in Australia due to traditional lifestyles based on physical work; walking as a form of transport; and high-fibre, low-fat diets. Renzaho, Swinburn and Burns (2008) also established that maintenance of customary cultural orientation such as eating a high fibre diet and physical activity was linked with lower rates of obesity and sedentary behaviours among African migrant children in Australia. However, Brown (1991) reported that migration to Western countries has a detrimental effect on the health status
of some migrants from culturally and linguistically diverse (CALD) groups. They assimilate new lifestyles, such as eating high-fat diets and not engaging in physical activities leading to obesity, which is a risk factor for developing chronic diseases, such as hypertension, diabetes and cardiovascular diseases. Pascoe and Smart Richman (2009) proposed that perceived discrimination can also have a significant negative effect on both the physical and mental well-being of migrants.

2.8.2 Mental health.

The mental health of CALD migrants is viewed as an area of concern by some researchers. Research on the mental health of migrants indicates that refugees have a high risk of developing mental illness after migration because of higher exposure to trauma, torture and multiple losses (Murray et al., 2010; Porter & Haslam, 2005). Refugees experience on-going stress because their family and friends often remain in dangerous situations, and they are subsequently at a high risk of developing mental health disorders (Murray et al., 2010; Porter & Haslam, 2005). In a study of the changing patterns of migration to Australia and its influence on the health of migrants, Krupinski (1984) found that low socioeconomic status contributes to mental health problems among migrants. Minas (1996) identified an increased risk of developing mental disorders among NESB migrants living in Australia compared with English-speaking background migrants, and associated this risk with resettlement difficulties.

Recently, researchers and clinicians have focused on understanding refugees’ experiences and stressors within their country of resettlement. Schweitzer et al (2006) explored the effects of pre-migration trauma, post-migration living conditions and social support on the mental health of 63 Sudanese refugees resettled in Australia, finding that pre-migration and length of stay in the country were linked to higher levels of depression and anxiety. Thomas (1999) affirmed that older adult migrants to Australia
who are more 65 years are also at high risk of developing mental illnesses, such as adjustment disorder. This is a psychological reaction that may involve factors such as adapting to new circumstances, including migration, which may involve learning a new language and assimilating into a new culture.

Another condition that is common among refugees who have experienced war and witnessed severe psychosocial trauma is Post-traumatic stress disorder (PTSD), which is an anxiety disorder resulting from exposure to severe traumatic events, such as war, persecution, rape, torture or witnessing a person being killed (Nieuwenhuysen, Carvalho & D’Hoore, 2002; Silove et al., 2007).

2.9 Coping with Stress

The causes of stress among migrants can be related to culture shock, daily hassles or resettlement challenges that require adaptation. Stress is a normal individual response to events that are perceived as threatening (Barkway, 2013). According to Selye’s (1956) General Adaptation Syndrome (GAS), there are three phases of body response to stress. The first phase is an alarm reaction, which is an immediate response to a perceived threat—for example, the fight or flight response when faced with danger. The second phase is a resistance stage, in which the body attempts to regain equilibrium and adapt to the stressor. The third phase is an exhaustion stage, in which the body becomes depleted of resources, and illness or death can occur. Migrants may experience so much stress during their resettlement process in their host country. Thus, it is important to understand Selye’s GAS and recognise that there is a general reaction to stress regardless of the type of stress, and this can lead to illness or death.

As stated earlier in this chapter, migrants may encounter many stressors during the resettlement process, including multiple losses, discrimination, isolation, culture shock, language barriers, underemployment and unemployment. Pascoe and Smart
Richman (2009) found that perceived discrimination also produces high levels of stress and is associated with unhealthy behaviours, such as excess intake of alcohol, smoking cigarettes and lack of exercise.

People cope in different ways when faced with difficult situations. Research addressing coping strategies should be viewed in the context of individuals, groups and social culture (Baird, 2012). Coping is referred to as a strategy adopted by an individual to deal with actual perceived stress (Lazarus & Folkman, 1984). These authors also stated that coping strategies include emotion-focused strategies (such as going out with friends when one is emotionally stressed) and problem-focused strategies (such as taking action to deal with stress—for instance seeking professional counselling).

Coping strategies can be viewed from an individual, group or cultural context. Connections with one’s ethnic cultural group are vital to retain a degree of ethnic identity and belonging (Phinney, Horenczyk, Liebkind, & Vedder, 2001). Similarly, Smith (2013) established that relationships with people from one’s culture provide resources from which practical help can be drawn upon when needed. Goodman (2004) found that unaccompanied young refugees from southern Sudan used coping strategies such as helping each other, restraint and diversion to cope with stress. A study by Khawaja, White, Schweitzer and Greenslade (2008) also revealed that refugees from Southern Sudan used other coping strategies, such as social support and focusing on hope and their future. In addition, these authors stated that religion and spirituality among refugees has been neglected by policymakers when planning services and interventions for refugees. However, studies on trauma and coping by Goodman (2004) and Khawaja et al. (2008) established that prayer and belief in God are effective coping strategies to deal with past trauma and resettlement stressors. They are protective factors for the well-being of refugees.
Support networks are important in coping with problems during the resettlement process. Social support is an external coping resource that includes the practical help, guidance and reassurance one receives from a range of sources in time of need (Smith, 2013). According to Boyd (1989), support networks based on friendship and community groups are central to the resettlement process of migrants. Coleman (2006) contended that social networks act as an assurance during the migration resettlement process by providing information and facilitating social action.

People draw upon various types of social support from their social networks to help deal with difficulty situations. McMichael and Manderson (2004) identified that social networks have the capacity to reduce the negative effects of life events. Ager and Strang (2008) established that social support is essential in supporting refugees through their resettlement process and can be drawn from significant persons, family members, close friends and groups of people to which one belongs. Smith (2013) also found that the ability of refugees to establish social connections and build their social networks in their host country following forced-migration helped their resettlement experiences.

Studies have shown that some migrants cope by maintaining contacts with their families in their homeland. Owusu (2003) found that Ghanaian migrants cope by maintaining ties with their homeland, such as ensuring regular contact and regular visits, and making investments such as home ownership. Taylor, Forsythe-Brown, Taylor and Chatters (2013) also found that women, adolescents and single people in particular, benefit from extended family support, which helps them cope with resettlement stressors. Ora, Maayan, Anat, Hani and Robin (2012) revealed that Polish migrants were good in dealing with stress. They also found that social support and appraisal emerged as being considerably influential in their adjustment process.
2.10 Resettlement Needs of Migrants

The resettlement needs of recently arrived refugees differ between individuals and families. The common needs of all newly arrived migrants include accommodation, household utilities, employment, financial support, health care services, educational opportunities, interpreters, and information about the unfamiliar culture and legal system in their host country. Personal needs include reunion with family, access to appropriate health care services, linkage to the community, and support and acceptance from the new society (Coates & Carr, 2005).

The resettlement needs for different ethnic groups of people require many strategies to help new arrivals resettle in the host country. For instance, in Australia, prioritisation of needs by migrant support service providers is often directed at the practical needs of refugees (Jupp, McRobbie & York, 1991). Similarly, Waxman (1998) found that, during the first three months in Australia, the needs of refugees include housing as the major concern, followed by English language classes, understanding of the new system, employment, finances, children’s schooling and health concerns.

2.11 Support Services for Migrants

Support services are intended to assist new migrants to integrate into Australian society. Spinks (2009) reported that support services for migrants have evolved over the previous 60 years as the population has grown with different ethnic groups, and as policy has developed from assimilation to integration, and to multiculturalism. Successful resettlement programs can be facilitated by a variety of support services. The Australian government provides a range of these services including accommodation, health services, English language tuition and interpreting services (Spinks, 2009).

Most settlement services are targeted at refugees and humanitarian entrants (that is, involuntary migrants). Voluntary migrants, for example migrants who come to
Australia on skilled work visas are typically ineligible for settlement services offered by the government. These migrants are not considered in need of settlement services since they have the necessary education and skills to secure employment. Specific settlement programs for migrants are funded and coordinated through the Department of Immigration and Multicultural and Indigenous Affairs (2005a). These are discussed in the following sections.

2.11.1 Early settlement support services.

The Australian Federal Government provides initial settlement assistance through the Integrated Humanitarian Settlement Strategy (IHSS), which provides initial intensive on-arrival settlement support, for a period of six months, to refugees and Special Humanitarian Program (SHP) entrants with permanent visas. Thereafter, they are transferred to general settlement services (Muli et al., 2009). These initial services include on-arrival reception, initial orientation and assistance with accommodation, case coordination plans based on an initial needs assessment, information and referrals to other service providers, short-term trauma counselling, and emergency medical needs (Spinks, 2009).

There is also the Complex Case Support (CCS) program, which was implemented nationally in 2008 to assist recently arrived refugees and humanitarian entrants in difficult situations in which their needs cannot be adequately addressed by existing services. These include situations of severe physical and mental health conditions, or crisis events following arrival in Australia, which can present significant barriers to successful settlement (DIAC, 2009). Eligibility for this service continues for two years after arrival in Australia. The CCS program is being delivered across Australia by the Humanitarian Services Panel. This panel comprises more than 30
organisations that are experienced in providing case management services to humanitarian entrants (Derose, Escarce & Lurie, 2007).

2.11.2 Long-term settlement services.

Long-term settlement services are provided by community-based organisations that are funded by the Australian Federal Government’s Settlement Grants Program (SGP), and provide settlement services to refugees and humanitarian entrants for a period of five years (Department of Immigration and Multicultural Affairs, 2004a). Settlement service organisations include Migrant Resource Centres (MRCs), Centrecare Migrant Services, Communcare and the Association for Services to Torture and Trauma Survivors (ASeTTS). These organisations provide settlement services intended to assist refugees and SHP entrants to integrate into Australian society (Spinks, 2009). As described by Spinks (2009), SGP provides settlement services in three key areas: assisting new arrivals to orient themselves in their new community, helping new communities, and promoting social participation and integration.

In addition, the Adult Migrant English Program (AMEP) is provided to eligible adult migrants. The AMEP is a specialised English language program that helps refugees acquire basic English language skills. It also provides general orientation to facilitate participation in the wider Australian society and the ability to manage everyday social situations (Burrows, 2004). According to Hinsliff (2006), migrants eligible for the AMEP receive 510 hours of English tuition, with some humanitarian entrants eligible for additional assistance under the Special Preparatory Program. This program also helps students enrolled in technical and further education (TAFE) or universities to become familiar with the learning environment before beginning formal lessons. The AMEP classes are delivered by contracted service providers who specialise in teaching English as a foreign language. They assess new arrivals for eligibility for the
program, arrange free childcare for students with under-school-age children while the parent attends class, and provide on-going educational counselling to help clients plan for future study (Burrows, 2004).

The Translating and Interpreting Services (TIS) is a national program designed to enable communication between people who do not speak English and the English speakers who need to communicate with them. The TIS has access to over 1,300 contracted interpreters across Australia, speaking more than 120 languages and dialects (Spinks, 2009). The service is available 24 hours a day, seven days a week, for any person or organisation in Australia requiring interpreting services. Services are provided free via telephone and onsite interpreting, and translation of settlement-related documents is offered to migrants and refugees who are permanent visa holders (Spinks, 2009).

Another organisation, the Living in Harmony program—while not classed as a settlement service, this program is a key government plan for integrating migrants and fostering social cohesion (Spinks, 2009). The focus of the Living in Harmony program is to build social cohesion through promoting concepts of respect, participation, a sense of belonging, and Australian values. It comprises the following four elements:

1. funding of local community projects designed to engage the whole community in building positive relationships
2. partnerships with national and regional organisations, such as large community sporting organisations
3. funds to support communities responding to crises and emerging priority issues outside the annual funded community projects
4. public information strategy, using outcomes from past funded community projects and partnerships to develop resources for dissemination and use in various sectors of the community (DIMIA, 2005d).

Other settlement organisations providing assistance to migrants in WA include:

- Edmund Rice Centre, which provides English classes, counselling and driving licence assistance
- Ishar, which provides multicultural health services for women from different ethnic community groups
- Save the Children, which provides humanitarian work, English language classes, after-school support and child protection
- Life Without Barriers, which provides accommodation services and child protection.

Additionally, volunteers and charities provide substantial settlement support to new arrivals to Australia (Hinsliff, 2006).

2.11.3 Mainstream government support services.

In addition to the early and long-term settlement services mainly available to refugees and SHP entrants, there are mainstream government support services which are also eligible only to permanent visa holders. Migrants who are Australian citizens and permanent residents have access to range of services which are provided by governments and community organisations to address a number of their needs (DIAC, 2009). For example, migrants can access the services provided by mainstream support services such as Medicare, provide health care services to migrants and Centrelink, provide social security payments to all Australians, depending on their needs and individual circumstances.
2.12 Strengths and Weaknesses of Support Services

The Federal Government provides settlement support services to refugees and humanitarian entrants with permanent visas upon arrival in Australia; however, some settlement services provided by the government are not available to voluntary migrants. The literature suggests that there is poor access to the full range of support services by migrants from diverse ethnic groups, particularly in accessing health services and improving their health status (Minas, Colucci & Jorm, 2009; Minas, Klimidis & Kokanovic, 2007). According to Minas et al. (2007, 2009), there are current weaknesses in the support services available to migrants in Australia, including:

- insufficient information about the current support services available to ethnic minority community groups
- poor access to the full range of services
- inadequate understanding of the factors responsible for the underuse of support services
- lack of knowledge by health care providers of the needs of ethnic groups
- inadequate participation by ethnic communities in evaluating and making decisions about the policies for support services provided to them.

Studies indicate that there are many barriers affecting access to health care services for migrants in Australia which potentially, can seriously impact on the lives of newly arrived migrants. For example, in November 2005, a newly arrived two-year-old refugee from Burundi died of a treatable disease in a Sydney apartment because his parents did not know how to contact emergency services and medical care. In another example, a bilateral amputee refugee from Sudan, was accommodated on the first floor of an apartment in Sydney and had to crawl up the stairs, relying on helpers to carry his wheelchair. He also did not know how to access medical care to obtain prosthetic legs.
(Sheikh-Mohammed, Macintyre, Wood, Leask & Isaacs, 2006). Muli et al. (2009) concluded that a settlement policy that does not provide broader community support services across groups cannot alleviate social inequalities.

2.13 Conclusion

Migration has occurred throughout human history. This review of the literature has highlighted the reasons and stages of migration, resettlement experiences and challenges to resettlement. General and mental health of African migrants, their experiences in Australia and other countries, and migrant’s coping strategies were reviewed. Support services available for migrants were also discussed. The settlement services offered to migrants in Australia have evolved over the last 60 years from the provision of early settlement assistance, to long-term and mainstream support services designed to facilitate the resettlement process of new arrivals in Australia. The current settlement services in Australia are targeted mostly at meeting the specific needs of refugee and humanitarian entrants (Spinks, 2009).

The next chapter will discuss the theoretical framework used to inform the findings of MSSPs, and to understand how it can empower and provide more support for migrants in certain areas.
Chapter 3: Theoretical Framework

3.1 Introduction

This chapter presents Peplau’s Interpersonal Relationship Theory (IRT), which underpins the theoretical framework of this study. In Chapter 7, Peplau’s ITR was used to inform the finding of MSSPs and to establish how support services for migrants could be reinforced. This theory was also utilised in Chapter 8 to understand how it can empower and support migrants in some areas.

This chapter explains the concepts, applicability and purpose of the theory, and describes its four stages (orientation, identification, exploitation and resolution). The different roles taken on by health care providers during the interpersonal relationship process are also described. A discussion on how Peplau’s IRT can empower both migrants and refugees during the resettlement process is also presented.

3.2 Peplau’s IRT

Developed by American nurse Hildegard Peplau in 1952, IRT is a nursing theory specific to mental health nursing practice, but it is important to note that this theory has wider application in other areas, such as health promotion, psychology, counselling, education, and all areas of nursing and human care including resettlement of migrants. In Peplau’s IRT, nursing is defined as a maturing force and a significant therapeutic interpersonal process. It is also referred to as an ‘educative’ process, in which the nurse makes the client a partner in his or her health care (Peplau, 1952a). The purpose of Peplau’s interpersonal relationship process is to facilitate problem-solving skills within the context of the relationship between the nurse and client. Education and
therapeutic interactions are used to provide effective nursing care, leading to health promotion and maintenance of health (Peplau, 1952b).

Peplau’s IRT uses several concepts that contribute to effective nursing care and the resolution of clients’ problems. These form the therapeutic relationship between the nurse and the client, and the four phases of the interpersonal relationship as introduced previously are graphically represented in Figure 3.1 (Fowler & Chevannes, 1998; Peplau, 1952b). During these phases, the nurse adopts the following helping roles: stranger, surrogate mother, teacher, resource person, counsellor, leader and technical expert (Fawcett & Desanto-Madeya, 2005). It is important to note that Peplau’s IRT has never been used to empower migrants and refugees in their resettlement process and it has never been used to understand migrant settlement experiences in their host country.

![Figure 3.1. The four stages of Peplau’s IRT: orientation, identification, exploitation and resolution](image)

**3.3 Applying Peplau’s IRT to Empower Migrants and Refugees During Resettlement Process**

This section discusses how Peplau’s IRT is applicable to this study.
3.3.1 Orientation phase.

The first phase of the IRT is orientation, in which the client feels a need and seeks professional help (Peplau, 1952b, 1992). The nurse, as a stranger, meets the client and orientates him or her to a health care facility. They exchange views and the nurse clarifies his or her role. During this phase, the nurse recognises that the power to deal with the problem lies in the hands of the client and the therapeutic relationship between nurse and client (Peplau, 1992). The nurse builds rapport and trust, and eventually establishes a therapeutic relationship with the client. To do this, it is important that he or she displays good communication and interpersonal skills, such as active listening, attentive behaviour, genuineness, respect, empathy, non-judgment and acceptance of the client regardless of their status in life. The nurse’s demonstrated interest in the welfare of the client, encouraging him or her to ask questions and feel free to express needs is also crucial. Forchuk (1994) found that 127 nurse-client relationships remained stable for over three months. The nurse focuses on getting to know the client and assessing his or her specific needs. Fawcett and Desanto-Madeya (2005) reported that during the orientation phase the nurse collects data and makes initial assessments of the client’s needs.

The literature shows that people migrate to other countries for many reasons, including improved life opportunities; escaping civil wars, armed conflict, terrorism and political persecution; improvement in living standards; or escaping from poverty (Crowley, 2009; Ingleby, 2005; Irfaeya, 2006; Ward, 2000). Africans migrate to Australia because of a felt need, such as seeking better life opportunities and escaping persecution for ethnic, religious or political affiliations. On arrival, they can experience disorientation, culture shock and fear of the unknown. Refugees are initially met by resettlement officers, who are strangers. As these officers are unfamiliar and unknown
to the new arrivals, it is imperative that they possess the good interpersonal skills listed earlier, and can at least communicate with the refugees in their native language, to enable them to address the refugees’ immediate needs.

Language barrier has been identified as a major stressor impacting on refugees on arrival to Australia. Omar (2003) explored the resettlement experiences of Somali refugees in WA, and found that participants in the study were stressed by language problems on arrival. One participant stated that:

My problems started from the airport after I was given a ‘Welcome to Australia kit’ which was all written in English, except for one paper, which was written in Somali. There was no Somali interpreter with the support group to welcome us at the airport. My fourteen-year-old son, who could speak some English, was our interpreter (Omar, 2003, p. 41).

The initial experience in a new country can be extremely daunting. Most refugees, some of whom have never lived in a city or town, spend years living among hundreds of others in refugee camps. In addition, they may never have used a Western stove, fridge, public transport or telephone, and thus need to be informed and educated about how to access and use these and other unfamiliar appliances and services.

3.3.2 Identification phase.

The second phase in Peplau IRT is identification, during which the client identifies the nurse as a helper (Peplau 1952a, 1992). The client accepts and trusts the nurse as someone who is able to assist with his or her problems. During this stage, the nurse acts as a counsellor, advocate, teacher and leader, identifying needs or problems to be addressed, such as anxiety, social isolation, low self-esteem and confusion. The nurse also assesses and explores the levels of dependence of the client, and his or her capability to deal with these problems. The nurse informs the client of, and introduces him or her to available professional services and resources, such as occupational therapy
and relaxation therapy, and encourages the use of these services. Peplau (1997) stated that it is important to identify that the focus is on the client’s reaction to the situation.

African migrants may be under pressure to adapt to a new way of life. They may face challenges to resettlement — such as language barriers, racial discrimination, isolation and loneliness — and be unsure of how to use common community infrastructure, such as public transport or automatic teller machines (ATMs). In addition, they may be disoriented in a new city or town and not know what to buy or how to use services. They may also not know how to use household utilities such as washing machines, dishwashers and dryers. Thus, resettlement officers should identify the refugees’ immediate needs, assist them and introduce them to appropriate support services.

