

HeALTHY FaMiLiES HeRE & NoW

the impact of **migration** on the emotional **wellbeing** of
migrants and **refugees** in **manningham**



a report identifying the service needs
of new arrivals to promote
emotional wellbeing & healthy families

June 2003

Funded by the City of Manningham Community Grants Program

acknowledgements

Special thanks to the Women's Health East team, particularly Ruth Barr for her support and guidance.

A sincere thank you to Migrant Information Centre staff Judy McDougall, Safieh Loulagar and Wanling Zhang for their input and willingness to share their knowledge, insight and time.

Thank you to the members of the Chinese, Iranian, South African and Arabic-speaking communities who contributed their knowledge and experiences.

Women's Health East Healthy Families Here & Now: the Impact of Migration on the Emotional Wellbeing of Migrants and Refugees in Manningham

Publication by Michelle Bollhorst & Emily O'Hara, Women's Health East
June 2003

For further information contact:

Women's Health East
28 Warrandyte Rd
Ringwood 3134
Telephone: 9879 2199
Fax: 9879 6519
health@whe.org.au
www.whe.org.au

Migrant Information Centre (Eastern Melbourne)
333 Mitcham Rd
Mitcham 3132
Telephone: 9873 1666
Fac: 9873 2911
mic@miceastmelb.com.au
www.miceastmelb.com.au

table of contents

Executive Summary	1
1 Introduction	3
2 Methodology	3
3 Profile of overseas born residents	4
3.1 % born overseas	4
3.2 Country of birth	4
3.3 Languages spoken at home	5
3.4 Languages of migrants	6
3.5 Countries of birth by migration stream	6
4 Migrants' needs and issues – an overview	7
5 Migration issues and emotional health	10
5.1 Social determinants of health	10
5.2 Mental and emotional wellbeing defined	10
5.3 Grief, loss and trauma	11
5.4 English proficiency and language barriers	11
5.5 Access to information and services	12
5.6 Social support networks	13
5.7 Housing and accommodation	14
5.8 Income and social status	14
5.9 Employment	15
5.10 Culture and religion	15
6 Supports in settlement	17
7 Strategies for improving the health and wellbeing of migrants	19
7.1 Increasing social supports...	19
7.2 Improving migrant awareness...	20
7.3 Enhancing community awareness...	21
8 Bibliography	23
Appendix 1	25

figures & tables

Figure 1 Born overseas	4
Figure 2 Country of birth	5
Figure 3 Languages spoken at home	5
Figure 4 Factors impacting on the health of migrants	9
Table 1 Languages of migrants	6
Table 2 Countries of birth by migration stream	7
Table 3 Religious diversity	16

executive summary

Women's Health East (WHE) received funding from the City of Manningham Community Grants Program 2002 to undertake a project to 'increase the awareness of the community and service providers about the issues and needs of new arrivals'.

This report is the result of consultative and secondary research, carried out by WHE with the Migrant Information Centre (Eastern Melbourne) (MIC), that examined the impact of migration on the wellbeing of new arrivals, particularly emotional wellbeing.

The report identifies:

- The major social factors, migration issues and settlement issues that affect the health and wellbeing of migrants and new arrivals
- The impact of migration on the emotional wellbeing of new arrivals in the context of the Manningham area
- Strategies for improving the health and wellbeing of migrants and new arrivals in the City of Manningham

The findings of the community consultation show that newly-arrived migrants in the City of Manningham experience several significant issues that impact on their overall health and wellbeing:

- Isolation and lack of knowledge about Australian society on arrival has led to an expressed need for more social support and connection with their community
- Lack of awareness of the services available to them in their settlement period, and inadequate communication from services relating to the functions and accessibility of services, has led to difficulties accessing and utilising services
- There is a lack of community awareness around migration issues and cultural diversity, resulting in experiences of discrimination and lack of equal opportunity for newly-arrived migrants.

recommendations

Based on the issues identified as impacting on migrants' emotional wellbeing and settlement success, a number of broad recommendations have been made for service providers to implement to better meet the needs of migrants. These have been developed around three goals:

goal 1 To increase social supports and community connections for newly-arrived migrants

strategies

- a) Redirect funding and service delivery towards social support programs and services, for example, holding groups to teach new migrants about living in Australian society/the City of Manningham;

- b) Develop and implement programs and services that increase social support for migrants, such as a visiting program to welcome migrants to the area.

goal 2 To increase migrant awareness about the availability of services and their range of functions and services provided.

strategies

- a) Promote services to newly-arrived migrants through culturally-appropriate mediums, including ethnic specific newspapers and radio, and displays in shopping centres and libraries;
- b) Provide migrants with appropriate and accessible information, that takes into account the effects of language and cultural differences in understanding materials.

goal 3 To increase community and service provider awareness of migration, cultural diversity and settlement issues.

strategies

- a) Redirect funding and service planning to develop programs that incorporate elements of raising community awareness through education and strengthening social and community connectedness, for example, family picnics and multicultural days;
- b) Increase service provider involvement in training and professional development opportunities around issues of migration and culturally-appropriate service delivery, for example, training provided by the Migrant Information Centre.

1 introduction

Overseas-born residents account for 38% of the population of the City of Manningham (ABS Census 2001).

This report presents the findings of a research project conducted by Women's Health East and Migrant Information Centre to identify the issues and needs of this community. The report outlines some of the key issues for migrant communities, with particular emphasis on emotional wellbeing.

Both government and non-government organisations need to be aware of the issues and needs of migrants in order to provide more effective services to migrants, and better support for new arrivals residing in the Manningham area. This greater awareness is essential in planning and policy development and will help to inform funding decisions.

2 methodology

The methodology of this research project had two aspects: A review was undertaken of some of the literature concerning settlement, and this was used to provide a context for consultations with members of newly-arrived migrant communities in Manningham.

The groups that were selected for consultation were members of the South African, Chinese, Iranian and Arabic-speaking communities. These were selected for participation because they are fast-growing new settling groups, and because they are understood to have recent and often unmet needs. In the focus groups people were invited to reflect on their experience and to identify their concerns around the impact of migration on their emotional wellbeing, as well as the effectiveness and appropriateness of the supports they had received during their initial settlement period. 23 people participated in 4 consultations and focus groups, during the period April – May 2003. The themes in these discussions were recorded and form the basis of this report.

There are obvious limitations to this research. There was a particular focus on 'expressed' or 'felt' needs, and the number of migrants consulted was relatively small. The majority of those consulted were women, who 'self selected' to participate in the discussions. Their views may not be representative of other members of their communities.

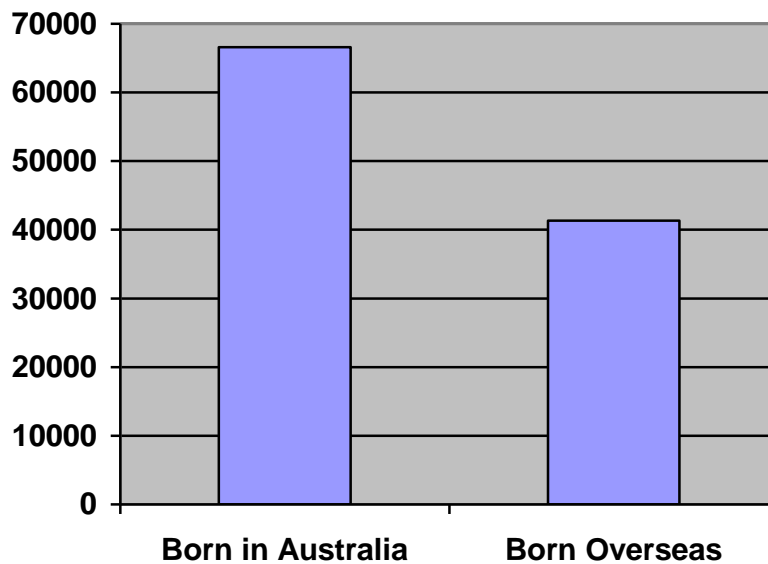
A demographic profile of the focus group participants, is provided at Appendix 1.