The literature also highlights other stressors experienced by other groups of migrants in Sweden. Lindencrona et al. (2008) found that resettlement stressors among Middle Eastern refugees granted permanent residence in Sweden included social and economic strain, alienation and discrimination by the Swedish population. As a result, this group of migrants required resettlement officers to act as advocates, counsellors and resource people to help them identify their difficulties and facilitate access to resources.

The initial resettlement needs may differ from individual or groups of people. Ehntholt and Yule (2006) pointed out that the basic needs of refugees during the initial resettlement period include housing and finance, access to health care services and employment, and religious and cultural needs. Crowley (2009) stated that refugee families seek assistance according to specific needs, with urgent basic needs assuming first priority. Initially, it is often difficult for some refugees to discuss past traumas and experiences (Ehntholt & Yule, 2006). Hence, resettlement officers should meet with refugees regularly in order to identify their immediate problems and work with them to
resolve these issues. They should also introduce them to support services that meet their immediate needs, such as Centrelink, Medicare, bulk-billed general practitioner services, and emergency care services and link them to other migrants from their home countries.

In Australia, the Integrated Humanitarian Settlement Strategy (IHSS) is the first settlement service strategy with whom refugee families have contact upon arrival. This organisation provides initial settlement support to newly arrived refugees for a period of six months. The support services on arrival include reception, orientation, assistance with accommodation, case coordination, information, referrals, short-term and trauma counselling needs (Muli et al., 2009). Its role in identifying health needs, interventions and health education, and directing families to appropriate treatment and interventions is essential (Muli et al., 2009). Nadeau and Meashaw (2006) affirmed that the initial clinical encounter with a refugee family has a lasting effect on the ability of the family to thrive in a new country. Therefore, the IHSS professional health care workers should act as advocates and counsellors for refugee families. In this way, refugee families will appreciate the value of accessing health care services and maintaining their general health.

3.3.3 Exploitation phase.

The third phase of IRT is exploitation, in which the client uses the full value of the nurse–client relationship and all the resources being offered. The nurse, as teacher, resource person, leader and technical expert, works with the client to plan, implement and evaluate their care (Peplau, 1952b, 1996). During the implementation stage, the nurse educates the client about their condition and the importance of compliance to management, and teaches problem-solving, coping skills and goal setting. During this phase, the power shifts away from the nurse towards the client, as the client becomes
more independent with personal care (Senn, 2013). In this way, the nurse helps clients to resolve their problems and fulfil their needs. The clients show improvement in communication, social interaction, problem-solving skills and coping strategies, and can begin to project new goals for the future. Eventually, the process of feeling better begins to occur. Fawcett and Desanto-Madeya (2005) agreed that these improvements occur during this phase, and the client uses problem-solving skills to actively seek solutions to his or her problems.

Similarly, at this stage, resettlement officers should act as resource experts and teachers for refugees, continuing to work with them to identify further problems or needs. These workers should assist with planning, implementation and evaluation of the resettlement process, teaching new refugees problem-solving skills and explaining the legal system in Australia. They should also ensure that access to the full range of resources available, such as English language classes, the Association for Services to Torture and Trauma Survivors (ASeTTS), school health services, community mental health, child and general health services is facilitated. Refugees should be educated and encouraged about use of community services, such as the public library, swimming pools and telephones, and how to access medical care and emergency health care, particularly in life-threatening situations to avoid unnecessary deaths from drowning or treatable diseases such as previously described when a newly arrived two-year-old refugee died because his parents did not know how to contact emergency care services (Sheikh-Mohammed et al., 2006).

Greater community integration should occur with the full use of community services and facilities. Refugees should be encouraged to attend training, enrol in apprenticeships or further their education at TAFE institutions or Universities in order to increase their opportunities to obtain employment in Australia. Shakespeare-Finch
and Wickham (2009) found that various other programs dealing with adaptation — such as English language classes, individual mentoring to offer positive support and the establishment of wider support networks that facilitate integration — greatly assist refugees with resettlement in Australia. They further recommended a process of education to better inform Australian-born residents of the status of refugees.

3.3.4 Resolution phase.

The final phase of the IRT is resolution. During this stage, the client feels better and problems are resolved, and by extending goals established in the exploitation phase, the client plans future goals (Peplau, 1952b, 1997). In addition, good communication and interaction with others is maintained and the client establishes alternative sources of support. The nurse, as leader and resource person, evaluates the client’s well-being and recommends when the client is feeling well enough to go home. Both the client and the nurse are fulfilled. At this stage, there is a mutually agreed termination of the relationship between the nurse and the client.

When refugees are well resettled within their host country, they become self-reliant, independent and able to obtain employment. As expert resource people and leaders, resettlement officers can assess if migrants are resettled in their host country, following which, both parties are fulfilled and experience a mutual freeing process, terminating their relationship. Refugees are very integrated and no longer depend on support services provided by the community and government. They begin to contribute to their new society in a meaningful manner.

3.4 Conclusion

This chapter has explained Peplau’s Interpersonal Relationship Theory (IRT), that provided the theoretical framework for this study. Specifically, it has explained the concepts, purpose of the theory, the four stages (orientation, identification, exploitation
and resolution) and the helping roles used during the interpersonal relationship process. Importantly, the chapter has discussed how Peplau’s IRT can empower both migrants and refugees during their resettlement process.

Although Peplau’s IRT is a nursing theory that is specific to mental health, it can be applied to all areas of human care, including the resettlement process of migrants and in particular refugees. It can empower and assist them with resettlement in their host country. Peplau’s IRT was used as a theoretical framework for this study because most of participants in this study were involuntary migrants (refugees) from war-affected countries (71.9%) and as such, they would require substantial help to resettle in a new country.

Currently, there is no specific literature that explains the position of empowerment in relation to the resettlement of migrants, but there is general literature that explains the application of the IRT in caring for people. The selection of Peplau’s IRT as the conceptual framework for this study is underpinned by the researcher’s personal experience in general nursing and mental health nursing practice.

The next chapter will discuss the research methodologies used in this study.
Chapter 4: Methodology

4.1 Introduction

This chapter describes the aims of the study, research questions, research paradigm and design, study sample, sample recruitment procedures and ethical considerations. In addition, the pilot study, research instruments, data collection procedure, and quantitative and qualitative data analysis are explained.

4.2 Study Aims

This study investigated the resettlement experiences of African migrants to WA. It uncovered the major issues affecting the resettlement processes and well-being of African migrants. It also examined the coping strategies of these migrants and the current support services available to them.

4.3 Research Questions

The following research questions were addressed:

1. What are the resettlement experiences of African migrants living in Western Australia?
2. What is the status of their mental health and how do they cope with stress?
3. What are their perspectives about migrant support services?

4.4 Research Paradigm and Design

A pragmatic research paradigm was used for this study, based on the aims of the study and its research questions. Pragmatists refute the idea that social research can gain access to the truth by using one research method only (Mertens, 2007). A paradigm can be defined as a philosophical goal or drive to undertake research (Cohen & Manion,

According to Creswell and Tashakkori (2007), mixed-methods research is a methodology in which the researcher mixes quantitative and qualitative research methods into a single study. This design was employed to address the research questions in this study. In particular, simultaneous triangulation of both methods and data sources was used to provide a broader and more comprehensive picture of the current study.

Qualitative design can be distinguished from quantitative design in a number of ways. The qualitative approach focuses on generating hypotheses, whereas a quantitative approach focuses on testing hypotheses (Schneider & Whitehead, 2012). Qualitative studies are inductive and provide insight into people’s experiences (Creswell, Shope, Clark & Green, 2006). The findings of qualitative research offer a deeper understanding of people’s experiences. In contrast, quantitative research is deductive in nature, focusing on empirical values, measurements and confirming theories (Polit & Beck, 2010). According to Burns and Grove (2006), in qualitative research, people’s experiences are expressed in narration or recitation, and deliver greater understanding of the issues affecting them. Thus, a mixed-methods approach is appropriate for this study because it provides a broad understanding of the experiences affecting the resettlement processes of African migrants in Australia. The participants in this study completed quantitative survey questionnaires on their resettlement experiences, and those who agreed to be interviewed elaborated further on these experiences and how they affected their lives.
The quantitative aspect of this study employed a descriptive exploratory survey research design. Descriptive research methods describe situations and use a range of approaches — including using a self-report survey questionnaires — to measure variables of interest (Jackson, 2012; Schneider, 2013). Schneider and Whitehead (2012) indicated that survey questionnaires involve limited or no interaction with participants, while allowing collection of information about the characteristics of particular individuals or situations. According to Abramson and Abramson (2011), a descriptive exploratory survey design can explain the connections between health-related problems, additional factors of interest that occur, and other factors of concern as they exist in a particular population at a specific time. They also stated that descriptive exploratory studies are useful in collecting information about people’s knowledge, attitudes and practices.

The quantitative data for this study were collected using self-report survey questionnaire. These questionnaires measure variables of interest, such as beliefs, attitudes and experiences. This approach was suitable for this study because it focused on obtaining appropriate information by means of direct questioning of participants. One advantage of surveys is that a large amount of data can be collected over a short period (Schneider, 2013). Surveys are also flexible, broad in scope and economical compared with other approaches. Additionally, surveys using a questionnaire can cover a wide range of geographical areas, reach many people, ensure respondents’ anonymity and require less skill to administer (Casebeer, 1999). However, this type of investigation has some disadvantages. The major weakness is that they can only collect self-reported information. As respondents’ recall may be selective or they may be unwilling to express attitudes and beliefs on sensitive topics (Schneider & Whitehead, 2012), the
information obtained from surveys can be biased. They also tend to be relatively superficial in the sense that human behaviours and feelings are rarely explored deeply.

The qualitative aspect of this study utilised an exploratory interpretive research design. Exploratory interpretive studies promote an understanding of people’s experiences and situations, thereby enhancing the development of the themes and theories that describe these experiences (Bunniss & Kelly, 2010). This type of study provides insight into a situation about which little is known. Qualitative explorative enquiry aims to enable a detailed understanding of human behaviour and the reasons for this behaviour, and to explore a topic of interest. According to Wainwright (1997), qualitative research explores a phenomenon by exploring the attitudes, beliefs and experiences of participants, and gains an in-depth understanding of the attitudes, feelings and behaviour of an individual or group of people.

The qualitative data for this study were collected using semi-structured, face-to-face interviews. This method allows the researcher to explore the topics in question and allows the participants to express their experiences and feelings pertinent to their personal circumstances. Patton (1990) stated that, “Interviews are a means to find out what is in and on another person’s mind” (p. 278). The advantage of interviews is that they produce more in-depth and comprehensive information about a situation or person. Stainback and Stainback (1988) asserted that interviews can provide a holistic account of events, dealings and procedures occurring in natural settings. This is often required to accurately understand the state of affairs of people or situations.

One disadvantage of interviews is that they are more time consuming, and thus more expensive, than questionnaires (Wilson, 1997). However, the major disadvantage of interviews is that an interviewer can influence the participants’ responses (Judd, Smith & Kidder 1991). This is an important consideration because the researcher of this
current study is an African migrant herself. Aware that her personal experiences and feelings could influence the interview process, she stressed at the beginning of the interviews that she wanted to hear the participants’ experiences first, and that she would share her experiences with them after concluding the interviews.

4.5 Sample Group

The sample for this study included ethnic African migrants from Sub-Saharan African countries living in Western Australia (WA). Sub-Saharan countries are those African nations lying fully or partially south of the Sahara Desert. Migrant Support Service Providers (MSSPs) in WA also participated in this study. Convenience, snowballing and purposive sampling were used. Convenience sampling uses the most accessible sample, while snowball sampling is the selection of subjects by means of referrals from earlier subjects. In purposive sampling, the researcher selects the sample subjectively and attempts to obtain a sample that is representative of the population (Galloway et al., 1997).

The following selection criteria were used to select the participants:

1. That participants be ethnic African migrants, of either gender, from Sub-Saharan African countries.
2. That only migrants with permanent residence or citizenship status could participate. Temporary visa holders were excluded because they may not have been allowed to stay in Australia.
3. That participants be adult African migrants (aged 18 years or above) living in WA.

The total sample for this study was 120, which included 115 ethnic migrants (including refugees) from Sub-Saharan African countries, and five Migrant Support Service Providers (MSSPs) in WA. Of the total of 115 ethnic African migrants who
completed the survey questionnaire, a subset of 30 agreed to be interviewed. The MSSPs included managers or executive officers from organisations that provide settlement services to migrants, such as the Migrant Resource Centre (MRC), Centrecare Migrant Services (CMS), Ethnic Communities Council of WA (ECCWA), Association for Services to Torture and Trauma Survivors (ASeTTS) and African Community Association of WA (ACA). Representatives of all the five MSSPs were interviewed.

4.6 Participant Recruitment

The recruitment process involved four steps:

1. Flyers outlining the purpose of the study and inviting ethnic African migrants to relate their experiences of migration were placed around the Perth metropolitan area on noticeboards at TAFE institutions, universities, public libraries and shopping centre complexes. The flyers also included details of where and how to contact the researcher.

2. Word of mouth and the researcher’s social networks were used as means of recruitment. In particular, the researcher contacted the executive committee of the African Community Association of WA through their president, to seek support for this study. The executive committee agreed to participate in the study and also assisted in the recruitment process.

3. Respondents to the advertisements about the study contacted the researcher. The researcher assessed whether they met the selection criteria, and answered any questions related to the study. Individuals who were willing to participate were recruited and were sent information sheets outlining the nature and purpose of the study, a copy of the questionnaire and a prepaid return envelope.
Chapter 4: Methodology

4. To recruit the Migrant Support Service Providers (MSSPs), letters were sent to the heads of departments of migrant support services, inviting them to participate in the study. These included senior personnel from organisations that provide settlement services to migrants, such as MRCs. Nine were contacted and five agreed to participate in the study. They contacted the researcher by telephone and an appointment was arranged for an interview.

4.7 Ethical Considerations

The Murdoch University Human Research Ethics Committee granted approval to conduct this investigation (Appendix I). Informed consent was obtained from all participants (Appendix II). Each prospective respondent was provided with a Participant Information Sheet, which detailed the aims and scope of the study (Appendix III). Space was provided on the sheet for the participants to provide their telephone numbers if they agreed to take part in an interview. The participants were assured of complete confidentiality and anonymity, and that any response would be identified only by a number or pseudonym that could not be traced to any specific individual.

Data from all returned questionnaires were entered immediately into an electronic database from which it is impossible to identify individuals, and hard copies were kept in a locked filing cabinet in the researcher’s office at the School of Health Professions – Nursing, at Murdoch University. These copies, together with the audiotaped interviews and transcripts, are to be kept in this secure place for five years, after which they will be destroyed. All data files maintained electronically for descriptive analysis are also to be kept for five years, after which they will be erased.
Chapter 4: Methodology

4.8 Pilot Study: Validity and Reliability of Questionnaires

To establish validity and reliability of the self-report survey questionnaire, the questionnaire was administered to five adult ethnic African migrants with permanent resident status, and they were not the main sample participants. They were surveyed about their reasons for migrating, education level, employment status, general health, coping strategies, feelings about their future, mental health and support services. From this pilot study, minor adjustments were made and the survey questionnaire was refined. The alterations were as follows:

- Item 15 was removed. This item asked: ‘If you used any of the following methods, to what extent did they help with your settlement?’ This item was removed because it was felt that the question could be confusing for participants to answer.

- Item 15 was replaced with the question, ‘Did you use any of the following pre-migration strategies prior to migrating to Australia? Please tick the appropriate box/es’.

The researcher also piloted the interview questions to other five adult ethnic African migrants with permanent resident status who were also familiar with the support services available to migrants other than the main sample participants. These questions focused on resettlement experiences, coping strategies used, and support services. They also provided the researcher with further experience in conducting interviews, and facilitated the refinement of the interview questions. The following heading ‘Challenges to Resettlement’ and questions below were added to the interview questions for participants. The interview questions initially had only three main headings (Resettlement Experiences, Coping Strategies and Support Services).
Challenges to Resettlement

- Do you think there are barriers in the way of African migrants trying to successfully settle in Australia? If so, what in particular?
- What sort of difficulties, problems or conflicts did/do you encounter, if any?
- Think of one difficult situation since coming to Australia. How did you cope with it?
- How have your children reacted to migration? Do you have any particular concerns for them?

4.9 Research Instruments

The research instruments were the survey questionnaire for the migrant participants, and the interview questions for the migrant and the Migrant Support Service Providers (MSSPs) participants.

4.9.1 Quantitative survey questionnaire.

To address the research questions, the researcher devised a questionnaire with 35 questions (Appendix VI). The survey questionnaire used closed-ended questions that provided data for quantitative analysis. There were also some open-ended questions, but these were mostly left unanswered.

4.9.1.1 Demographic variables.

The participants were asked to supply a four-digit identification number based on their telephone number. Additional questions were related to demographic data and included gender, marital status, age group, duration of stay in WA, country of origin, resident status, postal code and education level.
4.9.1.2 Reasons for migrating.

The participants were asked to provide their reasons for migrating. The possible responses included civil war, instability in their homeland, better life opportunities, a cleaner environment and others.

4.9.1.3 Pre-migration strategies.

The participants were also asked to indicate whether they used any pre-migration strategies prior to relocating to Australia in order to make resettlement easier, including talking to people who had been to Australia, investigating employment opportunities on internet, watching television programs or films about Australia, reading books and Australian newspapers, and contacting people in Australia.

4.9.1.4 Number of children.

Participants were required to state whether or not they had children, and, if they did, to indicate the number of children, their age, the country of their birth and whether the children lived with them. If they did not, participants were asked to specify whether the children lived close by, some distance away or overseas. Additionally, the participants were asked to stipulate whether they were supported by their children.

4.9.1.5 Employment status.

Participants were asked questions related to their employment in their homeland and in Australia. In particular, they were asked to describe their employment status in Australia. The possible responses were that they were employed in their usual profession, not employed in their usual profession or not currently employed. If they were employed in their usual profession, they were asked to describe their employment situation. The possible responses included having difficulty finding employment, feeling happy and supported at work, having sufficient pay to support their family,
being able to rent a home, planning to buy a home in the future, or owning a home with or without a mortgage.

If they were not employed in their usual profession, participants were asked to state whether their qualification/s from their country of origin were not recognised in Australia, whether qualification/s gained in Australia had not helped them, and other reasons for lack of employment in their usual profession. If they were not currently employed, they were asked to indicate their reasons for not gaining employment. The possible responses were caring for family members, language barriers, apprehension about working in a strange place, difficulties finding employment or simply choosing not to work.

4.9.1.6 Coping strategies.

Here, the participants were required to choose the strategies they used to cope with problems. Possible responses were talking to family members or close friends, attending a church or mosque to strengthen their faith, seeking professional help, and undertaking numerous activities to occupy their mind.

4.9.1.7 General health.

This section sought information regarding the participants’ general health, and included questions related to their physical and mental health, such as whether they suffered from diabetes, asthma, high blood pressure, depression or anxiety, and, if they did, whether they were taking medication to treat their condition/s.

Participants were also asked whether they smoked cigarettes or consumed alcoholic drinks and, if they did, how many cigarettes they smoked per day and how many alcoholic drinks they consumed per week. They were also invited to make any further comments about their health.
4.9.1.8 Mental health.

This section elicited information about the participants’ mental health. The five items about the participants’ mental health were answered on a four-point Likert scale, one = not at all, two = some of the time, three = most of the time and four = all the time. The items asked whether they were sad or happy, whether they had lost interest in people or activities, whether they were unable to make decisions, whether they felt bad and worthless, and whether they felt like a failure.

4.9.1.9 Feelings about the future.

Information was collected about how the participants felt about their future. The section contained six items that were answered on a four-point Likert scale, one = strongly disagree, two = disagree, three = agree and four = strongly agree. The items asked whether the participant felt their future was secure and safe, whether they felt able to make their own choices in life, whether they could fulfil their dreams and goals, whether they were optimistic about their future, whether they felt they would be self-reliant in the future, and whether they felt cut off from other people.

4.9.1.10 Support services.

In this final section, the participants were asked to indicate whether they had used any support services since coming to Australia, and, if so, how helpful these were to them. There were nine items that were answered on a four-point Likert scale, with one = no help at all, two = helped a little, three = helpful and four = helped a great deal. The nine items rated were: Centrelink, Homeswest/rental support, hospital emergency services, mental health services, health services, employment agencies, migrant resource centres, church/mosque and other support organisations. Additionally, they were asked whether they could suggest any changes that might improve any of these services. If they did not use any support services, they were asked to comment on their
reasons for not accessing them. Finally, they were asked for any further comments on their resettlement experiences.

4.9.2 Interview questions for African migrant participants.

The researcher also developed open-ended interview questions for African migrants and Migrant support service provider (MSSP) participants (Appendices VII and VIII). The interview questions for the African migrant participants (Appendix VII) are included in the following sections.