3 profile of overseas born residents

3.1 % born overseas

Of the 107,923 people living in the City of Manningham, 41,334 (38.3%) were born overseas (ABS Census 2001).

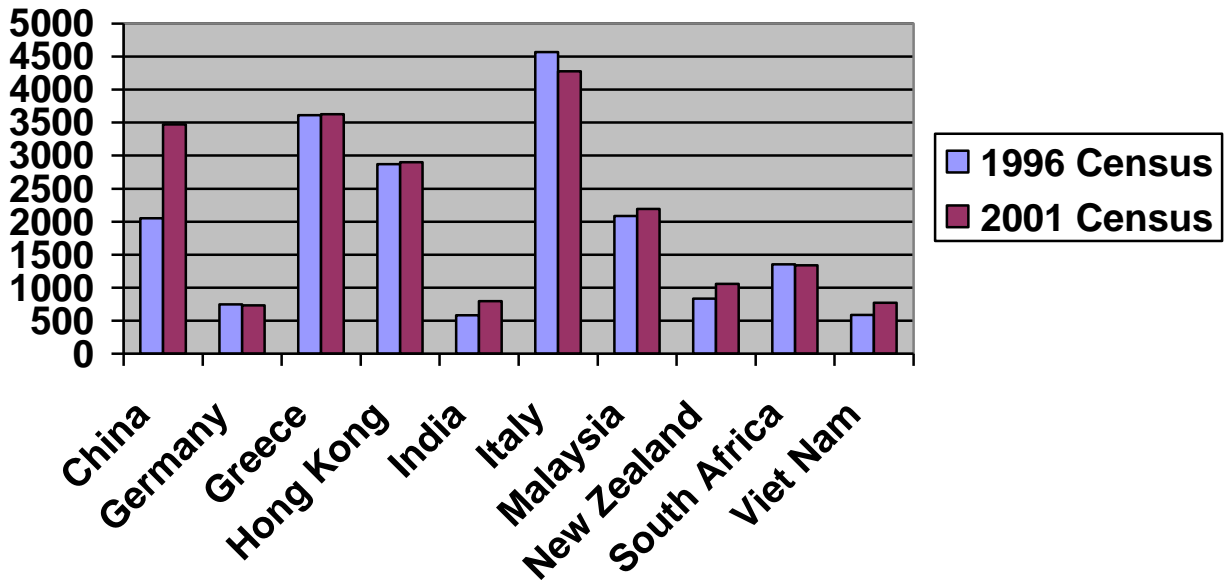
figure 1 born overseas



3.2 country of birth

Figure 2 (below) shows the top 10 countries of birth for residents in Manningham for 1996 and 2001, apart from Australia and England (ABS Census 1996 & 2001). In 2001 Italy, Greece and China were three main countries of birth, with 4335, 3625 and 3481 residents born in those countries respectively, followed by Hong Kong, Malaysia and South Africa. The largest difference in country of birth (i.e. fastest growing population) is the Chinese population.

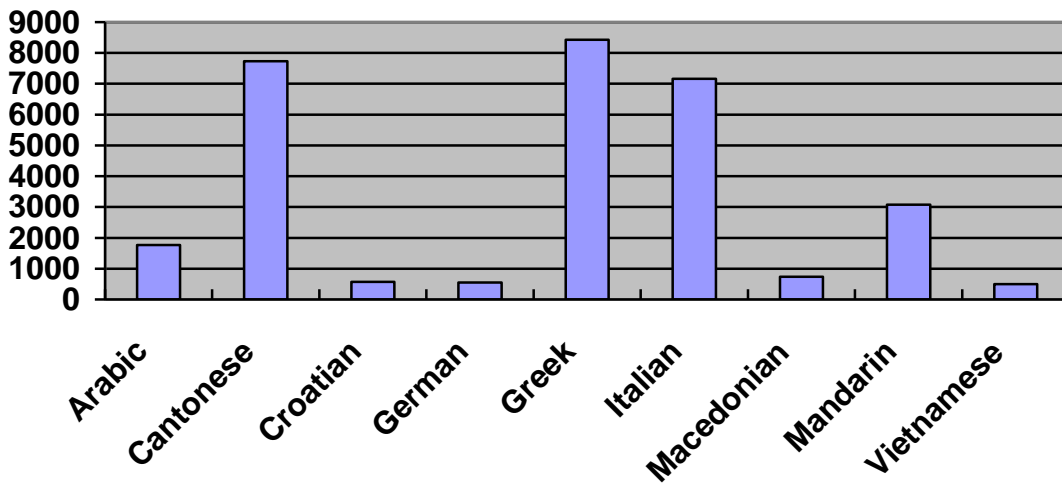
figure 2 country of birth



3.3 languages spoken at home

According to the 2001 Census, 35% (37,696) of the population of the City of Manningham speaks a language other than English at home. The most common languages spoken at home other than English were Greek and Italian (15,596 in total) and Chinese languages (10,810 in total), followed by Arabic (1769).

figure 3 languages spoken at home



3.4 languages of migrants

Table 1 below indicates the languages spoken by migrants that arrived in the City of Manningham between February 2000 and February 2003. The main languages spoken are English, Chinese languages, Indonesian, Arabic and Farsi.

table 1 languages of migrants

Language	Number of Settlers	% of Settlers
English	426	38.5
Mandarin	142	12.8
Chinese (nfd)	112	10.1
Cantonese	101	9.1
Indonesian	68	6.1
Arabic (inc Lebanese)	50	4.5
Persian/Farsi/Dari	37	3.3
Korean	16	1.4
Italian	13	1.2
Russian	9	0.8
Others	132	11.9
Total Language Known	1,106	87.24
Language Unknown	163	12.76
Total	1,278	100

Source: DIMIA Settlement Database

3.5 countries of birth by migration stream

In the period 2000 to 2003, a total of 1,268 migrants arrived and settled in the City of Manningham. Most settlers came from China, Malaysia and Hong Kong. The majority of humanitarian entrants were from Sudan and Iran. Skilled migrants were mostly made up of Malaysians.

table 2 countries of birth by migration stream

Country of birth	Humanitarian	Family	Skill	Special/Other	Total
China (exc Taiwan and SARs)	0	116	96	1	213
Malaysia	0	26	166	0	192
Hong Kong (SAR of China)	0	28	71	0	99
Indonesia	0	6	75	0	81
South Africa	0	4	75	0	79
Singapore	0	3	70	0	73
Taiwan	0	5	52	0	57
India	0	10	39	0	49
Iran	15	10	18	0	43
United Kingdom	0	16	12	0	28
Egypt	5	6	10	0	21
Sri Lanka	0	1	20	0	21
Korea (South)	0	3	15	0	18
Sudan	17	0	0	0	17
Zimbabwe	0	0	16	0	16
Philippines	0	7	7	0	14
USA	0	10	2	2	14
Fiji	0	1	12	0	13
Italy	0	6	5	2	13
Pakistan	0	3	10	0	13

Source: DIMIA Settlement Database

4 migrants' needs and issues – an overview

Migrants come from different countries around the world, and thus come from different political, economic and social environments. Migrants enter Australia with different visas, some of the most common being the Business Skills / Skilled Stream, Preferential Family, Concessional Family, Independent and Humanitarian visas (DIMIA, 2003).