4.9.2.1 Resettlement experiences.

This first section obtained information about the participants’ resettlement experiences. The participants were asked open-ended questions about the factors that influenced their decision to migrate to Australia, their initial reaction to resettlement in Australia and whether these reactions/impressions had changed in any way. They were also asked to explain the advantages and disadvantages of migrating to Australia and their first reactions upon arriving in Australia. Finally, they were asked to state whether they felt well integrated into the Australian way of life, and to describe their feelings about the future.

4.9.2.2 Challenges to resettlement.

In this section, the participants were asked to name any barriers hindering their successful resettlement in Australia, and to indicate the most challenging situations they had encountered since coming to Australia. If they had children, they were also asked to state how their children had reacted to migration and indicate any particular concerns for them.
4.9.2.3 **Coping strategies.**

Participants were asked to describe how they coped with the most challenging situations, and to explain how their families and/or friends had helped them deal with these situations. Additionally, they were asked to specify whether they belonged to a community group, church/mosque or other support organisation, and, if so, what role these organisations had played in helping them resettle in Australia. Lastly, they were asked to explain whether they felt their migration had affected their physical or mental health.

4.9.2.4 **Support services.**

This final section sought information about support services. The participants were asked to state whether they were able to access support services easily, and what type of information they received regarding support services. They were also invited to make suggestions for improving support services.

4.9.3 **Interview questions for MSSPs participants.**

The interview questions for the MSSPs participants (Appendix VIII) are outlined in the following sections.

4.9.3.1 **Migrant needs.**

This section elicited information about the needs of migrants. The MSSPs were asked to identify specific needs and difficulties common to ethnic African migrants, and how these migrants deal with such situations. They were also asked whether African migrants have particular strengths that help them cope with migration.

4.9.3.2 **Support services.**

In this section, the MSSPs were asked questions related to support services. They were questioned as to whether they had noticed any changes in the number of different ethnic groups coming to WA, or any changes influencing the level of support
in the last five years. They were also requested to provide information about the migrant support services that are made available to ethnic African migrants upon their arrival, migrants’ level of accessibility to support services, and their suggestions for improving support services. They were also asked whether they could suggest ways to encourage migrants to be involved in policymaking and evaluating support services. Finally, they were asked to suggest any improvements to the current support services that they would like to introduce.

4.10 Data Collection Procedure

Approximately 40 minutes was required for each participant to complete the questionnaire. The completed questionnaires and information sheets were returned to the researcher by mail. When the questionnaires were returned, the participants were placed in two subgroups: those who did not agree to be interviewed and those who did.

The questionnaires were distributed to the 148 individuals who had contacted the researcher to express their interest in participating in the study. Of these 148 questionnaires distributed, 129 were completed and returned. Of the 129 questionnaires returned, 11 were excluded because the migrants were not permanent residents or citizens, and three sets of data were excluded and destroyed because they were not properly completed. Thus, a total of 115 African migrants (both voluntary migrants and involuntary migrants) participated in this study. All 129 participants who completed the questionnaire were invited to participate in interviews; space was provided on the consent sheet for participants to provide their telephone number if they agreed to take part in an interview. Thirty agreed to be interviewed and qualitative data were generated from this subset of 30 participants.

The 30 interviewees were asked to sign a consent form for interviews to be conducted at a mutually agreed place and time. The interviews took approximately 45 to
60 minutes to complete. They were audiotaped with the participants’ permission, and then transcribed for analysis. The participants were given the opportunity to review the transcript of their interview. Two interviewees reviewed the transcripts and requested no changes. Field notes and audiotapes were maintained by the researcher in order to obtain contextual information about the interview process. To help address the issue of the trustworthiness of the data, the researcher alone was involved in the data collection process, and the participants were informed of this.

Five MSSPs contacted the researcher by telephone to arrange a suitable date, time and venue for the interviews. They were interviewed about their experiences of migrants’ needs. The interviews were conducted in a similar manner to those for the African migrants and took approximately 45 minutes to complete.

4.11 Quantitative and Qualitative Data Analysis

The quantitative data from the survey questionnaires were analysed using the Statistical Programs for Social Sciences (SPSS), Version 19. Specifically, descriptive statistics, an independent t-test, and one-way and two-way analysis of variance (ANOVA) were used to analyse the survey data. The qualitative data from the interviews were analysed using thematic content analysis. Specifically, inductive thematic content analysis was used to analyse qualitative data. More detail about the analytical procedures will be provided in the following sections.

4.11.1 Quantitative data analysis.

All items on the questionnaires were entered into SPSS. Frequencies and percentages were calculated for the demographic questions and reasons for migrating, pre-migration strategies, employment status, general health, mental health and feelings about the future.
Five items regarding coping strategies were answered ‘no’ or ‘yes’. A chi-square goodness-of-fit test was used to compare frequencies across responses between females and males who used coping strategies such as talking to family members, talking to close friends, attending a church or mosque, seeking professional help and undertaking numerous activities to occupy their mind.

Five items regarding mental health were answered on a four-point Likert scale (one = not at all, two = some of the time, three = most of the time and four = all of the time). These scores were added to form a composite score for mental health, where low scores represented good mental health and high scores represented poor mental health. An independent t-test was used to analyse whether mental health varied by gender or by coming from a non-war-affected and war-affected country. One-way analysis of variance (ANOVA) was used to compare the relationship of mental health with employment status.

Six items about participants’ feelings about the future were answered on a four-point Likert scale (one = strongly disagree, two = disagree, three = agree and four = strongly agree). These scores were added to form a composite score for feelings about the future, where high scores represented positive feelings about the future and low scores represented negative feelings about the future. An independent t-test was used to analyse whether feelings about the future varied by gender. A two-way analysis of variance (ANOVA) was used to examine whether feelings about the future varied by gender or employment status.

Nine items about the helpfulness of migrant support services were answered on a four-point Likert scale (one = no help at all, two = helped a little, three = helpful and four = helped a great deal). A chi-square goodness-of-fit test was used to compare
frequencies across responses between participants from non-war-affected and war-affected countries who used support services.

4.11.2 Qualitative data analysis.

In this study, qualitative data was analysed using inductive thematic content analysis. Inductive thematic content analysis is derived from the data, and the process of analysing data includes open coding, creating categories and abstraction (Elo & Kyngäs, 2008). An abstraction or concept is developed by formulating a broad description of a research topic through generating the main categories (Polit & Beck, 2013). Major themes and subthemes are identified and named using content character words (Kyngäs & Vanhanen, 1999).

The qualitative data from the audiotape-recorded interviews were transcribed fully at the end of the interviews. Inductive thematic content analysis was used to analyse the qualitative data from interviews with 30 African migrants, a subset of the 115 participants, and five MSSPs participants. The analysis of data focused on the content of the interviews. First, data were analysed using open coding as each transcript was read and reread to ascertain the meaning of its content. Similarities in the data were identified and colour coded. Words capturing similar ideas were reduced in each line. Following this, the main categories were created and various themes were identified. Finally, a number of major themes and subthemes emerged from the data. These themes were reviewed to ensure they aligned with the data presented.

4.11.3 Trustworthiness of qualitative data analysis.

The criteria for judging trustworthiness include auditability, confirmability, fittingness and credibility (Schneider & Whitehead, 2012). The credibility of a study is ascertained when participants are able to confirm and relate to the data presented (Guba & Lincoln, 1981). The credibility of this study was ensured by inviting participants to
review and verify the transcript of their interview. Auditability is established when there is consistency in maintaining an audit trail. An audit trail was maintained to ensure consistency in this data analysis process. The files and records of the interviews and data analysis process were well maintained and documented in this study. Confirmability is ensured by obtaining data from different sources in order to confirm the results (Cutcliffe & McKenna, 1999). To ensure confirmability, this researcher conducted the study in a detailed manner, obtaining data from survey questionnaires and interviews. Fittingness is established when the findings of the study relate well to the data collected (Beck, 1993). The findings of this study fit well with the collected data.

4.12 Conclusion

This chapter has described the research questions, research paradigm and research design used for this study. Specifically, this study used mixed-methods research (quantitative and qualitative approaches) to address the research questions. It has also discussed the ethical considerations, study sample, recruitment procedures, research instruments, data collection procedure and methods of data analysis.

The results of the analyses will be presented in the next chapter.
Chapter 5: Quantitative Results

5.1 Introduction

This chapter presents the results according to the three research questions which are: 1) what are the resettlement experiences of African migrants living in Western Australia? 2) what is the status of their mental health and how do they cope with stress? and 3) what are their perspectives about migrant support services?

The results are presented from the quantitative survey questionnaires. The information about the African migrants who participated in this study (N = 115) is presented in the following order:

1. demographic data (including gender, marital status, age group, time in WA, residence status, time in WA, country of origin, and education level of participants prior to and after migration to Australia).
2. the participants’ reasons for migrating, pre-migration strategies, number of children of participants, employment status and coping strategies.
3. the participants’ general health, mental health, feelings about the future and support services used.

5.2 Demographic data

Of the participants, 54% were male and 46% were female. Most were married (53.5%) while the age group of participants was from 18 to 60 years of age. Specific age was not requested. The length of time in WA varied from 1 year to 17 years. The residence status of participants was 73.5% Australian citizenship, while the remainder held permanent residence (Table 5.1).
Table 5.1

Demographic Information of Participants

<table>
<thead>
<tr>
<th>Demographic factors</th>
<th>Responses</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Gender</strong></td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>54.0%</td>
</tr>
<tr>
<td>Female</td>
<td>46.0%</td>
</tr>
<tr>
<td><strong>Marital status</strong></td>
<td></td>
</tr>
<tr>
<td>Married</td>
<td>53.5%</td>
</tr>
<tr>
<td>Single</td>
<td>36.6%</td>
</tr>
<tr>
<td>De facto</td>
<td>3.6%</td>
</tr>
<tr>
<td>Divorced</td>
<td>2.8%</td>
</tr>
<tr>
<td>Separated</td>
<td>3.5%</td>
</tr>
<tr>
<td><strong>Age (years)</strong></td>
<td></td>
</tr>
<tr>
<td>&gt; 18</td>
<td>7.0%</td>
</tr>
<tr>
<td>21–30</td>
<td>38.3%</td>
</tr>
<tr>
<td>31–40</td>
<td>27.0%</td>
</tr>
<tr>
<td>41–50</td>
<td>22.6%</td>
</tr>
<tr>
<td>51–60</td>
<td>0.0%</td>
</tr>
<tr>
<td>&gt; 60</td>
<td>5.1%</td>
</tr>
<tr>
<td><strong>Citizenship</strong></td>
<td></td>
</tr>
<tr>
<td>Australian</td>
<td>73.5%</td>
</tr>
<tr>
<td>Other permanent residence</td>
<td>26.5%</td>
</tr>
<tr>
<td><strong>Length of residence in WA</strong></td>
<td>1 to 17 years</td>
</tr>
<tr>
<td><strong>N</strong></td>
<td>115</td>
</tr>
</tbody>
</table>

5.3 Country of Origin of Participants

Most participants in this study were involuntary migrants (refugees) from countries affected by war (71.9%). The remaining participants (28.1%) were voluntary migrants from countries not affected by war (Table 5.2).
Table 5.2

*Countries of Origin of Participants*

<table>
<thead>
<tr>
<th>Country</th>
<th>Frequency</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Valid</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Botswana</td>
<td>1</td>
<td>0.9</td>
</tr>
<tr>
<td>Burundi</td>
<td>4</td>
<td>3.5</td>
</tr>
<tr>
<td>Congo</td>
<td>7</td>
<td>6.1</td>
</tr>
<tr>
<td>Ethiopia</td>
<td>5</td>
<td>4.3</td>
</tr>
<tr>
<td>Ghana</td>
<td>6</td>
<td>5.2</td>
</tr>
<tr>
<td>Kenya</td>
<td>16</td>
<td>13.9</td>
</tr>
<tr>
<td>Liberia</td>
<td>8</td>
<td>7.0</td>
</tr>
<tr>
<td>Malawi</td>
<td>1</td>
<td>0.9</td>
</tr>
<tr>
<td>Mauritius</td>
<td>1</td>
<td>0.9</td>
</tr>
<tr>
<td>Nigeria</td>
<td>2</td>
<td>1.7</td>
</tr>
<tr>
<td>Sierra Leone</td>
<td>7</td>
<td>6.1</td>
</tr>
<tr>
<td>Somalia</td>
<td>7</td>
<td>6.1</td>
</tr>
<tr>
<td>South Africa</td>
<td>4</td>
<td>3.5</td>
</tr>
<tr>
<td>Sudan</td>
<td>23</td>
<td>20.0</td>
</tr>
<tr>
<td>Swaziland</td>
<td>1</td>
<td>0.9</td>
</tr>
<tr>
<td>Tanzania</td>
<td>1</td>
<td>0.9</td>
</tr>
<tr>
<td>Uganda</td>
<td>13</td>
<td>11.3</td>
</tr>
<tr>
<td>Zambia</td>
<td>7</td>
<td>6.1</td>
</tr>
<tr>
<td>Zimbabwe</td>
<td>1</td>
<td>0.9</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>115</strong></td>
<td><strong>100.0</strong></td>
</tr>
</tbody>
</table>

N = 115

5.4 Education Level

The results indicated that 85.2% of participants had secondary education, and 59.1% had tertiary education qualifications from their countries of origin prior to migrating to Australia. The results also indicated that 42.6% of the participants in this study had no Australian qualifications, and more than half of participants had obtained Australian education qualifications after migrating to Australia, 26.9% held a certificate, 11.3% held a degree, 8.7% held a diploma, 5.3% held a master’s degree, 3.5% had achieved a postgraduate degree and 1.7% had obtained a Doctor of Philosophy (PhD) qualification.
5.5 Reasons for Migrating

The most commonly stated reasons for migrating to Australia were to flee from civil war (27.8%) and to seek better life opportunities (26.9%). The least cited reason was having a family under threat (0.9%). It is important to note that participants could choose more than one reason for migrating (Figure 5.1).

Figure 5.1. Reasons for migrating to Australia.
5.6 Pre-migration Strategies

The most frequently used pre-migration strategy by participants was investigating employment opportunities using the internet (47%), while the least used was talking to people who had been to Australia (1.7%) (Table 5.3).

Table 5.3

<table>
<thead>
<tr>
<th>Pre-migration Strategies</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Investigating employment opportunities using the internet</td>
<td>47.0</td>
</tr>
<tr>
<td>Watching television programs and films about Australia</td>
<td>23.5</td>
</tr>
<tr>
<td>Reading books and/or newspapers</td>
<td>21.7</td>
</tr>
<tr>
<td>Contacting people living in Australia</td>
<td>6.1</td>
</tr>
<tr>
<td>Talking to people who had been to Australia</td>
<td>1.7</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>100</strong></td>
</tr>
</tbody>
</table>

N = 115

5.7 Number of Children of Participants

Of the participants, 63.5% had children. The most common number of children was 2 (17.4%) while 1 participant (0.9%) had 5 children.

5.8 Employment Status of Participants

The results illustrated that 48.4% of participants in this study were employed in their original field, 35.8% were employed not in their original field, and 15.8% were not employed. The employment status of participants are listed in Table 5.4.
5.8.1 Employed in the original field.

Of the participants who were employed in their original field, 13.9% had difficulties finding employment, 31.3% were happy with work and felt supported, 25.2% had sufficient pay to support their families, 18.3% were able to rent a home with their pay, 20.0% had planned to buy their own home in the future, and 16.5% owned homes with or without a mortgage.

5.8.2 Employed not in the original field.

Participants who were not employed in their original field, 13.9% had their qualification/s from their countries of origin but they were not recognised in Australia for them to obtain employment in their original field, 7.8% had qualification/s gained in Australia but they did not help them find jobs in their usual employment field, 7.1% had difficulty in their workplace, and 7.1% lacked transport to work in their usual employment field.

5.8.3 Not employed in any field.

Participants who were not employed in any field indicated that, 7.0% had family members to care for, 7.0% had language barrier to getting employment, 1.7% were apprehensive about working in a strange place, 8.7% had difficulties finding employment, and 3.5% had chosen not to work.

Table 5.4

_Employment status of participants_

<table>
<thead>
<tr>
<th>Employment status</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employed original</td>
<td>48.4</td>
</tr>
<tr>
<td>Employed not original</td>
<td>35.8</td>
</tr>
<tr>
<td>Unemployed</td>
<td>15.8</td>
</tr>
<tr>
<td>Total</td>
<td>100</td>
</tr>
</tbody>
</table>

N =115
5.9 Coping Strategies of Participants

The chi-square goodness-of-fit test was used to compare frequencies across the responses between females and males who employed the following coping strategies: talking to family members, talking to friends, attending a church or mosque, seeking professional help and keeping busy. Table 5.5 indicates responses of females and males who utilised coping strategies.

Table 5.5

Responses of Females and Males who used Coping Strategies

<table>
<thead>
<tr>
<th>Coping strategies</th>
<th>Female (%)</th>
<th>Male (%)</th>
<th>$\chi^2$ (df)</th>
<th>P-value ($\alpha = 0.05$)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Talking to family members</td>
<td>75</td>
<td>76.1</td>
<td>0.022 (1)</td>
<td>0.882</td>
</tr>
<tr>
<td>Talking to friends</td>
<td>73</td>
<td>71.4</td>
<td>0.039 (1)</td>
<td>0.884</td>
</tr>
<tr>
<td>Attending a church or mosque</td>
<td>65.3</td>
<td>42.8</td>
<td>5.804 (1)</td>
<td>0.016*</td>
</tr>
<tr>
<td>Seeking professional help</td>
<td>28.8</td>
<td>26.9</td>
<td>0.049 (1)</td>
<td>0.824</td>
</tr>
<tr>
<td>Keeping busy</td>
<td>26.9</td>
<td>31.7</td>
<td>0.318 (1)</td>
<td>0.573</td>
</tr>
</tbody>
</table>

N = 115

The results showed a significant difference between females and males in the proportion of users of a church or mosque as a coping strategy, with females being more likely to attend a church or mosque as a coping strategy. There was no significant difference between females and males in the proportion of users who spoke with family members or friends, sought professional help or kept busy as coping strategies.

5.10 General Health of Participants

The most frequent health conditions of participants were hypertension (12.5%) and migraine headaches (12.8%). A few participants had been taking medication for one year for their condition (12.8%). Some participants smoked cigarettes (14.6%) and a moderate number of participants consumed alcohol (68.9%). The results showed that
participants in this study generally enjoyed good well-being. ‘Anxiety’ and ‘Depression’ were included in this section because these conditions are associated with general health due to body/mind connection. The health conditions of male and female participants are listed in Table 5.6.

Table 5.6

General Health of Participants

<table>
<thead>
<tr>
<th>General Health of Participants</th>
<th>Female (%)</th>
<th>Male (%)</th>
<th>Total (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Asthma</td>
<td>0</td>
<td>1.6</td>
<td>1.6</td>
</tr>
<tr>
<td>Diabetes</td>
<td>0</td>
<td>3.2</td>
<td>3.2</td>
</tr>
<tr>
<td>Anxiety</td>
<td>1.9</td>
<td>1.6</td>
<td>3.5</td>
</tr>
<tr>
<td>Depression</td>
<td>1.9</td>
<td>3.2</td>
<td>5.1</td>
</tr>
<tr>
<td>Hypertension</td>
<td>7.7</td>
<td>4.8</td>
<td>12.5</td>
</tr>
<tr>
<td>Migraine headache</td>
<td>9.6</td>
<td>3.2</td>
<td>12.8</td>
</tr>
<tr>
<td>Taking medication for one year</td>
<td>9.6</td>
<td>3.2</td>
<td>12.8</td>
</tr>
<tr>
<td>Smoker</td>
<td>1.9</td>
<td>12.7</td>
<td>14.6</td>
</tr>
<tr>
<td>Drinker</td>
<td>30.8</td>
<td>38.1</td>
<td>68.9</td>
</tr>
</tbody>
</table>

N = 115

5.11 Mental Health

Participants were asked to respond to five items regarding their mental health. The items were answered on a four-point Likert scale (one = not at all, two = some of the time, three = most of the time and four = all of the time). These scores were added to form a composite score for mental health for each respondent. As shown in Table 5.7, most participants reported good mental health. Less than 15% of participants reported that they feel sad or unhappy most or all of the time; the same proportion reported they have lost interest in others and activities. Less than 10% of participants expressed negative responses on the other three items.
Table 5.7

*Mental Health Responses*

<table>
<thead>
<tr>
<th>Item</th>
<th>Description</th>
<th>N</th>
<th>%</th>
<th>N</th>
<th>%</th>
<th>N</th>
<th>%</th>
<th>N</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Item 1</td>
<td>I am sad or unhappy</td>
<td>53</td>
<td>46.1</td>
<td>46</td>
<td>40</td>
<td>11</td>
<td>9.6</td>
<td>5</td>
<td>4.6</td>
</tr>
<tr>
<td>Item 2</td>
<td>I have lost interest in others and activities</td>
<td>68</td>
<td>59.1</td>
<td>32</td>
<td>27.8</td>
<td>11</td>
<td>9.6</td>
<td>4</td>
<td>3.5</td>
</tr>
<tr>
<td>Item 3</td>
<td>I cannot make decisions anymore</td>
<td>88</td>
<td>76.5</td>
<td>16</td>
<td>13.9</td>
<td>7</td>
<td>6.1</td>
<td>4</td>
<td>3.5</td>
</tr>
<tr>
<td>Item 4</td>
<td>I feel as though I am bad or worthless</td>
<td>82</td>
<td>71.3</td>
<td>25</td>
<td>21.7</td>
<td>6</td>
<td>5.2</td>
<td>2</td>
<td>1.7</td>
</tr>
<tr>
<td>Item 5</td>
<td>I feel I am a failure as a person</td>
<td>86</td>
<td>74.8</td>
<td>21</td>
<td>18.3</td>
<td>6</td>
<td>5.2</td>
<td>2</td>
<td>1.7</td>
</tr>
</tbody>
</table>

N = 115

Statistical tests were conducted to examine whether mental health varied for different groups (gender, war-affected and non-war affected countries, and employment status). The scores of the mental health responses were added to form a composite score for mental health for each respondent. Low scores represented good mental health and high scores represented poor mental health. These composite scores were then used in the statistical analyses described below.