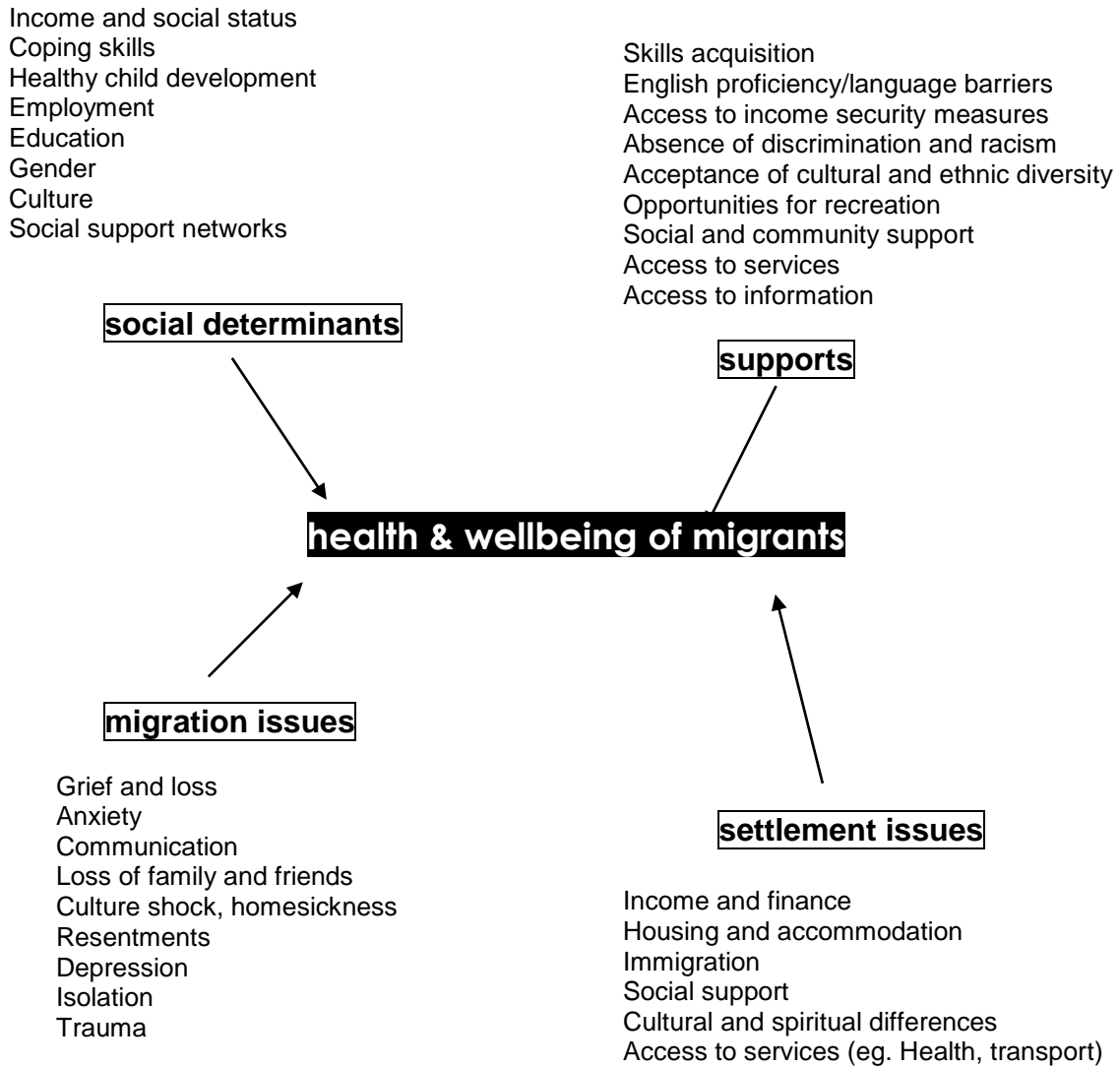
In 1999-2000 the Department for Immigration, Multiculturalism and Indigenous Affairs' (DIMIA) undertook a Longitudinal Study of Immigrants to Australia (LSIA). This study found that for settlers in Australia, the types of help required since migration were: looking for work, financial matters, taxation, housing and accommodation, education and training, qualifications recognition, learning English, interpreting, translating written documents, information about immigration sponsorship, legal advice, social security services, health services and insurance, child minding, aged care, and torture and trauma counseling. The most frequent of these enquiries related to employment, social security services, taxation, housing and learning English (DIMIA, 2001).

Newly-arrived migrants and refugees need information and assistance to enroll in English classes, apply for Medicare, open a bank account, obtain a tax file number, find and rent accommodation, find employment, and gain information on how to enroll children in schools. The Migrant Information Centre (Eastern Melbourne) (MIC) assists migrants in Manningham (and the whole eastern region of Melbourne) with their settlement needs.

Migrants also have to learn to adjust to new ways of living, cultural differences, dealing with bureaucratic organisations and the use of technology.

The range of factors influencing migration experience can be summarised in the following model (Figure 4).

figure 4 factors impacting on the health & wellbeing of migrants



5 migration issues and emotional health

5.1 social determinants of health

It is recognised through the population health approach that any analysis of the health of a population group must extend beyond an assessment of traditional health status indicators like death, disease and disability. Rather, an approach is required that analyses indicators related to mental and social wellbeing, quality of life, life satisfaction, income, employment and working condition, education and other factors (Health Canada, 2003). The impact of migration on emotional health and wellbeing is a topic that therefore needs to be explored from a population health perspective, in order to promote and provide effective and appropriate services and understand the issues identified by migrants. A broad intersectoral view of the services that support new arrivals in the settlement process needs to be adopted, rather than simply focusing on health services.

The ‘Social Model of Health’ is a framework that attributes health outcomes to various social, economic, environmental and individual risk and protective factors. This concept of health is positive, signifying more than the absence of disease: the state of complete physical, mental and social wellbeing. Health is “the capacity of people to adapt to, respond to, or control life’s challenges and changes” (Frankish, et al., 1996).

5.2 mental and emotional wellbeing defined

It has been identified in past MIC research that the wellbeing of migrants is affected by their physical and mental health and that of their families (MIC, 1999). The migrants that were consulted in this research confirmed this, in their discussions of what mental and emotional wellbeing meant to them.

The Chinese women indicated that it was factors such as being able to cope with stress, finding different ways to solve problems, having normal social skills, self esteem, attending group activities, having many friends, being physically healthy and having healthy hobbies. They also described their happiness as being based on having a successful career – not necessarily in terms of paid employment, but meaning having a successful happy family. Contentment was expressed as being based on having a healthy, functional family structure and environment, for example, children respecting parents and parents loving children. Another aspect of emotional wellbeing is being able to exhibit self control, that is, controlling their own emotions.

For Muslim women from Arabic speaking backgrounds, emotional wellbeing is dependent upon physical health, the emotional well being of their husbands and children, independence and a sense of belonging within the community. It also meant being able to adjust to community life in Australia.

Similar ideas were expressed by the South African women, one of whom said that her mental and emotional wellbeing was determined by the happiness of her family:

If they're not happy, I'm not happy. My main priority is to get my family settled and happy. There's a lot of stress when you first come here, especially if you don't speak the language.

Iranians described their emotional wellbeing as relating to having good relationships with their family, a good and financially sufficient income, being active in society and able to control and adjust to situations in difficult times.

5.3 grief, loss and trauma

Emotional issues can create barriers to overall wellbeing. There can be significant trauma associated with migration, particularly in cases of forced migration or for those originating from war-torn countries. There can also be a great deal of grief experienced by migrants, and a sense of loss over one's family, friends and community. There may also be some sense of loss over the leaving of a country and its familiarity. It can be frustrating and exhausting to learn everything anew, especially if the person cannot speak English with ease.

A significant proportion of new arrivals to Australia are from conflict zones around the world, and have been exposed to extreme stress and disruption prior to migration, including torture, persecution, cultural dispossession, deprivation of basic resources, and separation from family members (VicHealth, 2003).

The Longitudinal Survey of Immigrants to Australia (LSIA) demonstrates that many current entrants under the Humanitarian Program have experienced profound emotional, physical and psychological distress, in addition to disruptions to their education and working lives. These people experience low levels of employment, low workforce participation rates, lower levels of income, more health problems and psychological distress (DIMIA, 2001).