5.11.1 Gender scores.

An independent t-test test was used to analyse the mental health score and the mean average score for each gender. Females had a mean average score of \( M = 11.8269, SD = 3.41692 \) and males had a mean average score of \( M = 13.2857, SD = 2.59918 \). An independent t-test score was \( t (113) = 2.533, p = 0.011 \). These results indicated that females had a significantly higher mental health scores than males. This means females had better mental health than men.

5.11.2 Non-war-affected and war-affected countries scores.

An independent t-test was also used to compare the mental health scores of participants from non-war-affected \( M = 13.1270, SD = 2.67902 \) and war-affected countries \( M = 12.0192, SD = 3.41560 \). An independent t-test score was \( t (113) = 1.949, \)
Chapter 5: Quantitative Results

$p = 0.054 (0.054 > 0.05)$. This indicated that there was no significant difference between the mental health of participants from war-affected and non-war-affected countries.

### 5.11.3 Employment status scores.

A one-way analysis of variance (ANOVA) was used to compare the scores between mental health and employment status. Unemployed ($M = 13.0667, SD = 2.46306$), employed not in original field ($M = 13.0294, SD = 1.88270$) and employed in original field ($M = 12.0000, SD = 4.06612$). The ANOVA score was $F(2.92) = 1.251, p = 0.291 (0.291 > 0.05)$. The results showed that there was no significant difference between mental health in relation to unemployment, employed not in original employment field and employed in original employment field.

### 5.12 Feelings about the Future

Participants were asked to respond to six items about their feelings about the future. Responses for each item comprised a four-point Likert scale (one = strongly disagree, two = disagree, three = agree and four = strongly agree). These scores were added to form a composite score for feelings about the future for each respondent. The results demonstrated that most participants in this study had positive feelings about the future (Table 5.8).

#### Table 5.8

*Feelings about the future*

<table>
<thead>
<tr>
<th>Item</th>
<th>Item text</th>
<th>Strongly disagree</th>
<th>Disagree</th>
<th>Agree</th>
<th>Strongly agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>Item 1</td>
<td>Felt secure and safe</td>
<td>3</td>
<td>2.6</td>
<td>2</td>
<td>1.7</td>
</tr>
<tr>
<td>Item 2</td>
<td>Felt able to make own choices</td>
<td>8</td>
<td>7.0</td>
<td>4</td>
<td>3.5</td>
</tr>
<tr>
<td>Item 3</td>
<td>Could fulfil their dreams and goals</td>
<td>8</td>
<td>7.0</td>
<td>1</td>
<td>0.9</td>
</tr>
<tr>
<td>Item 4</td>
<td>Optimistic about their future</td>
<td>8</td>
<td>7.0</td>
<td>1</td>
<td>0.9</td>
</tr>
<tr>
<td>Item 5</td>
<td>Felt would be self-reliant in the future,</td>
<td>11</td>
<td>9.6</td>
<td>4</td>
<td>3.5</td>
</tr>
<tr>
<td>Item 6</td>
<td>Felt cut off from other people</td>
<td>19</td>
<td>16.5</td>
<td>36</td>
<td>31.3</td>
</tr>
</tbody>
</table>
Statistical tests were conducted to examine whether feelings about the future varied for different groups of participants. These scores were added to form a composite score for feelings about the future for each respondent. High scores represented positive feelings about the future and low scores represented negative feelings about the future. These composite scores were then used in the statistical analyses described below.

5.12.1 Gender scores.

An independent t-test was used to assess whether mean scores for feeling about the future varied by gender. Females had a mean score of ($M = 15.0577, SD = 2.58513$) and males had a mean score of ($M = 14.7937, SD = 3.14262$). An independent t-test score was $t (113) = 485$, $p = 0.628$). The results showed that there was no significant difference between males and females in their feelings about the future.

5.12.2 Feelings about the future, gender and employment status scores.

A two-way between groups analysis of variance (ANOVA) was used to compare the scores between feeling about the future, gender and employment status (unemployed, employed not in original field and employed in original field). The main effect of gender on feelings about the future was not significant $F (1.89) = 0.352$, $p = 0.554$). The main effect of employment status on feelings about the future was also not significant $F (2.89) = 0.313$, $p = 0.732$). However, there was significant interaction between gender and employment status $F (2.89) = 3.394$, $p = 0.038$. (see Table 5.9).
Table 5.9

Dependent Variable: Feelings About the Future, Gender and Employment status.

<table>
<thead>
<tr>
<th>Source</th>
<th>Type III Sum of Squares</th>
<th>df</th>
<th>Mean Square</th>
<th>F</th>
<th>P-value (α = 0.05)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Corrected Model</td>
<td>72.865*</td>
<td>5</td>
<td>14.5731</td>
<td>1.618</td>
<td>0.164</td>
</tr>
<tr>
<td>Intercept</td>
<td>12749.125</td>
<td>1</td>
<td>12749.125</td>
<td>1415.216</td>
<td>0.000*</td>
</tr>
<tr>
<td>GENDER</td>
<td>3.172</td>
<td>1</td>
<td>3.172</td>
<td>0.352</td>
<td>0.554</td>
</tr>
<tr>
<td>employment_status</td>
<td>5.633</td>
<td>2</td>
<td>2.817</td>
<td>0.313</td>
<td>0.732</td>
</tr>
<tr>
<td>GENDER * employment_status</td>
<td>61.152</td>
<td>2</td>
<td>30.576</td>
<td>3.394</td>
<td>0.038*</td>
</tr>
<tr>
<td>Error</td>
<td>801.767</td>
<td>89</td>
<td>9.009</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>21802.000</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Corrected Total</td>
<td>874.632</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

5.12.3 Interactions.

There was a significant interaction between gender and employment status $F(2.89) = 3.394, p = 0.038$ (Table 5.9). Males demonstrated negative feelings about their future if they were unemployed and positive feelings about their future if they were employed in their original employment field. Similarly, females demonstrated negative feelings about their future if they were unemployed or employed in their original field but showed positive feelings about their future if they were employed but not in their original employment field (see Figure 5.3). In brief, males employed in original employment field felt good/positive about their future but females were not, and females employed not in original employment field felt good/positive about their future but males were not. This interaction between feelings about the future, gender and employment status is illustrated graphically in Figure 5.2.
5.13 Support Services

The chi-square goodness-of-fit test was used to compare frequencies across the responses between participants from non-war-affected and war-affected countries who used the following support services: Centrelink, Homeswest, mental health services, hospital emergency services, employment agencies, health services, church organisations and Migrant Resource Centres. Table 5.10 presents the responses of participants from non-war-affected and war-affected countries who used support services.
Table 5.10

Responses of Participants from Non-war and War-affected Countries who used Support Services

<table>
<thead>
<tr>
<th>Support services</th>
<th>(%) Non-war-affected</th>
<th>(%) War-affected</th>
<th>$\chi^2 (df)$</th>
<th>P-value ($\alpha = 0.05$)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Centrelink</td>
<td>58.7</td>
<td>98.0</td>
<td>24.6 (1)</td>
<td>0.000*</td>
</tr>
<tr>
<td>Hospital emergency services</td>
<td>31.7</td>
<td>30.7</td>
<td>0.013 (1)</td>
<td>0.910</td>
</tr>
<tr>
<td>Employment agencies</td>
<td>41.2</td>
<td>55.7</td>
<td>2.4 (1)</td>
<td>0.121</td>
</tr>
<tr>
<td>Health services</td>
<td>46.0</td>
<td>67.3</td>
<td>5.2 (1)</td>
<td>0.022*</td>
</tr>
<tr>
<td>Church organisations</td>
<td>50.7</td>
<td>55.7</td>
<td>0.283 (1)</td>
<td>0.595</td>
</tr>
<tr>
<td>Migrant Resource Centres</td>
<td>38.0</td>
<td>65.3</td>
<td>8.48 (1)</td>
<td>0.004*</td>
</tr>
<tr>
<td>Homeswest</td>
<td>36.5</td>
<td>63.4</td>
<td>8.28 (1)</td>
<td>0.004*</td>
</tr>
<tr>
<td>Mental health services</td>
<td>23.8</td>
<td>17.3</td>
<td>0.729 (1)</td>
<td>0.393</td>
</tr>
</tbody>
</table>

Total N = 115

The results showed a significant difference in the proportion of participants from war-affected and non-war-affected countries who used services from Centrelink, MRCs and Homeswest. However, there was no significant difference in the proportion of users of hospital emergency services, employment agencies, church organisations and mental health services between participants from war-affected and non-war-affected countries.

5.14 Conclusion

This chapter has described the quantitative results of 115 African migrants who participated in this study. Most participants were involuntary migrants (refugees) from war-affected countries and a few were voluntary migrants from non-war-affected countries. Reasons for migration included escaping civil war and seeking better life opportunities. The findings showed that participants in this study had good employment status, good general and mental health. Generally, they were optimistic about their future. Most migrants used positive coping strategies such as taking to family and
friends, and attending faith communities. Many participants from war-affected countries utilised services from Centrelink, Migrant Resource Centres and Homeswest.

The next chapter will provide a discussion of the findings of the qualitative results from interviews with 30 African migrants.
Chapter 6: Qualitative Results

6.1 Introduction

This chapter presents the qualitative results of interviews with 30 ethnic African migrants. The interviewees described their resettlement experiences, challenges to resettlement, coping strategies and their perceptions of support services. Specific details of the interview questions asked of the participants are provided in Appendix VII.

6.2 Characteristics of African migrant participants

The sample included 30 adults of both genders (19 females and 11 males) from Sub-Saharan countries. The sample comprised four age groups: 20 to 30 years (eight), 31 to 40 years (four), 41 to 50 years (13) and 51 to 60 years (five). Ten participants were unemployed, but four of those were studying at various universities in Western Australia (WA). The remaining participants were employed in a variety of occupations, as follows: registered nurses (two), enrolled nurse (one), information technology technicians (two), African hair salon workers (three), taxi driver (one), chef (one), primary school teacher (one), high school teacher (one), clerical officer (one), aircraft maintenance technician (one), university lecturer (one), factory supervisor (one), electrical technician (one) and nursing home carers (three).

The participants had lived in WA for between one and 17 years. All participants were citizens or had permanent resident status. Thirteen of the 30 interviewed participants were involuntary migrants (refugees) from war-affected regions of Central Africa (Democratic Republic of Congo), East Africa (Uganda), Horn of Africa (Sudan), Southern Africa (South Africa) and West Africa (Sierra Leone). Seventeen were voluntary migrants from non-war-affected regions of West Africa (Ghana), East Africa...
Chapter 6: Qualitative Results

(Kenya, Tanzania,), Central Africa (Malawi, Zambia) and Southern Africa (Botswana, Swaziland).

The participants’ educational qualifications varied. At the time of the interview, 23 had an Australian qualification, including certificates (four), diplomas (two), bachelor’s degrees (seven), master’s degrees (eight) and Doctor of Philosophy (PhD) (two). Only 10 of the participants had qualifications prior to migrating to Australia, including teaching qualifications (six), banking qualifications (one), bachelor of mathematics (one), accountancy qualifications (one) and electrical technician qualifications (one).

Nineteen participants had children with ages ranging from one to 28 years. The remainder (11) had no children. Most of the childless participants were adult children living with their parents, aged between 19 and 28 years. However, three had come alone to Australia to study. When they had completed their studies, they became permanent residents and decided to stay.

6.3 Resettlement Experiences

The participants spoke freely about their reasons for migrating to Australia. These reasons included escaping from civil war and political persecution, seeking better life opportunities and joining their spouses. Eleven (of 30) participants stated that they fled their countries because of civil war, and ended up living in refugee camps in neighbouring countries before finally resettling in Australia on refugee status. Participant 13 stated:

It’s actually civil war which made me come to Australia. There was no peace in my country; we were running away from rebels that were fighting with the government soldiers, so we had to run for our lives, get to a neighbouring country to stay in the refugee camp until we had the opportunity to come here.
Three participants stated that they had fled their homeland to escape political persecution. Participant 22 specifically stated:

I came to Australia because of political issues in South Africa; my husband is from South Africa and he was involved in the fight against apartheid in South Africa, so he went to Botswana and lived in Botswana for some years, and then the South African army started attacking neighbouring countries and my husband was on the hit list, so we had to immediately move to Australia.

Twelve participants stated that they migrated to Australia to seek better life opportunities and a good education for themselves and their children. Participant 19 stated, “It was mainly the opportunity to get a decent life, a good education—that was pretty much it”. Participant 20 said, “I was looking for better opportunities and a good education”.

Four female participants reported that they came to Australia to join their husbands. Participant 2 said, “The reason why I came to Australia was that my husband came here for studies [and] he brought me here”. Participant 14 stated, “Actually, we came here because of my husband’s [PhD] studies. After his studies, we decided to stay here and continued living here”.

6.3.1 Initial reactions to resettlement and if impressions changed.

The interviewees expressed various reactions upon arrival in Australia. Some reported feeling of fear, surprised at the racial diversity in Australia, and cultural shock. Others were impressed by the high levels of cleanliness, standard of living and personal freedom, and felt happy and excited to be in Australia. They felt safe and secure on arrival to Australia.

One female participant who came to Australia on a refugee visa was very afraid when she arrived in Australia because she saw many people with light coloured skin. She remembered her experience of apartheid in South Africa and had flashbacks.
Initially, her family had fled South Africa to Botswana when she was 17, and lived in a refugee camp for some years. They moved to Zimbabwe when it obtained independence in 1980 because it was no longer safe to live in Botswana. Eventually, they moved to Australia via the Humanitarian Program, refugees. She had an incorrect impression that there were many people with dark coloured skin in Australia because, while in a refugee camp, they were shown remote area films about Australia that were mainly about Aboriginal people and life in rural areas. When she arrived in Australia (in the 1980s), she was surprised to see mainly light-skinned people. She noted:

I was afraid of how am I going to live because I ran away from South Africa because of white people there and I am coming to live in white people’s land. How was it going to be for me? (Participant 1)

In contrast, one participant who came much later to Australia was surprised at the racial diversity in Australia. Participant 5 stated:

I was very surprised at the racial diversity of people in Australia. Before I came here, I thought that I was going to see only white faces, but I was really struck by the spectrum of colours and ethnicities in Australia, obviously including the Aboriginal people, Torres Strait Islanders and then people from places like Fiji, Asia and of course Anglo Saxons.

Five participants stated that they felt culture shock related to the style of dress for women when they arrived in Australia. Participant 14 said:

The culture shock was a big thing for me, particularly the dressing. I don’t think I ever saw people, especially girls, exposing their bellies, and particularly one thing I remember very well, the mothers—pregnant and they were exposing their bellies out and they … go around with very short skirts and shorts. I never saw that in my country. Okay the fancy styles, yes those ones are there in the cities back in Africa, but not the almost walking naked, no.

One participant was impressed about the cleanliness. As participant 3 said: “The environment was very clean, that really impressed me.” Another participant was happy and excited about the level of economic development in Australia:
Of course I was happy and excited to be in Australia. I don’t know how to put it, I was excited that it’s a new country which is more developed, more advanced, good roads, good hospitals, no congestions. (Participant 4)

Two participants were very happy that they had found freedom and felt at home in Australia. One participant from Uganda also fled her homeland with her family for fear of political persecution by the brutal regime of Idi Amin. Participant 8 stated:

My first reaction, I found everything different, but I should be positive because I came from a place where there was a lot of oppression and absolutely no freedom. The reaction for me here was [that] this is democracy at work, where people were free to express themselves. I felt safe and secure when I arrived in Australia.

Three participants, all of whom were from the East African country of Kenya, found Australians to be very inquisitive because they were continually asking personal questions, which was in contrast to the participants’ own culture. Three participants said:

They were very inquisitive to know where you come from and asked a lot of questions. (Participant 5)

They were just bombarding us with so many questions and we kept on telling them, no, we don’t ask such questions like, ‘Are you married? How many children do you have? What is your age?’ In my country, we don’t ask such [questions]. Yeah, they were very intrusive into our personal life issues and I would get angry. (Participant 14)

I found the culture a bit intrusive in terms of people asking me personal questions about my family and where I come from, about my children … it’s against my culture. (Participant 2)

Five participants stated that they felt confused by Australian culture. The participants found themselves in a new society that was very different from their homeland. Participant 12 said: “I think the most confusing part for me was when somebody would ask me, how are you going?”, and you tell them, “I’m going by bus”, but the person meant, “how are you doing?”. Participant 6 stated:

Well, when I came to Australia I found that we Africans are culturally very different from Western society in terms of values because, in
Africa, we tend to be very communal based, and in Western countries, it’s very nuclear and very individual based. So I miss the togetherness, the communal aspect of our culture in Africa, where people have time for each other and your neighbour is like your family.

Two female participants experienced homesickness and stress because of separation from their families such as parents and siblings. Participant 26 stated:

I was always crying because I was homesick—you know! that was my reaction. I was really homesick and thinking about my people all the time, but the good thing was that I was with my husband and we were able to share the problems and some other issues together.

Participant 8 stated:

I migrated here without any members of my family, apart from my husband and my children. So when I came here, I expected at least one of my siblings to join me to make life a bit more easier, but I found the migration process here was quite cumbersome, especially when it comes to reunion of people who they don’t regard to be refugees. It really affected me mentally to the extent where I used to go for counselling because I was feeling so homesick.

Another participant had very high expectations when she arrived in Australia, she thought that she would not have to struggle for anything. This participant was from Sierra Leone, but her family had fled their homeland to a neighbouring country because of civil war. They lived in a refugee camp before coming to Australia on a refugee status. Participant 13 said:

Well, to be frank, at first I had very high expectations, but some of those expectations dropped later realising that life in Australia is not what I expected and I also got to know that things are not all roses—you have to struggle.

Participant 12 said:

I started distinguish things and I found that they [Australians] are very secluded; they don’t like to mingle up if they don’t know you. Like, we have neighbours who we have lived with us for several years and we hardly say ‘hi’—we just pass each other. If the cat jumps to my house, they call the police. We give them their space and they give us our space.
In contrast, five participants found Australians to be friendly, embracing, welcoming and lovely people. Statements from two participants illustrate this perception:

Actually they [Australians] are really embracing. I guess it’s probably because mum introduced us to church and the Catholic school, then from there I met other people. Pretty much, I stuck to school friends and church. (Participant 10)

Australian people are lovely people—they are really welcoming. You come across a few incidences of racism and so on, but generally, I find that they are okay. (Participant 27)

Some participants’ impressions changed after they had been in Australia for some time but for others, their impressions did not change. Approximately half of the participants (14 of 30) who were interviewed stated that their initial reactions about Australia had changed because they had lived in Australia for a long time, and were socially and economically integrated. They had obtained education qualifications and employment in Australia, and were adjusting to Australian culture. Participant 7 stated that her opinions had changed, “Because I’ve lived here long and I’m actually getting married to an Australian and the parents like me very much and they will be going to my country to meet my family”.

However, 16 participants stated that their impressions about Australia in general had not changed because things were not as good as they had hoped them to be. Most of these participants preferred not to elaborate, despite probing. Participant 20 said: “They haven’t really changed; my intended aims give me the impression that things are not as good as I was hoping them to be”. Participant 21 said: “There are still things I don’t just understand here—such as culture”.

6.3.2 Advantages of migrating to Australia

The participants discussed a range of advantages related to migrating to Australia. All 30 participants reported that the main advantages were getting a good education and having improved life opportunities, safety and security. Participant 2 stated: “Ever since I came here, I have been to school and I have got better education now. I have a good job, my husband has a good job and my kids are in good schools. So these are the advantages we’ve had since we came to Australia”. Participant 20 said: “I think you get better education and world recognised education. I think that’s been a very big advantage”.