The reason for leaving one's home country can have enormous ramifications for a person's emotional and mental wellbeing. Many leave in order to provide a better future for their children. This is true for the South African women who left because of crime and violence in South Africa. The situation for white South Africans was very volatile at the time they left, with little opportunity in terms of education and employment.

5.4 english proficiency and language barriers

The lack of English proficiency is possibly the most significant challenge for migrants, and can create a barrier in all other aspects of settlement. In the LSIA survey (DIMIA, 2001), the ability to communicate in English was found to be associated with labour

market success, accessing education and training opportunities, gaining information about services and finding suitable housing.

All four migrant groups consulted confirmed that language and communication is one of the most important factors in determining the success of settlement and the ability to cope with change and stress at this time. The Chinese women mentioned that it wasn't only a matter of speaking English, accents were also a problem, and they were concerned that people wouldn't listen and try to understand them.

5.5 access to information and services

Information required by migrants includes information about health services, Medicare, immigration issues, the sponsorship of relatives, Centrelink, housing, education, schools for children, employment, skills and qualifications recognition, legal aid information, transport and childcare. Obtaining translated materials is of particular importance for new arrivals, as well as information being produced in simple, non-jargon language.

The Department of Immigration and Multicultural and Indigenous Affairs provides a *Welcome to Victoria* booklet in a range of community languages on their web site www.immi.gov.au. This booklet provides a summary of services in Victoria and a checklist on what new arrivals need to do when they first arrive e.g. open a bank account, register with Centrelink, apply for a Tax File Number and a Health Care Card etc. DIMIA funds settlement services through the MIC for the Eastern Region for new arrivals who arrive under the Refugee and Humanitarian Program. This service involves the allocation of a caseworker who advises the new arrivals on services in the local area and assists them to access these services. People who arrive under other visa categories such as skilled migration, family reunion, and business sponsorship are expected to be able to access this information themselves.

Many of the Chinese migrants felt they did not understand what kinds of services and assistance is provided by the organisations relevant to them. They felt confused about roles of different services because often these services do not explain their functions to prospective users. Some participants were only able to access part of a service and did not know of other services that could have been helpful.

The South African women described their difficulty in opening a bank account. Other necessary tasks were found to be difficult due to lack of basic instruction and communication difficulties. The women also did not know where to look for a GP, and did not receive a welcome package on arrival. They had to do their own searches in the Yellow Pages and on the Internet. They had problems with buying medicines and did not know of any of the brands.

It was also noted that even when they knew of the services available, differing concepts of what they were used for, created difficulties.

5.6 social support networks

Social isolation has been identified, in a previous study by MIC, as a problem for migrants of all generations, as it increases feelings of loneliness, depression and ill-health (MIC, 2002). Support from families, friends and communities is associated with better health and wellbeing. Good social relations and strong supportive networks improve health at home, at work, and in the community, all of which contribute to a sense of control for migrants.

Social support gives people the emotional and practical resources they need. Belonging to a social network of communication and mutual obligation makes people feel cared for, loved, esteemed, and valued, which has a powerful protective effect on health. Strong social support networks are vitally important for migrants of refugee backgrounds, who are more likely to have lost or been separated from members of their family (MIC, 2002).

In instances where the new migrants were not located in close proximity to facilities and relatives, issues of isolation arose. Living far from 'culture groceries' and having to travel long distances to connect to their community created feelings of loneliness and isolation, particularly in the early period of settlement. Some of the Chinese participants had experienced race discrimination from their neighbours, further causing stress and fear.

The Arabic-speaking group discussed feelings of loneliness and isolation when they first arrived in Australia, which were compounded by the lack of proficiency in English language skills and women being at home with children. They felt that men and school-aged children were better able to adjust and learn about the new community because they were able to meet and mix with other Australians. They identified the difficulty many women feel when trying to adjust to the new life and especially the belief that "*other women adjust so I must too*". Much discussion focused on the "*need for women to want to adjust and to accept that the life they had back home would be different in Australia*".