The participants also cited better life opportunities for themselves in terms of good education and better wages as big advantages, with Participant 29 stating:

I think there are more opportunities when I compare with opportunities back at home, particularly in terms of study. The other advantage is in terms of returns for work from the jobs—I think it’s really good compared with pay we get back at home.

Two participants thought that feeling safe and secure was an immense advantage for them, with Participant 8 stating:

I’m in a secure place [in Australia]. At least you are sure of tomorrow—that’s actually one big advantage. Of course, the second advantage is you are given more or less a second opportunity in life. Here is a place where you can exploit your potentials, build up yourself.

Participant 22 said:

One thing is you feel safer. Politically, you are safe. You have security—nobody bothers you when you haven’t done anything wrong.

Exposure to another country’s culture and education was seen as a great advantage for four participants. Participant 16 stated:

Well, I suppose having to grow, I mean to grow and learn from a [another] culture. You know, when you travel around more, you get more exposed and you get to appreciate what you have more.
Participant 23 said:

I think number one advantage is getting to know what it’s like to work in a developed country and that experience, I believe, is something I can benefit a lot from.

One participant reported that migration has made her and her husband stronger mentally, and that they have learnt to be independent and deal with big issues.

Participant 16 stated:

I think migrating has helped me to become stronger mentally, to learn things that I would never have learnt, to deal with things I would never have had a chance to deal with, like myself and my husband raising four children without any help of the family.

6.3.3 Disadvantages of migrating to Australia.

The participants also discussed at length the disadvantages of migrating to Australia, which included multiple losses, isolation and loneliness.

The participants experienced multiple losses, including the loss of their culture, food, friends, social network and family. Participant 16 said, “I suppose my children missed out [on the] communal culture of growing up with their aunties, uncles … grandparents”. Participant 11 stated, “Oh, heaps [of losses]—you miss family, you miss specific foods [and] I think just [the] support network. It’s not there—it takes a lot to build that up”.

Three participants felt isolated and lonely, missing the social and extended family support to which they were accustomed. One was a female participant who was married, had lived in Australia for more than 20 years, had a very good education and had a professional job. However, she stopped working suddenly when her supervisor showed her a report about herself. It was written by a very close colleague whom she had helped at work. She was numb and shocked when she read the report and requested permission to go home—she never returned to work. She was feeling very isolated, lonely and sad at the time of the interview. The other two participants were males who
had lived in Australia for over seven years, had professional jobs, and were single. Their responses were as follows:

- Isolation is the main difficulty, but now it’s better because I send SMS and send emails to people at home. But before when there wasn’t that much communication medium, it was a bit hard. (Participant 30)

### 6.3.4 Integration.

The participants were asked to describe their feelings about integration, and to state whether they felt well integrated. Half of the participant (15 out 30) in this study felt well integrated with Australian society, 11 were not fully integrated, and a few participants (four out 30) felt that they were not integrated at all.

- Fifteen participants felt that they were well integrated with Australian society because they had acquired an Australia education qualification, were employed and had Australian friends. Some had established themselves through businesses and professional jobs, with Participant 5 saying:

  - Definitely, I am well integrated myself because I am an Australian citizen, I studied here and work here. I can fit it in any part of Australia anywhere. I can flow well with Aborigines, with Asians, with Caucasians, and with everyone else.

- Participant 3 said:

  - At the moment, I would certainly say yes, I am integrated, but earlier—the first three years—I didn’t feel at home, but now I feel at home because I have got an extended family and friends here. Well, like, our African way of life [which] is family oriented, the Australian way of life is individual. We [Africans] live with a bigger family—as you can see my brother-in-law lives with me with three children and I feel comfortable with that because I feel more at home than trying to isolate myself from the whole family.

- Participant 9 said:

  - Absolutely, yes, very much so, I feel integrated in many aspects in terms of work, education, understanding of the culture. But still because Mum and Dad have been very big in keeping cultural aspects of our life, there are some parts where I don’t feel well integrated because it’s
different—we’re still of a different culture, even though I am Australian. But on most part, I am definitely integrated.

Participant 12 said:

Yes, I feel well integrated in the Australian system because I am Australian and was educated in Australia and work here. At my work place, I am one of the supervisors.

Participant 27 said:

Yes, I am integrated, I am a citizen and most of my friends are Australians and I work with them—we always have [our] moments sometimes. If you look at the country, the majority of people are migrants, so I feel integrated.

Participant 30 said:

I would say, yes, I am well integrated. I work here, my friends are Australians. So I think it’s a whole lot different now. I think finally I would say that [I am integrated].

Eleven participants felt that they were not fully integrated because they wanted to retain their own culture. They considered integration as giving up their culture and adopting the Australian culture, which was not the case. Participant 6 stated:

Yes, because my field is management, a key part of management profession is an ability to understand the culture and also to integrate because there are people you have to deal with in my work in management on day-to-day basis. Your success in management is going to depend on your ability to integrate into the Australian culture. But, at the same time, I think there are some aspects of my culture in Africa that I would like to hang on to. So, when I get to work, I integrate, but then once I come home, I [want] to hang on to my African culture and practise my African culture at home with my wife and three boys.

Participant 29 said:

I would say there are still things which I wouldn’t do—it depends. In a way, I feel integrated, but then there is still that part of me that I hold dearly to my culture and I find that I just wouldn’t let that go because if I integrated fully, I would be giving away too much of my culture that I think I’m not really willing to let go at this time.
Participant 25 said:

I can’t be well integrated because I came here when I was an adult, so I still have got my culture in me—you can’t teach an old dog new tricks. I really don’t feel integrated and I know I’ll never feel integrated, but I do respect both cultures—my culture and Australian culture. When I’m here, I will do things that respect Australian culture and I wouldn’t nearly call that integration because integration is getting into it completely and doing exactly what they do. I will not go to the beach because I don’t know how to swim and I’m not interested in going to swim, I will not have barbeques every day because that’s not my culture. So in terms of integration, then probably I will never get integrated, but I do respect—fully respect—Australian culture.

One participant was unsure about the use of the term ‘integration’ and stated that he had heard a comment about integration before—referring to a comment made by the former Liberal Immigration Minister, who stated that Sudanese refugees were not integrating well into the Australian way of life. This participant was being reflective about the term ‘integration’, and probably was integrated. The participant stated:

What does integration mean? Meaning, live like they live, speak like they speak, and do what they do—I don’t think that is right. I think integration is more like living together than doing what they do. It takes time to integrate—really, it takes time. Not 10 years, but many years. I’ve heard that comment before. I think that was a misplaced comment because what they really mean is by not integrating is probably not just because they don’t speak English, which may sometimes not be their own making—they are probably too old to go to school and learn English, and then most of them have been in school in the Sudan and studied in Arabic, and coming here, it takes time. It is wrong to say Sudanese don’t integrate over a very short period of time. I think it is not right. (Participant 22)

In general, half of the interviewees felt they were well integrated into Australian society, while 11 participants felt they were not fully integrated and four participants felt that they were not integrated.
6.3.5 Feelings about the future.

The participants had different resettlement experiences and outlined a range of feelings about their future. Some felt positive, optimistic and safe, while others felt pessimistic and confused. The majority of participants (23 of 30) were satisfied with their jobs, businesses, studies and life in general. They felt positive, optimistic and secure about their future in Australia. The responses were as follows:

I feel positive about my future because I’m doing what I want to do, so I am quite happy about my situation at the moment. (Participant 5)

I feel really good because I see the opportunity is there. I just need to be very strong to push my way through. (Participant 13)

To be very frank, I would say my future looks bright because there are things that I’m doing now that I couldn’t do in my country. (Participant 25)

I think it’s more secure, I think I can safely say I can almost go anywhere and work. I think my future is okay; I can at least have more control—I can actually decide where I want to be. (Participant 30)

Seven participants were underemployed and on short-term contract jobs. They were young to middle aged, and were employed as carers in nursing homes, and as taxi drivers and clerical officers. They all had undergraduate degrees, such as a Bachelor of Commerce, Information Systems and Technology etc. All seven were pessimistic and confused about their future:

At the moment, I’ll say it’s like in a cloud [?]. I don’t really know which end I’m going because I’m not in the career of what I studied and that alone doesn’t give me the confidence of what my future holds, but I just hang in there and keep hoping for the best. (Participant 7)

My future—at the moment, I don’t have a permanent job, so my future, somehow, I see some uncertainty surrounding it, but at the same time, I’ve got some hope that one day I will get a permanent job. (Participant 24)

A little confused because I thought by now I would be well settled and comfortable, but there are times when I wonder if this is where I would really like to settle. (Participant 23)
In short, most participants who were well established felt optimistic about their future, while a few who had undergraduate degrees and were underemployed felt pessimistic and confused about their future.

6.3.6 Parenting issues and concerns.

Nineteen of the interviewed participants had children. Of these, 17 had no concerns about their children because their children had adjusted well and had made the transition to resettlement easier for their families.

Surprisingly, the children have actually made my transition even easier because they are very happy to be in Australia and one reason, I think—actually, they’ve categorically told me—that one reason they like Australia is that there are parks nearby and they can go there to run around, to play. And also, they have their cousins here and they are very close and they really play together very well. They [also] link up with their cousins in Ghana. So when we came here and they saw their cousins and they play together, that has really made the transition easier than I thought. (Participant 6)

In contrast, two had concerns related to acculturation and were worried about their children being drawn into drug or alcohol abuse. They were concerned about the rapid adoption of the new culture by their children. Participant 14 stated:

Yes, with my big daughters, from their talking, I realise they are drifting into or they are sailing into these … and I’m able to bring them back. I tell them, ’remember where we come from—Africa—with our culture. I don’t want you to get lost into the things you see here. You are not going to walk naked as … in front of me.

Overall, the interviewees reported some disadvantages of migration but in general, they were positive about their resettlement experiences. Half of them responded that they were well integrated into Australian society. Three quarters of the respondents felt optimistic about their future in Australia. Most participants had no concerns about their children.
6.4 Challenges to Resettlement

The key challenges to resettlement identified by the participants were related to the language barrier, racial discrimination, unemployment and underemployment, financial constraints, accommodation, lack of extended family support and emotional violence.

6.4.1 Language barriers.

Nine participants who were refugees considered the English language the utmost barrier affecting their resettlement process. They had lived in refugee camps before coming to Australia. Some participants came from English-speaking countries, but some came from French-speaking countries, such as the Democratic Republic of Congo (DRC). As noted by the following participants:

When I speak, they keep saying “pardon?”, like I’m not speaking English. That makes me feel like, “just shut up and don’t say anything”. (Participant 13)

One of the greatest barriers is language, of course most of us have English as a second language; therefore, the English will be one of the greatest barriers. (Participant 27)

Barriers—so if you are looking for work and you can’t speak English, regardless of what your skills are, sometimes it’s hard to be accepted and to get a job. (Participant 30)

6.4.2 Unemployment and underemployment.

A significant cause of stress and frustration identified by ten participants was related to finding employment. Participants identified a number of issues that contributed to their employment status. The major problem was having their non-Australian qualifications recognised by the Australian system, as well as their lack of work experience in Australia. Some of their responses are the following:

I would say, not finding work in my field that I studied, like I did my university degree here, but I haven’t got the job in line with my career, which is so distressing and frustrating. (Participant 7)
Though we may have education back in our homeland, you come here, you struggle to have your qualifications recognised and, if they are recognised, the next battle is to find a job in your profession. (Participant 8)

It’s not easy to get job opportunities. When you come in, you are new—they always look at your experience in Australia, so it’s very hard to find a job. (Participant 24)

For two participants with a Bachelor of Commerce from Australian universities who could not attain professional employment, it became necessary to return to university to gain additional qualifications that would help them get a professional job in Australia. The two participants were working as carers in nursing homes. Participant 20 stated:

The main problem I’ve encountered is getting professional job with my Australian educational qualifications. I have also tried to improve them by getting additional university qualifications, which still does not appear to help me getting a professional job.

6.4.3 Racial discrimination.

Many participants in this study reported that racial discrimination was operating in the employment market and community. They felt that equal opportunity laws were inadequate to protect them. For example, they believed that employers circumvented these laws by providing other reasons for not employing them. In particular, 18 participants reported that they or their family members had experienced some form of racial discrimination. Participant 18 said:

Oh no, I think racism was an institution and unfortunately grounded in the history of this country, so it is something that people will find very difficult to escape from and it is going to be around for a long time. I’m not talking about the racism where people call you names or where you walk on the street and someone says ‘go home’, but silent racism. It’s especially when you go to institutions, you get that silent treatment—turning heads and treating you like you don’t exist. You’re standing right there, but you don’t exist.
Participant 21 stated:

It’s more racist here—racist on the way to where you are going from your house or bus stop or shopping centre. I was going to school, somebody shouted on me when he was driving saying I should go back to Africa. This was not good because they say there’s no racism here, but I can see [it] and it’s too much. Even my brother in law also faced the same problem when somebody wanted to crash him with the car. The man stopped and never even apologised and started saying, ‘Why are you here? Go back to Africa’. He forgot his mistake [and] he started saying what was in his heart, contributing to the pain.

Participant 23 said:

Number one I would start with work—work situation has always been difficult. It’s only recently that I’ve been able to settle, but in the last five years I’ve been here, of those five years, four and half years, working was a nightmare. You have to make ends meet, so you have to work, but you go into the working environment and people treat you like you are nothing and nobody want to listen to you. You are bullied at work and nobody cares—not even the boss. You make a report, all that will be done is that it’s okay, you will work with someone else, but basically that other person who bullied you is not given a warning or anything like that, so they’ll come around and do it again. You spend most of your time at work fighting people—not very pleasant.

Participant 29 said:

I would say one thing that still sticks to mind for me is racism here—it is there, but it is subtle and many times people do not want to talk about it. About a year ago, somebody actually came to my property and graffited it and it had all racial slur and I thought, look, somebody’s really walked into my space.

6.4.4 Financial constraints.

Few male participants identified their main concern as being associated with financial constraints. As heads of the family, these men felt responsible for providing material and financial support for their families. However, they had great difficulty finding professional jobs in Australia despite having Australian professional qualifications. They reported that it was easier to find minor jobs than professional jobs.

Participant 6 said:

Of course there are financial difficulties because, when we Africans come to Western countries like Australia, we have a financial handicap
because of unemployment. It’s very difficult for us to financially keep up. So these are some of the barriers and then there are barriers of stereotyping, whereby people look at you and then they assume certain things about you and that can even affect you in a harmful way mentally when you are looking for jobs.

Another area of difficulty experienced by participants was finding appropriate accommodation. Perth has a shortage of rental accommodation, which is an issue for many migrants. Accommodation is especially problematic because of the large size of some families. Participant 21 said:

Another thing that I considered even big is about finding a house. When you are many in the family [eight], sometimes it is a struggle. This is a big problem because, without the house, it’s really very difficult [to settle].

Participant 6 stated:

The problem I’ve faced is finding housing. I mean, I just found a house. We are supposed to move out in about a week, but it was very difficult. That’s why I was very happy when I was able to find a house.

Two participants who were both mothers’ reported that they experienced increased carer responsibilities after migrating to Australia, which they found very stressful. The interviewees also noted that they no longer had access to extended family members who could help them care for their children. Participant 14 said:

I went to the GP [general practitioner] and explained to her what I was feeling. She told me that, ‘you are very stressed at the moment and if you are not careful, you are going to become depressed and something else might come up. Also, your biggest problem is you are not coping very well’. That’s when I told her, ‘yes, that is my biggest problem’, and so she told me, ‘now, I want you to go home and convince yourself that you are alone—these are your children. You have to look after your children’. She never gave me any tablets. I went and sat down and convinced myself, ‘yes, I am alone here, I have to look after my children’, and from there, I started healing, slowly by slowly.
6.4.5 Domestic violence.

Two participants were the adult children of one female participant in this study. They were 26 and 28 years old, living at home with their parents. These two adult children remarked that domestic violence, in the form of emotional violence, is a big issue in African communities, and they believed that this has a significant effect on the mental health of children. They believed that emotional violence can be much worse than physical violence, and proposed that education on this issue should be offered within African communities. The two participants had witnessed domestic violence between their parents; however, their mother, who was also a participant in this study, did not disclose any issue related to domestic violence. This may be due to a ‘code of secrecy’, as the daughters stated. Participant 9 stated:

I think this is quite sensitive, but I think domestic violence is a big issue in the African community, and I don’t mean just physical violence, but I also mean mental and emotional violence … I’ve seen it quite a bit occur, and I think may be a bit more education on how it affects children because it does have a big effect on children. Absolutely, the whole code of secrecy and silence, I don’t think they understand, it doesn’t actually help children, even though you’re trying to do the best. I think we have to get more education on that within the African community. Just because you’re not hitting your partner, it doesn’t mean domestic violence is not occurring because mental or emotional violence can actually be 10 times as worse as the physical violence, so I think a lot more education needs to occur in that sense because I see it happen quite a lot at home. Those are things I went through and struggled through.

6.5 Coping with Difficult Situations

The participants described a variety of ways that they cope with difficulties. The major coping strategies employed included engaging with the African community, talking with family and friends, employing other support networks such as maintaining a belief in God and belonging to faith communities.
6.5.1 Family support and other support networks.

Twenty participants mentioned that they were able to cope well during difficult situations due to receiving support from their families. Some would telephone their families back home to obtain the much-needed support. Their responses were as follows:

My brother-in-law was explaining to me the job hunting process and because of that, I was able to get a job [from] the first interview I went to because he set out to explain to me the intricacies of life in Australia, and also specifically in the sector of management, what to expect, the mentality of Australians and potential … So these things actually put me at ease. At the moment, while I am still looking for accommodation, I am also staying with my brother-in-law with my children. (Participant 6)

We normally talk about issues. We always have time for dialogue as a family. That’s what I think has helped us all the time, from when we first arrived in this country. We talk about what has happened and then each person comes in and gives some kind of support. We encourage family members to share their problems. (Participant 18)

Yeah … my family is supportive—they’re supportive if I have problems, they’ve been behind [me]. They have been very supportive. Like, I had a problem at work and I had to stop almost immediately—my whole family supported me and helped to through the issue. (Participant 26)

Seven participants reported that they coped well by sharing their problems with their support networks for guidance. Their friends and other support networks were from a range of places, including their home countries, the African community in Perth, workplaces and learning institutions, such as TAFE or university. Their responses were as follows:

Oh, friends are very important because your friends are the ones who give you the moral support, your friends are the ones who listen to you when you have problems, your friends share their own stories with you and you learn from them, your friends are the ones who help you if you need to find another job, who will give you guidance, tell you where to look. As I said before, your friends now become your family here, so they are very important in that situation. (Participant 23)
I think your family is replaced by your friends and it [doesn’t] matter how many friends or how good your friends are because you really don’t have anywhere to run to or go, apart from your friends, so the more friends you have, that’s your support and things are a whole lot easier when you have friends to share problems with. (Participant 30)

Friends they help, family can help in terms of just sometimes encouragement. Sometimes it’s in the area of maybe provision of certain things that might be lacking, and also connection—they can try to link you to some other potential employers. For instance, I was connected to my current job by my friends and other support network. And before I got a job, I received so much help, like food and money from my friends. (Participant 24)

No major problems because, for example, they [support network] told me where to go for government [support] services, for both the federal government and state services, like Centrelink; applying for family services and benefits; family tax benefits; Medicare; and then they explained to me the advantages of using the public transportation system—things as basic as buying the monthly pass that saved me lots of money. (Participant 6)

Eight participants spoke about their connections with other Africans living in WA, and the way they used the community to socialise and for support during major events, such as weddings, and Christmas and New Year celebrations. The members of the African community help new migrants with their initial resettlement needs, such as providing transport and basic needs, such as food. Further, they help other African migrants who are facing difficulties resolve their problems. New arrivals are linked to similar communities, such as the Sudanese or Somali communities. This explains why there are many African migrants in the Mirrabooka area—they wish to be connected to their own communities so they can socialise and resolve issues. Participants’ responses were as follows:

At the moment, I am a member of African Community Association and also a member of specific community groups—for example, Congolese community and also Kenyan. If I get a problem which can cause stress, I go to see my friends from the same community, express my problems to them [and] they find ways of assisting me. I also help other African migrants with no jobs by employing them in my hair salon business. (Participant 11)
I am a member of all African community, and I’m willing to help anyone from all over the place with advice. I help African migrants, especially refugees, to completing contracts for rental property, jobs or buying a car. (Participant 12)

I come from a community where people live in a community, so what troubles me, troubles them as well, and they’ll be there to offer the encouragement and support. So I help new African migrants with resettlement issues, such as transport, money issues and food. (Participant 29)

6.5.2 Belief in God and belonging to faith organisations.

Around two-thirds of the participants in this study, who were Christians, stated that they believed in God and belonged to different faith communities. They found this helpful in coping with their problems, and found it made their resettlement easier. Some of their responses were as follows:

I belong and believe very much that every human being needs some spiritual strength from God. I believe there’s a God who helps His creation. I believe a lot of problems that we encounter as human beings, only God sometimes can best help us. (Participant 24)

Church yeah uh, I belong to [a Focolare] Movement, with the main purpose— the main theme unity [in the world] and it has helped me a lot with problems. (Participant 28)

I belong to the Seventh Day Adventists church and I think they played a big role. After I came here, a few weeks later, I found the church and I started attending the church, so I think, with additional support from the church, I think that makes settling a lot easier. (Participant 30)

6.5.3 General health of participants.

Most of the participants in this study reported that they were physically well but a few participants reported that they experienced mental health issues which were magnified by resettlement stressors. Specifically, only three participants reported that resettlement stressors had affected their mental health. Various responses were as follows:

I have depression, but I don’t want to be too negative because I did get help to come here, to come out of that difficult situation. But there are things that affect me here. (Participant 1)
I’m stressed a lot. I don’t even know my neighbours. My son doesn’t play outside. We are just always indoors because I feel that we are not still accepted, even though we [have] spent five years here. (Participant 13)

Mentally, yes, to some extent. I had a senior job in Zambia and I was enjoying it—I was rising in my career, my job also afforded me a lot of opportunities. Going outside Zambia, I got a lot of exposure and I’ve come here. I’m basically just stuck in some job and basically I’m just working to earn a living, to survive, provide for my family, but not enjoying the way I used to enjoy working in Zambia, no. So sometimes I think I’ve lost a lot coming here—it affects me mentally. (Participant 24)

The participants in this study used positive coping strategies such as seeking support from family, friends, the African community, and maintaining a belief in God and belonging to faith communities to deal with their resettlement difficulties. They had good general health but only very few reported that they had resettlement stressors affecting their mental health.

6.6 Support Services

6.6.1 African migrants perspectives.

The African migrants discussed issues related to support services provided by the government. Involuntary migrants (refugees) reported that they were entitled to support services provided by the government through Integrated Humanitarian Settlement Strategy (IHSS), Migrant Resource Centres (MRCs), Centrecare and other Settlement Grants Programs (SGPs). However, voluntary skilled migrants reported that they were not entitled to support services. They had to wait two years to be eligible for support services from the government. This section will report participants’ experiences with accessing support services, obtaining information about support services and their suggestions for improving support services.
6.6.2 Accessing support services.

Nine participants who were refugees reported that they were able to access support services as soon as they arrived in Australia. This included accommodation, social security payments and rental assistance from Centrelink and other support services provided by settlement agencies funded by the government such as Migrant Resource Centres. As noted by the following participants:

Yes, just like everyone who comes here on the refugee visa, we get support. We come as permanent residents and get support from Centrelink’. (Participant 22)

I did [get support], like Centrelink. At the moment, I’m in the Homeswest housing, the government housing. (Participant 13)

Yes, I was able to access help because, you know, we were brought here by the United Nations High Commission for Refugees, so there was that support. (Participant 26)

All skilled migrants reported that they only received Medicare. Other than that, they had to wait for two years to obtain access to support services.

No, I had no access to support services because I came as [a] skilled migrant. [Later] I worked for the agency as [a] carer—that’s the only way I could survive. (Participant 7)

No, I attempted to get support services from Centrelink and settlement agencies such as Migrant Resource Centres (MRCs) but they said I didn’t qualify because I was a skilled migrant, and I had to wait for two years to be eligible for support services available to migrants. (Participant 23)

All participants who were refugees had access to support services, while skilled migrants were not entitled to support services except Medicare. They had to wait for two years to be eligible for support services like from Centrelink.

6.6.3 Information about support services.

The participants who had migrated to Australia as skilled migrants reported that they had little or no information about support services. At the
time of collecting data for this study, settlement agencies such as MRCs and Centrecare Migrant Centres were funded by the government to provide services to refugees only and not voluntary migrants such as skilled migrants:

When you come as a skilled migrant, the Immigration Department doesn’t educate you with anything. They just give you permanent residence and don’t tell you what you should do, how you should do it, where you can get support. (Participant 3)

Basically I received nothing—I had to find out all that information on my own by asking around and reading. (Participant 20)

In contrast, the refugees stated that they were provided information about support services prior to, upon and after arrival in Australia:

Actually, we had orientation training before we came here, so we were actually told exactly where to get what and when to get it and where to go, so we knew exactly what to get when we got here. It wasn’t a problem at all. (Participant 22)

6.6.4 Suggestions to improve support services.

The participants suggested various ways to improve support services for all migrants. They reported that skilled migrants are not eligible for support services provided by the government, such as Centrelink social security payments, that are provided to all Australians, depending on individual situations. They stated that skilled migrants (particularly those who come to Australia on point system and were not sponsored by employers) also require support services to allow them to effectively live and work in Australia. Thus, they recommended that migrant support services be provided to all migrants, and not just refugees:

What I can think of is when people migrate here—not just the refugees, but also skilled migrants who come to Australia on point system and are not sponsored by employers—they need support because they don’t have the support. They are always in trouble with money, they don’t know what to do, where to go. Most of the times, they depend on friends for support. So if the government could set up a system for skilled migrants to get financial support, English language skills and childcare support for their families that would be very beneficial. (Participant 2)
Support is really important to all migrants because some skilled migrants don’t get to work immediately and, without that help [they] suffer a lot. (Participant 21)

Participants also suggested that settlement support services should be more accessible and culturally appropriate for all migrants:

I think my interest is ASeTTS Australian Services for Survivors of Torture and Trauma – it is important they are aware that psychological counselling does not only involve western models. People who provide professional counselling services are unfortunately just trained in western models, and of course they sometimes talk about cultural sensitivity but I don’t think they are very conversant of the fact that there are other alternative cultural approaches to handling psychological problems. (Participant 18)

I know that there are migrant centres and places like that – could be improved by not just having Australian born people running them but having more migrants that have lived here for a long time who understand the problems of the African migrants to be involved in running them. (Participant 20)

There’s a lot more to settling down than just the language and the house to stay in – there’s socialisation, where migrants are able to mix with people from the same background, a place where they can at least feel comfortable and go and meet somebody who understands their background, not a person who assumes they understand, yet they don’t. (Participant 23)

I think one thing that is common to all migrants is that when they come here, they don’t have a lot of support. They really need quick support in terms of housing and other basic needs. They also need a lot of support in terms of culture education, where to go and where not to go, what to do and what not to do. They need general education that you’re not going to learn from books. (Participant 25)

Participants in this study freely stated their reasons for coming to Australia which included escaping from civil war and political persecution, and seeking better life opportunities. They felt happy, optimistic and safe to be in Australia but many often experienced racial discrimination, and felt isolated. Migrants also reported that they were able to cope by seeking support from family members and other support networks. Participants stated that support services were only provided to refugees. For example, refugees indicated that they were entitled to support services and they were able to
access this on arrival to Australia. In contrast, skilled migrants indicated that they were not entitled to support services except Medicare. Participants proposed that migrant support services be provided to all migrants.

6.7 Conclusion

This chapter has described the qualitative results of interviews with 30 African migrants who participated in this study. Most participants reported feeling safe and secure and happy to be in Australia, getting a good education and experiencing better life opportunities. However, some migrants often experienced racial discrimination and felt isolated and lonely. Most migrants reported using positive such as seeking support from family, friends and faith communities. Migrants felt that information about support services was not sufficient, and recommended accessible and culturally appropriate services. They also suggested that migrant support services should be provided to all migrants regardless of their visa status.

The next chapter will report the findings of the interviews with five migrant support service providers (MSSPs).
Chapter 7: Qualitative Results for Migrant Support Service Providers (MSSPs)

7.1 Introduction

This chapter presents the qualitative results of the interviews with five Migrant Support Service Providers (MSSPs) who participated in this study. The MSSPs discussed their perceptions of the needs and difficulties affecting African migrants, of migrants’ strengths to deal with these difficulties, and of the support services provided to them. Specific details of the questions asked of MSSPs are provided in Appendix VIII.

7.2 Characteristics of the Sample of MSSPs

The five MSSPs were managers or senior officers from organisations that provide migrant support services to voluntary migrants and involuntary migrants (refugees). All MSSPs representatives who participated in this study were all migrants to Australia and had worked for their settlement service organisations for at least three years. The representatives interviewed (referred to as MSSP1 to MSSP 5) were from the following agencies.

The MSSP1 worked as the president of the African Community Association (ACA) of Western Australia, which is funded by the government through community grants programs and ethnic organisation grant programs to enhance multiculturalism. The Association provides information about support services, particularly to African community leaders, who then disseminate the information to their communities. An example of such a community is the Mirrabooka area, where African migrants in the
Perth metropolitan area, particularly refugees, are inclined to live because of its large African population. The MSSP1 for ACA of WA reported that the association provides support to all African migrants via African community leaders. They also provide emergency relief assistance to new arrivals. For example, they give them phone vouchers and Coles vouchers to assist them with their initial settlement.

The MSSP 2 worked for the Ethnic Communities Council of Western Australia (ECCWA), which represents the interests of multicultural and new, emerging communities in WA, and provides information and support to different ethnic groups. The ECCWA facilitates members’ participation in the decision-making process in government and community affairs. It also promotes the contribution from culturally and linguistically diverse (CALD) communities to the social, cultural and economic development of WA. The organisation is funded by the federal government through an ethnic organisation fund, and coordinates CALD group networks, organises multicultural community service events and awards, and works with the government in WA on language service policy.

The MSSP 3 was from a north metropolitan Migrant Resource Centre (MRC)—a government funded, community-based organisation that provides settlement services for migrants and refugees. Several centres are located in different suburbs of the Perth metropolitan area. The purpose of the MRC is to cater for the needs of refugees, and facilitate their integration into the communities in which they live. It also provides information, referral services and assistance in finding and keeping employment for newly arrived migrants. Further, it provides services for aged and disabled members of ethnic communities who prefer to access ethno-specific services. The MRC also conducts research and consultancy on cultural and community issues. The MRCs are funded by the federal government through the Services Grant Program (SGP).
Chapter 7: Qualitative Results for Migrant Support Service Providers (MSSPs)

The MSSP 4 worked for the Australian Services for Survivors of Torture and Trauma (ASeTTS), which provides services to humanitarian entrants and refugees who have experienced torture or trauma in their country of origin, pre-migration or while in detention in Australia. It provides free confidential counselling to survivors of trauma and torture, regardless of their race, religion, ethnicity and gender. The ASeTTS is a member of the Forum of Australian Services for Survivors of Torture and Trauma, which is a national coalition of organisations that respond to the needs of survivors of torture and trauma who have come to Australia from overseas. Importantly, it is also a member of the International Rehabilitation Council for Torture Victims. The ASeTTS is also funded by the federal government through the Services Grant Program (SGP).

The MSSP 5 worked for the Centrecare Migrant Services (CMS), which was previously known as Catholic Migrant Services, and which merged with Centrecare in 2005 to enhance service delivery to refugees. The Centrecare Migrant Services provides settlement services to refugees, supported by its management board, volunteers, churches, religious orders, the Roman Catholic and the Anglican Archbishop of Perth, WA. It employs staff from different religious, ethnic and cultural groups who are all committed to meeting the needs of newly arrived refugees. The organisation also provides advice on all areas of migration and immigration law by qualified migration agents. The Centrecare Migrant Services is funded by the government through the Special Grant Program (SGP).

7.3 Migrant Needs

The five MSSPs noted some common needs among African migrants. These included support for English language instructions, adult literacy, interpreter services, childcare, and orientation to Australian’s cultural and legal system. They also reported schooling issues faced by migrants’ children, such not keeping up with schoolwork and
dropping out of school due to lack of English language skills, and lack of education because of their pre-migration experiences of living in refugee camps.

All the MSSPs stressed the need for English language instruction and interpreter services for African migrants. Their responses were as follows:

Yes, I can say that there are common needs for all migrants because when you go to a new place [where] you [are] definitely new, you have a lot of needs. However, [with] the new emerging African communities, the common one is language barrier—they need English classes which are ethno-specific, provided at different levels. The new African communities are really facing language barrier problem. Interpreter services are not adequate. For example, they just take a child who speaks English to go and give interpreter service to the mother or to the family. (MSSP 1)

Needs with Africans communities are varied because there [are] many ethnic groups: Sudanese, Congolese and Somalis. Most of them don’t speak English and most of them require support in learning English language and they also need to be orientated to Western culture and [the] legal system. They need basic education. (MSSP 4)

I guess childcare [is a] huge need for single mothers who are not working to prevent them from being isolated and allow them to have access to English language classes. (MSSP 3)

The MSSP 2 discussed the needs of school-going children and youth of African migrants and refugees. In particular, he was critical of placing young people in classrooms and year levels based on their age. He suggested that children should be assigned to classes according to their academic performance in class.

I think the big issue relates to the youth. When people come into this country, we assess their age and we place them in a classroom based on their age. Someone who’s 15 years old from Congo may have had only two years of schooling because the school was bombed, so we’re not looking at the scholastic ability, we’re looking at their age. That person then becomes the dunce of the class because they’re not able to keep up with the others. (MSSP 2)

The MSSPs described the dramatic change in cultures, culture shock and lack of education as the major difficulties affecting African migrants. They also emphasised that people coming from refugee camps should be shown how to use basic household
utilities and must be taught how to use common community infrastructure, such as ATMs and public transport. Some responses were as follows:

I suppose needs that we see amongst people—refugees is getting used to a new culture, using ATM and public transport. I suppose another need [is] linking people with their community, so that they can visit on a regular basis, like in Mirrabooka area, there are so many Sudanese people and they feel comfortable living there. (MSSP 3)

Coming from refugee camps to come to a big city like Perth can be overwhelming due lack of education and cultural shock. So they need to learn a new system. (MSSP 4)

It’s just such a foreign environment. We pick them [up] from the airport, show them how [to] use the stove, toilet, fridge, telephone. We get people from the airport and straight away they start asking, ‘When are we going to school? When are we learning English?’ (MSSP 5)

### 7.4 Strength to Deal with Difficulties

The MSSPs described a variety of strengths in African migrants that help them cope with the difficulties they encounter during their resettlement process in Australia. They all reported that these strengths were centred on a sense of community, and they described the African community as being like a family. Various responses were as follows:

Yes, their strength comes from community—that sense of community and community unity because you’d be aware how African communities are, I mean, Africans depend on one another, depend on community, depend on the strength of the family. (MSSP 1)

We view Western community as being very individualist, very self-reliant, but the African community is very different—your family is everybody who’s around you, whether they [are] related or not, and everybody puts in to support each other in that regard. (MSSP 3)

The MSSPs also asserted that some of the African migrants, particularly refugees who have lived in refugee camps, build resilience that makes them strong enough to deal with various resettlement problems. The MSSP 4 stated, “Normally, all refugees here in Australia have resilience, but they need someone to show [them] some steps, survival skills”. The MSSP 2 stated, “I think that anyone who has endured the
sort of background those African communities have endured and then worked their way to a country like Australia, that, in itself, is an enormous strength”.

## 7.5 Support Services

### 7.5.1 The Migrant Support Service Providers (MSSPs) perspectives.

The Migrant Support Service Providers (MSSPs) discussed issues related to the support services provided to migrants. First, they discussed changes in migration patterns; changes influencing the level of support, information and access to support services; and suggestions for improving support services. Second, they suggested ways to encourage migrants to be involved in policymaking and evaluating support services. Finally, they discussed improvements to the current support services.

### 7.5.2 Changes to ethnic groups coming to Australia.

All five MSSPs, noted changes in the patterns of migrants coming to WA, with migrants increasingly coming from Asia, the Middle East and Africa. They also identified an emerging African community in Perth comprised of migrants from different regions but did not discuss the cultural differences of different ethnic groups. Further, they also mentioned that, over the last few years, there has been a large influx of skilled migrants on 457 temporary visas, and many of them end up applying for permanent residency. The MSSPs’ responses were as follows:

Oh, yes, we see an influx of the Burundi community, Sudanese community and Congolese. We [also] have the Somali community, the Ethiopian community, Sierra Leone [and] Liberia—these are emerging African communities. The numbers are growing. (MSSP 1)

We have strong groups of Somalis, Sudanese, Eritreans, Ethiopians, particularly around the Mirrabooka area. There are huge changes in the migration patterns—we don’t see the strong European migration. But I think there is a huge migration from India, which I don’t think is being picked up in the statistics sufficiently. (MSSP 2)

There’s certainly been a big influx over the last couple of years of the 457 visas—the temporary skilled migrants. A lot are coming to work in the petroleum industry, not necessarily directly in mining but in mining
processing and mineral processing. There’s quite a large population who have moved down to Kwinana area to work in refineries and mineral processing. I think that’s where we’ve seen certainly the largest influx of the 457 temporary skilled migrants and most of them end up applying for the permanent residency visa. (MSSP 3)

I noticed changes with migrants—African, Burmese, Indians and Chinese—they all want to contribute to Australian society. (MSSP 4)

I guess there’s certainly been a big influx of refugees from Burundi, Congo, Rwanda, Sudan, Somali and Liberia. We [are] also seeing an influx of skilled migrants who end up applying for the permanent residency. (MSSP 5)

The MSSPs stated that they were changes in the patterns of migrants coming to WA, with the majority of migrants now coming from Asia, the Middle East and Africa. They also reported that there was a big influx of skilled migrants on 457 temporary visas who mostly end up applying for permanent residency.

7.5.3 Changes influencing level of support.

All the MSSPs identified changes that have influenced the level of support for African migrants, such as having a large number of refugees coming to Australia with lack of education. They also acknowledged that there were accommodation, parenting, and domestic violence issues in African communities, and suggested that African migrants should be informed that domestic violence is unacceptable in Australia.

Responses were as follows:

The other thing is, going back three or four years, people were coming from [a] similar environment. They were pretty okay, you know, using a typical stove and keeping things in the refrigerator … a lot more of our energy goes into just getting to put a lot more like structured education in place for people. (MSSP 3)

A large [number of] refugees are coming here with lack [of] education and nutrition. We need to inform [the] Department of Immigration, Health and Education to say there is a problem and [a] huge gap. (MSSP 4)

The main thing that has changed recently is the accommodation—rental properties have gone up. (MSSP 5)
Yes, the level of support is changing because of issues of parenting. (MSSP 1)

I think that … on the status of women, we have run a number of forums on family and domestic violence. We certainly think that we need to communicate that, in Australia, such issues as domestic violence is unacceptable and will not be tolerated. (MSSP 2)

All MSSPs recognised that the migrant profile was changing and that current migrants had greater needs than migrants in the past, particularly with the increase in refugees from Africa, many of whom required so much assistance and education with using basic household utilities and facilities.

### 7.5.4 Information for migrants about social support services.

The MSSPs reported various ways that migrants are informed about settlement social support services. For instance, the ACA has an office in East Perth and has people who inform community members about information on settlement support services. The Ethnic Communities Council produces a DVD in 13 different languages about support services, and refugees are also provided with brochures and information on the support services available to them. Likewise, ASeTTS provide refugees with brochures and information to enable them to reconnect with their own community, while MRCs and CMS collect refugees from the airport, provide them with orientation, and inform them about various support services. The MSSPs’ responses were as follows:

We have an office in East Perth—the African Community Office—and we have two volunteers who approach community members every day of the week so we know that information is getting out there and reaching specific community leaders in various communities. (MSSP 1)

Yeah, as [I] said before, the Ethnic Communities Council produces a DVD, which is in 13 different languages, including English. When they come to seek support services, we give them brochures and information on support services. (MSSP 2)

Yeah, any ethnic group when they come here from Africa, Asia, they like to meet their ethnic groups. So our aim is to reconnect them with
their own community. We need to support them because they need to speak their own language and thus strengthening them to cope. (MSSP 4)

When refugees arrive, we pick them [up] from the airport, we look at their immediate needs, we inform them and help them to get a Medicare number and to register with Centrelink and enrol their children in school and, you know, their accommodation. We make sure that they are informed about the basic needs and ensure that they are met and then, I guess, once we’ve got all of those nicely set down, we can start looking at the broader things, such as employment, getting driver’s licenses. (MSSP 5)

The most immediate information for migrants was to provide them useful information about support services and linking them with their community groups.

7.5.5 Access to settlement support services by African migrants.

The MSSPs reported that support services were not easily accessible by African migrants and they were not sufficient to meet their needs. The responses from MSSPs were as follows:

No, to be honest, I look at it in the grand scheme of things, no. My main reason for saying that is one, I don’t think there’s enough. There’s enough people providing the service, but they don’t provide broad enough services for everybody [such as] individualised English language tuition and support for skilled migrants. (MSSP 3)

I don’t think there’s enough support and there’s not enough coordination of what goes on to people. It may be there, but people don’t know because of communication barriers. (MSSP 5)

As mentioned above, support services were not easily accessible by African migrants.

7.5.6 Support for newly arrived migrants.

The MSSPs from the Migrant Resource Centre (MRC) and the Centrecare Migrant Services (CMS) reported that they mainly dealt with refugees, picked them up from the airport and provided them with their immediate needs. Further, for the first six weeks, they answered any questions and offered high level of support to refugees.
Importantly, they ensured that there was food available and bought food for refugees for
the first week. The MSSPs provided the following responses:

We give emergency relief assistance. For example, we give phone
vouchers to new [migrants], we also give Coles vouchers to assist
with the settlement, initial settlement. (MSSP 1)

Look, they [refugees] receive a whole stack of information and,
unfortunately, it’s probably too much information for them to
absorb. (MSSP 2)

Well, I guess when they first come, we only deal with the refugee
population. The refugee population gets a high level of support.
Effectively for the first six weeks, we answer any questions. I
want to enrol my children in school, we’ll work out what schools
are available, how they get there—it’s the real practical support.
(MSSP 3)

We assist them with many basic skills such as showing them how
to use public transport and how use ATM to access banks and we
introduce them to the legal system in Australia. Refugees are
given three weeks to learn about the system, this is not enough.
(MSSP 4)

All the MSSPs noted a change in the patterns of migrants coming to WA, with
an increasingly emerging African refugee groups who required high level of practical
support. The MSSPs also reported that support services were not sufficient to meet their
needs.

7.5.7 Migrants involvement in policymaking.

Four of the five MSSPs reported that African migrants were not involved in
policymaking and evaluating support services. Only the Ethnic Communities Council
mentioned that a few African communities were involved in policymaking. The
responses were as follows:

I think for those people from some of these communities, and
particularly if we are talking about the African communities, I know
there are people who have been here 15 years and 20 years etc. who are
involved in policymaking. I think that they need to encourage others in
their communities to try and get involved with all voluntary
organisations that are around. (MSSP 2)
I guess we don’t directly [involve them], but the Ethnic Communities Council does. (MSSP 3)

The MSSP 2 mentioned that there are some African migrants who were involved in policy making.

7.5.8 Improvements to current support services.

The MSSPs suggested various ways to improve support services, such as consulting with migrants, coordinating longer-term services and adapting services to meet the needs of all migrants and their families. Some responses were as follows:

Childcare services—we have a lot of racial discrimination by carers with our kids in childcare centres. Therefore, we are encouraging African women to undertake—short courses in childcare services and early childhood education. For example, we’ve got the Somali community that are soon establishing their own [childcare]. I can be bold enough to say [that there is] a lot of racist-driven discrimination of our children—they are not treated well. (MSSP 1)

I would certainly like to see more coordination of the longer-term services—the refugee service, the Integrated Humanitarian Settlement Strategy (IHSS)—that is very well-coordinated, but very short-term service, beyond that there’s very little. (MSSP 4)

I think there’s still not enough support services for people after that initial support for six-month period, and six months is a very short time to get used to living in a different country. (MSSP 5)

Certainly one of the things that we were saying is that the spouses and the children of 457 employees [are] getting nothing. The spouses literally sit at home all day, no English language classes. We need to review and consult the community and close the gap. We need to listen to [the] community because they know their needs—for example, transport issues during weekends. (MSSP 4)

They [spouses of skilled migrants on 457 visas] have no means of, stimulating themselves by doing something, it is very isolating and I think that’s fantastic that we’re bringing people in but the focus is completely on that person and nothing on the family that comes with them. (MSSP 3)

The MSSPs found it confounding that despite the government willingness to accept skilled migrant workers, their families were still in serious need of support in the
same way as other involuntary migrants (refugees), but their family needs were simply met.

### 7.6 Conclusion

This chapter has discussed the qualitative results of the interviews with five MSSPs. The Migrant Support Service Providers (MSSPs) identified common needs among African migrants which included lack of English language skills and lack of education. They reported that they mainly dealt with refugees, providing them with their immediate needs and high level of support. All MSSPs indicated that support services for migrants were not sufficient and not easily accessible. They recommended ways to improve support services, such as consulting with migrants, adapting services to meet their needs and coordinating longer-term services. In addition, they recommended that the families of skilled migrants on 457 visas should be provided with migrant support services.

The next chapter will provide a discussion of the findings of this study according to research questions, and will further discuss the value of Peplau’s IRT to the current study. This final chapter will also discuss the conclusions drawn from the analysis and the implications of the findings. Further, the contribution to the literature, limitations of the study, suggestions for future research, recommendations and conclusion will be discussed.
Chapter 8: Discussion and Conclusion

8.1 Introduction

This chapter summarises the findings of resettlement experiences of African migrants in Western Australia, their coping strategies, the perspectives of both the African migrants and Migrant Support Service Providers (MSSPs) about support services provided to migrants, and the potential value of Peplau’s Interpersonal Relationship Theory when working with migrants. Following this, the contribution to the literature, limitations of the study, suggestions for future research, recommendations and conclusion will be discussed.

8.2 Resettlement Experiences

The findings showed that most African migrants were glad they came to Australia. They felt safe and secure, happy and optimistic, their general health and mental health were good, and most were integrated into the Australian society. However, some participants reported feeling isolated and lonely.

The quantitative and qualitative results revealed that most involuntary migrants migrated to Australia because of civil war and to escape political persecution, while voluntary migrants migrated to Australia to seek better life opportunities and also educational opportunities for themselves and their children. These findings are supported by Crowley (2009) who reported that civil war, terrorism and political persecution have forced many people from their homelands. In addition, Castles and Miller (1993) suggested that Australia has higher pay, better living standards and better opportunities for work and education than their countries of origin. Hence, these factors are incentives for skilled migrants to migrate to Australia to seek a ‘better’ life.
However, with regards to the findings of employment, the issues faced by participants were similar regardless of whether they were classified as voluntary or involuntary migrants. The same could be said for other areas such as coping and integration.

Most participants from war-affected countries reported that safety and security was a major advantage of migrating to Australia. These findings align with an earlier study by Muli et al. (2009) who confirmed that safety and security were essential to the resettlement of African migrants in Australia because they felt they were safe from war and could sleep without fear of being killed.

The majority of participants in this study, particularly those who possessed recognised professional qualifications and had professional jobs, felt happy and optimistic about their future in Australia. These findings are also supported by Muli et al. (2009), who found that African migrants in possession of good English skills, and were employed in professional jobs had high levels of satisfaction about their life in Australia.

The results of the current study revealed that African migrants had good general and mental health. A few participants suffered from hypertension, migraine headaches, anxiety and depression, and were taking medication for their conditions. Caperchione et al. (2013) also found that migrants were in good health upon arrival in in Australia due to their traditional lifestyles based on physical work, walking as a form of transport and high-fibre and low-fat diets. Nevertheless, in the current study, a few participants (three) who were interviewed stated that resettlement stressors had affected their mental health. A study by Pascoe and Smart Richman (2009) reported that resettlement stressors such as perceived discrimination can have a significant negative effect on the mental health of migrants.
Half of interviewees (15 out of 30) indicated that they were well integrated within Australian society because they had obtained good education and were working in Australia. These findings are supported by Baird (2012), who contended that people integrate by acquiring skills to survive in a new country, such as learning a new language and obtaining education and employment in their host country. Similarly, Muli et al. (2009) identified markers for achieving integration as accessing education, employment and housing in a host country. Furthermore, despite some participants reported feeling isolated and lonely, and describing their social structure of Australian life as being different, they felt they had good family support and other support networks such as the African community in their host country. Ward (2000) also acknowledged that social isolation and loneliness are prevalent in all migrants, regardless of their origin.

8.3 Racial Discrimination

Many African migrants reported that they often experienced racial discrimination. The present study showed that more than half of participants interviewed (18 out of 30) felt there was a significant amount of racial discrimination, either hidden and subtle, or overt and aggressive. Participants stated that racial discrimination was operating in the employment market, workplace, public places and in their communities. They felt that equal opportunity laws were inadequate to protect them. For example, they believed that employers circumvented these laws by providing other reasons for not employing them. Participants also reported that they or their family members had experienced some form of racial discrimination.

These findings are consistent with those of other studies involving African migrants in Australia. Boyle and Ali (2009) concluded that racial discrimination plays a role in refugees being unable to obtain formal employment, while Murray (2010) found...
that one-third of participants in her study experienced discrimination. Additionally, Shakespeare-Finch and Wickham (2009) reported that six out of 12 Sudanese refugees who had participated in their study experienced racial discrimination and recounted incidences of verbal abuse. A study by Fozdar and Torezani (2008) also established high levels of perceived discrimination among refugees in Australia.

Indirect and direct racial discrimination can be experienced in public places and can have an impact on the mental health of the victims. Guilfoyle and Taylor (2010) and Salleh-Hoddin and Pedersen (2012) established that African migrants, like Indigenous Australians or other ethnic groups, are subjected to blatant discrimination in a systemic and subtle way within their communities, workplaces and places of education from schools to universities. Colic-Peisker (2009) found that as a result of their dark skin colour making them more visible to other Australians, African refugees experienced more discrimination than migrants from the former Yugoslavia or the Middle East. Farida and Silvia (2008) also established that the refugees in Australia experienced high levels of discrimination.

8.4 Family Support and Support Networks: Important Coping Strategies

Both the quantitative and qualitative results of the present study revealed that the coping strategies used by participants primarily included support family and friends, social support networks, and belief in God and other faith communities.

A major coping strategy which most participants used was talking to family members and friends. Some would telephone their families in Africa to obtain much needed support. This is consistent with a previous study by Khanlou et al. (2009), which established that family support and support networks of migrants can be important
sources of support during the resettlement period. In addition, Owusu (2013) found that Ghanaian migrants cope by maintaining ties to their homeland through keeping in regular contact with their families. These findings are consistent with those of Shweitzer, Greenslade and Kagee (2007), who reported that the coping strategies used by Sudanese refugees in Australia include seeking support from extended family and friends.

Participants also spoke about the use of other support networks such as making connections with other migrants and engaging in African community activities to socialise and to help others resolve problems. This is consistent with Boyd (1989), who established that support networks are based on kinship, friendship and community groups, which are central to the resettlement process of migrants. Coleman (1998) contended that support networks act as an assurance during the migration resettlement process. McMichael and Manderson (2004) identified that migrants need to rely on support networks from their communities which enhance a sense of belonging and offer them the means to deal with their immediate needs such as accommodation and other basic needs including employment. Kivunja, Kuyini and Maxwell (2013) concluded that support networks are significant in supporting African migrants who are forced out of their homeland and find themselves in a host country without any family. Smith (2013) also found that the ability of refugees to establish social connections and build their social networks in their host country following forced-migration can greatly influence their resettlement process.

More than two-thirds of the participants (21) believed in God and belonged to different faith communities, finding them to be helpful in making resettlement easier. These findings agree with those of Halcon et al. (2004), who reported that belief in any form of religion has been found to be a primary source of coping among Somali and
Ethiopian refugees. They pray to God and use this strategy to relieve their sadness in hopeless situations. Similarly, Goodman (2004) and Khawaja et al. (2008) established that prayer and belief in God are effective coping strategies for dealing with past trauma, resettlement problems and are protective factors for the mental health of migrants.

8.5 Suggestions to Improve Support Services for All Migrants

The extent of support services provided by the government varied depending on the status of the migrants. Involuntary migrants received a greater level of support, while voluntary migrants (whose needs were also significant) failed to receive the same level of support.

Participants who were refugees reported that they had received support services from Integrated Humanitarian Settlement Strategy (IHSS) and other settlement agencies such as Migrant Resource Centres, Centrecare and Centrelink as soon as they arrived in Australia. This concurs with DIMIA (2003a) who reported that government-funded settlement agencies assist refugees and humanitarian entrants on arrival to Australia. For instance, IHSS is contracted by the federal government to provide initial settlement support to refugees for a six-month period. It provides reception upon arrival, accommodation, case coordination, information and referrals, trauma counselling and emergency medical needs. Thereafter, migrants are transferred to general settlement services, such as Migrant Resource Centres and other similar organisations.

In contrast, participants who were skilled migrants reported that they only received Medicare and no other support from the government. They stated that they had to wait for two years to gain access to mainstream support services, such as Centrelink. These findings are supported by DIMIA (2003a), and Hinsliff (2006), who reported that mainstream government support services are only available to permanent visa holders.
and Australian citizens. Hugo (2005) purported that skilled migrants are needed to fill skills shortages, thus, it is in the interests of the Australian Government to attract skilled migrants, and provide them with the necessary support to enable them to successfully live and work in Australia.

The African migrants in the current study recommended that migrant support services should be more accessible, more culturally appropriate and should be provided to all migrants. In addition, the Migrant Support Service Providers highlighted the importance of improving support services available to migrants. They all reported that support services for migrants were not sufficient and not easily accessible, and recommended ways to improve support services, such as consulting with migrants, adapting services to meet their needs and coordinating longer-term services. This approach is also supported by Peisker and Tilbury (2003), who suggested that policymakers should ensure that resettlement programs are based on the needs of migrants and through understanding their cultural issues. In addition, both African migrants and Migrant Support Service Providers participants proposed that the government should support skilled migrants in particular, those who are not sponsored by an employer because they were left on their own without any government support.

Currently, skilled migrants, even those who are not sponsored by an employer, have to wait for 2 years to start receiving mainstream government support services such as those from Centerlink.

They also suggested that employers of skilled migrants on a 457 Visa should assume the social responsibility of supporting their families. Spinks (2009) stated that the majority of skilled migrants who finally do settle in Australia permanently would definitely benefit from migrant support services from the government from the time
they arrive in Australia, rather than after two years have elapsed and they become permanent residents.

8.6 Value of Peplau’s Interpersonal Relationship Theory

Peplau’s Interpersonal Relationship Theory (IRT) was used as the theoretical framework for this study to inform the findings of Migrant Support Service Providers and to establish how migrant support services might be strengthened in order to empower and offer better support for migrants in certain areas. The purpose of Peplau’s Interpersonal Relationship Theory is to facilitate problem-solving skills. The concepts of Peplau’s IRT which include therapeutic relationships and the four phases (orientation, identification, exploitation and resolution), and the role of a carer such as an advocate, counsellor, teacher, leader and resource person, can contribute to effective problem solving of migrant issues. Thus, this theory provides a framework by which the needs of migrants can be assessed, identified and resolved during the resettlement process.

For example, during the four phases of Peplau’s (1952) IRT, MSSPs (resettlement officers) can act as resource providers and assist migrants with planning, implementation and evaluation of the resettlement process. In this way, they would empower and promote the mental health of migrants during their resettlement in Australia. Ehntholt and Yule (2006) established that the basic needs of refugees should be identified during the initial resettlement period. Fawcett and Desanto-Madeya (2005) stated that improvements occur during the final phase. Shakespeare-Finch and Wickham (2009) also proposed various programs to dealing with adaptation such as English language classes and establishment of support networks that can facilitate integration of refugees during their resettlement process in Australia.
Further to this, Peplau’s IRT has significant implications for MSSPs (resettlement officers) to empower and support migrants in some areas by using current migrant support services. Migrant Support Service Providers can also use Peplau’s IRT as the basis of working with all migrants in Australia.

8.7 Contribution to the Literature

This study has added to the existing literature and knowledge on the resettlement experiences of African migrants in Australia, particularly in the areas of coping, support services and comparison of the experiences of voluntary and involuntary (refugee) African migrants. Very few studies have examined coping strategies and support services for this group of migrants. In the current study, when it came to coping strategies, African migrants increasingly turned to religion and prayer as a form of support. This has been reported in a previous study of Sudanese refugees in Brisbane Australia (Khawaja, White, Schweitzer & Greenslade, 2008) however, not to the extent found in the current study. Furthermore, migrants would rather seek support from their family, friends and faithful communities than seek support elsewhere. When it came to support services, voluntary migrants, assigned a visa which is points-tested and who are not sponsored by an employer, must wait for two years in order to qualify for any support services from the government, despite being as needy as involuntary migrants during this period.

The use of an exploratory interpretive research design gave the participants (both individuals and service providers) the opportunity to relate their stories about their experiences, attitudes and beliefs. This provided broad and valuable information that supplemented the overall experiences of African migrants in Australia, correlating with information presented in previous studies. One key example is in the case of discrimination which was frequently reported during interviews.
Peplau’s Interpersonal Relationship Theory (IRT) is proposed as a framework to empower and to support migrants in some areas during the process of settling in their host country. The principles of this theory can be adapted and adopted by migrant support service personnel to assist them in empowering migrants from the point of initial arrival in Australia to the point at which they become independent and able to fend for themselves in their new community. As this theory was initially proposed as a framework which establishes a therapeutic relationship between nurse and client, it is equally applicable in the case of the relationship between support service personnel or service provider and migrant. Through a process of empowerment and a common goal of effective resettlement, this mutual interaction moves through a series of stages, addressing the needs of the migrant, through the roles of advocate, counsellor, teacher, leader and resource person. Effective resettlement, where the migrant achieves autonomy and independence is analogous to the client who has achieved recovery.

8.8 Limitations

The study had some limitations related to the sampling method, sample size, design and methodology related to the use of the self-report survey questionnaire and interviews which may have impacted on the results.

With regards to design, this study adopted the use of a convenience sample, rather than a randomised sample, which limits the generalisability of the results. Further, as participation was voluntary, some self-selection bias may be present. The study could have attracted African migrants who had very negative or very positive resettlement experiences in Australia and were simply eager to share their stories. There was also a possibility that participants in this study may have self-selected by being able to read recruitment flyers because no participant required help with reading or an interpreter.
Another limitation is related to two factors: the sample was collected from one state, and the sample size may not be representative of all African migrants in Western Australia because the sample was comparatively small. A larger sample size to represent a larger population from all states in Australia would provide a more detailed picture and understanding of the issues faced by African migrants in Australia with a subsequent greater applicability of appropriate recommendations.

An important limitation of this study is that the self-report survey questionnaire did not include questions or scales on racial discrimination and integration. Thus, this study relied mainly on the qualitative data from the interviews to explain the extent of racial discrimination and integration of African migrants in Western Australia.

The use of interviews may also be problematic in terms of reliability since some participants could have resided in Australia for many years and hence, not be able to accurately recount their initial resettlement experiences related to their initial reaction, culture shock and losses during this period.

8.9 Suggestions for Future Research

This study has generated some suggestions for future research related to the experiences of African migrants during their settlement process and during their use of support services. In addition to providing baseline data for further research on the experiences of African migrants in Australia:

- It would be useful to direct further investigation toward sensitive areas such as domestic violence, which although not frequently reported in this study, during interviews, was highlighted as likely to have a major impact on the well-being of African migrants.
- An investigation of the reliance on religion and belief in God may provide further insight into the value of this strategy as a coping mechanism.
• It may be useful to identify resettlement experiences of families with children compared to those without children, particularly with respect to support received and coping strategies adopted.

• Peplau’s IRT can be adopted as a framework for supporting African migrants throughout the resettlement process in Australia. Through appropriate training, migrant support personnel can adopt the approach of Peplau’s IRT in order to address migrant needs, through the establishment of a therapeutic relationship. In particular, Peplau’s IRT can be used to empower and promote the mental health of African migrants in Australia. Furthermore, this approach may have wider application to other groups of migrants particularly during their resettlement process.

8.10 Recommendations

The findings of this study suggest that there are major issues among African migrants such as racial discrimination, domestic violence, insufficient support services to meet the needs of all migrants, the importance religion and spirituality to meet spiritual needs of new arrivals, and the significance of using Peplau’s IRT to empower and promote the mental health of African migrants require attending to.

More than half of the interviewees reported that they or members of their families had experienced racial discrimination in one form or the other. The implications of these findings are that the entire resettlement process demands collaboration, acceptance and mutual respect between individual African migrants and members of the Australian community.
**Recommendation 1**

That governments at federal, state and local level, and the media should provide education to host communities about the impact of racial discrimination and the importance of accepting migrants regardless of the country of origin or colour of their skin, to help them integrate into Australian society both socially and economically.

Two participants in this study who were the adult children (26 and 28 years old) living at home with their parents reported that domestic violence was a major issue in African communities. The two participants had witnessed domestic violence between their parents. They believed that it is quite a sensitive issue but it has a significant effect on the well-being of the children. They proposed that education on domestic violence to be offered within the African community groups. In addition, one Migrant Support Service Provider (MSSP) from the Ethnic Communities Council of WA (ECCWA), identified and acknowledged that there were domestic violence issues within African communities, and suggested that African migrants should be informed that domestic violence is unacceptable and not tolerated in Australia. The implications of these findings are that domestic violence issues are likely, quite extensive in the African migrant community and will have a significant effect on the mental health well-being of the family.

**Recommendation 2**

That federal, state and local governments, in collaboration with community groups, revise policies on domestic violence, and provide education to all African communities about family violence, including teaching problem solving skills and how to cope with difficulties without resorting to violence.
Both quantitative and qualitative findings revealed that many of the participants, attended faith communities (a church or mosque) as a coping strategy to deal with difficulty situations. The majority of interviewees further reported that attending faith communities was helpful and made their resettlement easier. The implications of these findings are that the governments and MSSPs should recognise the importance of religion and prayer and revise the policy on settlement services to include the importance religion and spirituality to meet spiritual needs of newcomers. To this end, MSSPs could provide them with the location of churches, mosques and religious communities.

**Recommendation 3**
That MSSPs should identify the importance spirituality and prayer to meet spiritual needs of newcomers and provide migrants with the location of churches, mosques and religious communities.

Findings from interviews of the African migrants and the providers of migrant support services (MSSPs) participants indicated that the current support services for migrants were not sufficient and not easily accessible. They also required various improvements, such as consulting with African migrants, adapting services to meet their needs and coordinating longer-term services. The implications of these findings are that the government should improve support services for all migrants and ensure that they are accessible, culturally appropriate and meet the needs of migrants.

**Recommendation 4**
That the government at federal, state and local level should improve support services to all migrants by consulting with them, adapting services to meet their needs and coordinating longer-term services.
Peplau’s Interpersonal Relationship Theory (IRT) was proposed and used as a framework for powering and assisting migrants in certain areas throughout the process of settling in their host country. The principles of this theory can be adapted and adopted by migrant support service providers (resettlement officers) to assist them in empowering migrants from the point of initial arrival in Australia to the point at which they become independent and able to fend for themselves in their new community. In addition, it can be used to address and understand major issues affecting both involuntary (refugees) and voluntary African migrants during their resettlement process. The implications of these findings are that the MSSPs can use Peplau’s IRT to empower and promote the mental health of African migrants in Australia.

**Recommendation 5**
That MSSPs use Peplau’s IRT as the basis of working with migrants, and use this theory to empower and promote the mental health of all migrants during their resettlement process in Australia.

**8.11 Conclusion**
In this study, most African migrants were involuntary migrants (refugees) from war-affected countries and a few were voluntary migrants from non-war-affected countries. Reasons for migration included escaping civil war and seeking better life opportunities. The majority of migrants reported that they felt safe and secure, happy and optimistic and both their general health and mental health were good. Half of the migrants reported that they were well integrated into Australian society and had good education opportunities. However, some migrants reported that they felt isolated and lonely as a result of extended family separation, employment issues, language barrier and experiencing racial discrimination in their host country. Many migrants also
reported using positive coping strategies such as seeking support from family, friends and faith communities. African migrants felt that information about support services was not sufficient, and recommended broader, accessible and culturally appropriate services. Migrant Support Service Providers (MSSPs) also indicated that support services for migrants were not sufficient and not easily accessible. They recommended ways to improve support services, such as consulting with migrants, adapting services to meet their needs and coordinating longer-term services.

This study provides insight into the experiences of African migrants in Australia, in particular, Western Australia. It also provides greater understanding of the major issues affecting this group of migrants. These include racial discrimination, insufficient support services to meet the needs of all migrants, and the importance of religion and spirituality to meet the spiritual needs of new arrivals. Importantly, the findings of this study may contribute to influencing policies on migration and mental health that address the needs of Australia’s multicultural society. In addition, the potential value of Peplau’s Interpersonal Relationship Theory (IRT) was utilised to understand how it can empower and provide greater support for migrants in certain areas. This theory may also be used by MSSPs to assist migrants as they utilise current migrant support services to navigate their way through the resettlement process. Furthermore, this study has provided a baseline for further research on the resettlement experiences of African migrants that include both voluntary and involuntary (refugees) migrants.
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Appendix I: Ethics Approval

1 Project title

| TITLE: Changing Worlds: The Effect of Resettlement to Western Australia on the Mental Health of African Migrants and an Evaluation of Current Support Services |

2 Expected commencement date of project  | Expected completion date of project |
---|---|
April 2007 (beginning of PhD studies) | July 2015 |
Appendix II: Informed Consent for Participants

Education Research & Academic Programs Office  
School of Education & Humanities Building  
South Street  
MURDOCH WA 6150  
Telephone: (08) 9360 6983  
Facsimile: (08) 9360 6296  
L.Perry@murdoch.edu.au

INFORMED CONSENT FOR PARTICIPANTS WHO AGREE TO INTERVIEWS

Title of the study: The Effect of Resettlement to Western Australia on the Mental Health of African Migrants and an Evaluation of Current Support Services

My study is investigating the experiences of migration and its effect on the health of African migrants.

You have already completed a questionnaire for me—thank you again for this. The interview will give you the opportunity to expand upon your responses to the questionnaire and allow more discussion related to migration.

It is estimated that the interviews will take approximately 45 minutes to one hour. The interviews will be audiotaped and transcribed. It is possible that some participants may find a few questions a bit stressful—if so, these questions can be omitted. You can stop the interview at any time and you can be provided with a referral list of counsellors at migrant centres, if you wish.

Your participation in this interview is voluntary. You may withdraw at any time without discrimination. You also have the right to choose which information you wish to disclose. All
information is treated as confidential and, if you withdraw, all information you have provided will be destroyed. Only the researcher will have access to information collected from participants. Data files, questionnaires, tapes and transcripts will be maintained and locked in a secure locked metal filing cabinet for five years at Murdoch University, School of Education, after which, they will be destroyed. Your anonymity is also assured in that your name and other details that might identify you will not be used in any publication arising from the research.

If you have any further queries about the study, please contact me on 9582 5513, or mobile 0415208619. If you have other concerns, you may also contact my supervisor, Dr Laura Perry, on 9360 6983. If you need to speak to an independent person about your concerns, you can contact Murdoch University’s Human Research Ethics Committee on 9360 6677 or email ethics@murdoch.edu.au.

Please read and sign the following declaration.

I, ________________________________, have read the information above and any questions I have asked have been answered to my satisfaction by the researcher. I hereby agree to participate in the interview. I am aware that I can withdraw my consent any time without prejudice. I am also assured that confidentiality and anonymity will be maintained at all times. I agree that research data gathered for this study may be published, provided my name or other information that might identify me is not used.

PARTICIPANT: ______________________________ DATE __________________________

RESEARCHER: ______________________________ DATE __________________________

Thank for your participation,
Irene Ikafa
Appendix III: Information Letter for Participants

Education Research & Academic Programs Office
School of Education & Humanities Building
South Street
MURDOCH WA 6150
Telephone: (08) 9360 6983
Facsimile: (08) 9360 6296
L.Perry@murdoch.edu.au

INFORMATION LETTER FOR PARTICIPANTS

Thank you for your interest in my study and for agreeing to complete the attached questionnaire. Please submit the survey questionnaire in the prepaid envelope provided to you.

As explained in our telephone call, my name is Irene Ikafa and I am undertaking a Doctor of Philosophy degree at Murdoch University. I am investigating the effect of resettlement experiences to Western Australia on African migrants, and the current support services available to them. There are increasing numbers of African people migrating to Australia. Migrants leave their home countries for various reasons. Moving to another country can be positive and exciting, however, some migrants experience significant problems related to adaptation and acculturation. This study may further understandings of the issues affecting African migrants in the wider community.

I estimate that it will take approximately 45 minutes to complete the questionnaire. Your completion of the questionnaire will be seen as consent to participate in this study. Participation in this study is entirely voluntary. You may withdraw at any time without prejudice. All information is treated as confidential and, if you withdraw, all information you have provided will be destroyed. Your anonymity is also assured in that your name and other details that might identify you will not be used in any publication arising from the research.

If you have any questions about this study or you prefer that I am present when you complete the questionnaire, please feel free to contact me on 9582 5513, mobile 0415208619, or email I.Ikafa@murdoch.edu.au.

If you have other concerns, you may also contact my supervisor, Dr Laura Perry, on 9360 6983. If you need to speak to an independent person about your concerns, you can contact Murdoch University’s Human Research Ethics Committee on 9360 6677 or email ethics@murdoch.edu.au.
If you are willing to be interviewed at a venue convenient to you (for approximately 45 minutes) about your experiences of migration, please provide your telephone number in the space below. I will contact you to arrange a suitable time for the interview.

Please write your telephone number here: ______________________________

Your help is appreciated. Thank you very much.

Irene Ikafa
Appendix IV: Information Letter for MSSPs

Education Research & Academic Programs Office  
School of Education & Humanities Building  
South Street  
MURDOCH WA 6150  
Telephone: (08) 9360 6983  
Facsimile: (08) 9360 6296  
L.Perry@murdoch.edu.au  
Education  

1 February 2008  

Dear Sir/Madam  

My name is Irene Ikafa and I am a Staff Development Nurse (Mental Health) at Bentley Health Services and a Registered Nurse at Hollywood Private Hospital. I am currently a PhD student at Murdoch University conducting a study titled *The Effect of Resettlement to Western Australia on the Mental Health of African Migrants and an Evaluation of Current Support Services.*  

There are increasing numbers of ethnic African people migrating to Australia. Migrants leave their home countries for various reasons. While moving to other countries can be positive and exciting, some migrants experience significant problems related to adaptation and acculturation, which may affect their mental health.  

The aim of this study is to investigate the experiences of migration and its effect on the mental health of ethnic African migrants. My study involves collecting information on the needs and experiences of migrants and the support services available to them.  

As a [District Chief Executive Officer], you will be aware of the problems migrants can have to deal with, and how these may be addressed. I realise that your schedule is very busy; however, your input would be of great value to my
study. Therefore, I write to invite you to participate in an interview regarding your experiences with migrants and the current support services available to African migrants to assist with their settlement in Western Australia. The interview will take approximately 20 minutes, and can be held at a mutually agreed location.

Please be assured that confidentiality and anonymity will be maintained at all times. Only my supervisors and I will have access to the collected information. If you have any further queries about the study, please contact me on 9582 5513, mobile 0415208619, or email ireneikafa@iprimus.com.au. If you have any other concerns, you may also contact my supervisors, Dr Laura Perry, on 9360 6983, or Associate Professor Irene Styles on 6488 3353. If you need to speak to an independent person about your concerns, you can contact Murdoch University’s Human Research Ethics Committee on 9360 6677 or email ethics@murdoch.edu.au.

Thank for your attention. I look forward to further communication with you.

Yours sincerely,

Irene Ikafa

RN, RMHN, BSc (Nursing), MSc (Nursing)
Appendix V: Flyer

Are you a black ethnic Sub-Saharan African migrant? Do you speak English?

If your answer is YES to these questions, I would like to invite you to participate in my study. My name is Irene Ikafa, a research student at Murdoch University. I am investigating the migration and settlement experiences of black ethnic Sub-Saharan African men and women now living in Australia. Participation in the study involves completing a questionnaire and perhaps an interview, if you wish. Please be assured that your privacy and anonymity will be maintained at all times.

If you would like to participate in this study, please contact me, Irene Ikafa, on 9582 5513 (work), 0415208619 (mobile) or email I.Ikafa@murdoch.edu.au.
Appendix VI: Survey Questionnaire

Please answer the following questions by filling in or ticking ☑ the box/es that are appropriate for you. Please submit the questionnaire in the prepaid envelope provided to you, and post it—or, if preferred, I can come and collect the completed questionnaire.

1. Please write the last four digits of your telephone number: ________


2. Single ☐ 5. Divorced ☐

3. De facto relationship ☐

4. To which age group do you belong?

1. Under 20 years ☐ 3. 31–40 years ☐ 5. 51–60 years ☐

2. 21–30 years ☐ 4. 41–50 years ☐ 6. Over 60 years ☐

5. How long have you lived in Western Australia? ___ months/years

6. What is your country of origin? __________________________
7. Are you:
   1. A permanent resident of Australia ☐
   2. An Australian citizen ☐
   3. Neither ☐

8. What is your area postal code? ______________________

The following questions relate to your education and resettlement. Please tick the appropriate box/s ☑ or write in the spaces provided.

9. How old were you when you left school? ____________ years

10. Did you attend a secondary school? 1. Yes ☐ 2. No ☐

11. Do you have a college or university education from your country of origin? 1. Yes ☐ 2. No ☐

If YES, what are your qualifications? ______________________

12. Since you migrated to Australia, have you obtained any education qualifications? Please give details. _______________

13. Before coming to Australia, did you do anything to make your settlement in Australia easier?

   1. Not at all ☐ 3. To some extent ☐
   2. A little ☐ 4. A great deal ☐
14. Listed below are the possible reasons why you left your country of origin to settle in Australia. Please tick ☑ the reasons why you left. Tick all relevant boxes.

1. Instability in my homeland ☐
2. Civil war ☐
3. My family was under threat ☐
4. Better life opportunities ☐
5. Cleaner environment ☐
6. Other reasons:

The following questions relate to your preparation for migration.

15. Did you use any of the following pre-migration strategies prior to migrating to Australia? Please tick the appropriate box/es ☑.

<table>
<thead>
<tr>
<th>Pre-migration strategy</th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>Talking to people who had been to Australia</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Investigating employment opportunities using the internet</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Reading books/Australia newspapers</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Watching television programs and films about Australia</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Contacting people living in Australia</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

16. Do you have children? 1. Yes ☐ 2. No ☐

If YES, go to Question 17, If NO go to Question 21.
17. If you have children, please fill the boxes below with their ages, whether they live with you, and the country in which they were born.

<table>
<thead>
<tr>
<th>Child number</th>
<th>Age</th>
<th>Country of birth</th>
<th>Do they live with you?</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
<td></td>
<td>Yes / No</td>
</tr>
<tr>
<td>2</td>
<td></td>
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<td>Yes / No</td>
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<td>3</td>
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<td>Yes / No</td>
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<td>6</td>
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<td>Yes / No</td>
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<td>7</td>
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<td>Yes / No</td>
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<td>8</td>
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<td>Yes / No</td>
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<tr>
<td>9</td>
<td></td>
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<td>Yes / No</td>
</tr>
<tr>
<td>10</td>
<td></td>
<td></td>
<td>Yes / No</td>
</tr>
</tbody>
</table>

18. If any of your children do not live with you, do they:

1. Live close by ☐  
2. Live some distance away ☐  
3. Live overseas ☐

19. Do you feel supported by your children?

1. Not at all ☐  
2. Sometimes ☐  
3. Often ☐  
4. Very often ☐

20. Do you feel supported by your family?

1. Not at all ☐  
2. Sometimes ☐  
3. Often ☐  
4. Very often ☐

The following questions relate to your employment in your homeland and Australia.

21. Before you came to Australia, what was your profession/occupation in your homeland? ____________________________
22. Please tick the appropriate box ☑ that describes your employment status:

1. I am currently employed in my usual profession/occupation. ☑ Go Question 23.

2. I am currently employed, but not in my usual profession/occupation. ☐ Go to Question 24.

3. I am currently unemployed. ☐ Go to Question 25.

23. If you are employed in your usual profession, please tick all box/es ☑ that apply to you:

   1. Had difficulties finding employment ☐
   2. Happy with work and feel supported ☐
   3. The pay is sufficient to support family ☐
   4. Able to rent a home with my current pay ☐
   5. Plan to buy my own home in the future ☐
   6. Own my home with or without a mortgage ☐

Please comment if you wish_____________________

Now please Go to Question 26.

24. If you are not employed in your usual profession, please tick all box/es ☑ that apply to you:

   1. Qualification/s from country of origin not recognised here ☐
   2. Qualification/s gained in Australia have not helped me ☐
   3. Was employed, but had difficulty in workplace ☐
4. Lack of transport ☐
5. Other reasons ______________________________

Please comment if you wish___________________________

Now please go to Question 26.

25. If you are currently unemployed, please tick the box/es ☑ that apply to you:
   1. Caring for family and/or other significant person ☐
   2. Language barrier ☐
   3. Apprehensive about working in a strange place ☐
   4. Difficulties finding employment ☐
   5. Have chosen not to work ☐

Please comment if you wish___________________________

26. In general, how do you cope with problems or difficult situations? Please tick ☑ the box/es that are appropriate for you:
   1. I talk to family members ☐
   2. I talk to close friends ☐
   3. I go to a church/mosque to strengthen my faith ☐
   4. I seek professional advice/help ☐
   5. I do many things to occupy my mind ☐

Please comment if you wish ______________________

The following questions relate to your general health. Please tick ☑ the box/es that are appropriate for you.
27. Do you suffer from any of the following conditions?

1. Diabetes
2. Asthma
3. High blood pressure
4. Anxiety disorder
5. Migraine headache
6. Depression
7. Other

________________________________________________________

28. If you are taking any medication for any of the conditions, how long have you been taking this medication? __________

29. How many cigarettes do you smoke a day?

1. None or very rarely
2. One to four per day
3. Five to 10 per day
4. Ten to 15 per day
5. Fifteen to 20 per day
6. More than 20 per day

30. How many alcoholic drinks do you drink per week?

1. None or very rarely
2. Two to three drinks
3. Four to seven per week
4. Eight to 14 per week
5. Fifteen or more per week

If you wish, please make further comments about your health:

________________________________________________________
The following statements relate to how you feel about your future.

31. Please tick ☑ the box/es that are appropriate for you:

1. I feel my future is secure and safe
2. I will be able to make my own choices in life
3. I feel I could fulfil my dreams and goals
4. I am optimistic about my future
5. I feel I will be self-reliant in future
6. I feel I will be cut off from other people

These statements relate to your mental health and how you feel now about your life.

32. Please read each statement carefully and circle the response that is appropriate for you. Each number represents a response.

<table>
<thead>
<tr>
<th></th>
<th>1 Strongly disagree</th>
<th>2 Disagree</th>
<th>3 Agree</th>
<th>4 Strongly agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>I am sad or unhappy</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I have lost interest in others and activities</td>
<td>1 2 3 4</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I cannot make decisions anymore</td>
<td>1 2 3 4</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I feel as though I am bad or worthless</td>
<td>1 2 3 4</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I feel I am a failure as a person</td>
<td>1 2 4 4</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
The following questions relate to support services.

33. Since coming to Australia, have you used any support services to help you?

1. Yes ☐ 2. No ☐

If No, go to Question 35.

If Yes, Please tick the following box/es ☐ to indicate the degree of help obtained from different support services.

<table>
<thead>
<tr>
<th></th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
</tr>
</thead>
<tbody>
<tr>
<td>Helped a little</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Helpful</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Helped a great deal</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

1. Centrelink ☐ ☐ ☐ ☐
2. Homeswest/or rental support ☐ ☐ ☐ ☐
3. Mental health services ☐ ☐ ☐ ☐
4. Hospital emergency services ☐ ☐ ☐ ☐
5. Employment agencies ☐ ☐ ☐ ☐
6. Health services ☐ ☐ ☐ ☐
7. Church/mosque ☐ ☐ ☐ ☐
8. Migrant Resource Centres ☐ ☐ ☐ ☐
34. Could you suggest any changes that might improve any of these services?

________________________________________________________________________

35. If you said No to Question 33, please comment on your reasons for not accessing support services. ______________________________

Please write any further comments related to your resettlement experiences, if you wish:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________
Appendix VII: Interview Questions for African Migrant Participants

Resettlement Experiences

- What factors influenced your decision to migrate to Australia?
- What are the advantages of migrating to Australia?
- What are the disadvantages of migrating to Australia?
- What were your first reactions on arrival in Australia?
- Have these impressions changed in any way? Explain.
- What were your first reactions to Australians?
- Have these reactions changed? Explain.
- Do you feel well integrated into the Australian way of life? Explain.
- After migration, how do you now feel about your future?

Challenges to Resettlement

- Do you think there are barriers in the way of African migrants trying to successfully settle in Australia? If so, what in particular?
- What sort of difficulties, problems or conflicts did/do you encounter, if any?
- Think of one difficult situation since coming to Australia. How did you cope with it?
- How have your children reacted to migration? Do you have any particular concerns for them? If so, how have you coped with these? What effect has this had on you?
Stressors and Coping Strategies

- In what way do your family or friends play a part in dealing with difficult situations?
- Do you belong to a community group, church or other support organisation? If so, what role have these played in helping you settle?
- Do you feel your migration has affected your physical and mental health? If so, how?

Settlement Support Services

- Were/are you able to access support services easily?
- What type of information did you receive regarding support services when you arrived in Australia?
- Could you suggest any changes that might improve support services?
Appendix VIII: Interview Questions for MSSPs Participants.

Migrant Needs

- Have you identified specific needs common to ethnic African migrants? If so, can you give some examples?
- Have you identified difficulties affecting African migrants? If so, can you give some examples? How do you deal with such situations?
- Do African migrants have particular strengths that help them cope with migration?

Settlement Support Services

- Have you noticed any changes in the number of different ethnic groups coming to Western Australia?
- Are there any changes over the last five years that have influenced you to change the level of support? If so, can you give some examples?
- In what way are various ethnic groups informed about social support services?
- Would you say that support services are easily accessible to migrants?
- What information and assistance do newly arrived migrants receive?
- Are there ways in which you could or do encourage migrants to be involved in policymaking and evaluating support services?
- Are there any improvements to current support services that you would like to put in place?