To overcome these feelings the group stressed the need for individuals to adjust and to make links within the broader community. Many were able to meet other people from the same background and join existing social groups. However, one participant initially settled with her family in a rural area where they were the only family from an Arabic background living in the town. This family was able to make friends and link into the Australian community.

Linking into the community was seen as paramount to maintaining emotional wellbeing regardless of whether the community is of the same ethnic background. However, the group felt that women's emotional health was centred around the feelings of their husbands and children, and not themselves as individuals. Sufficient family income, appropriate housing, career opportunities for their husbands and education for their children all impacted profoundly on their sense of wellbeing.

Interestingly, a significant number of migrants arriving in the City of Manningham in recent years, are in families of one person only (DIMIA Settlement Database, 2003). This suggests strongly the need for social supports for this group.

5.7 housing and accommodation

Locating and securing affordable and suitable housing is one of the major tasks undertaken by migrants in their early settlement years. LSIA data indicated that approximately nine out of ten migrants lived in shared accommodation with either relatives or friends when they first arrived in Australia (DIMIA, 2001).

Because of low income and the lack of housing rental history and references, many participants found that they had difficulties accessing rental housing when they first arrived. The Chinese women consulted had had to stay with friends and relatives, causing problems and conflicts that impacted on their emotional wellbeing. For the Iranian and South African women, finding a suitable home was very important. The South African women had difficulties with finding rental properties.

5.8 income and social status

It is now well-established that higher income and social status are associated with better health. High income determines living conditions such as safe housing and ability to buy sufficient good food (Health Canada, 2003). Many diseases and causes of death are more common lower down the social hierarchy, reflecting material disadvantage, financial insecurity, and lack of control. New settlers often experience a short to medium term setback in their personal economic circumstances; Starting out again can be very financially straining, raising issues of insecurity. This adds to the already existing stress of settlement. With a lower level of income, and lack of knowledge about support services within the area, the health and wellbeing of new arrivals can suffer (Wilkinson and Marmot, 1999).

According to one Chinese woman from the Manningham region, family income changed a lot after migrating, causing stress:

Because of the two year waiting period, we did not have access to the Centrelink income other than family allowance. When both of us could not find the work at the first few months, we had to live on our savings. Every day, I found our saving lesser and lesser, and had so many bills to be paid, and I worried that one day we would end up no money left, and our children would not have enough food to eat. The emotional stress was very big, certainly affected my health and the relationship between me and my husband.

These concerns were also raised by the South African women, who recalled the immense cost of purchasing furniture and basic household items at a time of acute financial stress. These families were also involved in a range of expenses associated with gaining permanent residency, estimated by one family to be approximately \$10,000.

The Iranian women stated that income affects the way they live, how to budget, where to go and all other aspects of life.

5.9 employment

Another important social determinant of migrant health and wellbeing relates to work and employment. Unemployment, underemployment, stressful or unsafe work are associated with poorer health (Wilkinson and Marmot, 1998).

There is often difficulty finding work in Australia, including in the City of Manningham, and this leads to loss of hope and self-esteem. New arrivals in Australia may find that their skills and qualifications are not recognised, leading to difficulties in securing any job, let alone a job from which they receive personal satisfaction. Difficulties in securing work can also lead to role changes in the family, which in turn add to adjustment problems:

As a wife, when husband could not find the job, I had to support him, and tried to hide my own emotion, which causes a lot of stress. – Chinese woman

When their husbands are at home without employment, there are many issues around financial difficulties, relationship problems, and self-esteem, according to the Arabic-speaking women.

5.10 culture & religion

Social exclusion is a major factor of settlement, and can impact significantly on mental and emotional wellbeing. Marginalisation, stigmatisation, loss or devaluation of language and culture, and lack of access to culturally-appropriate health care and services, increases the health risks to some persons or groups (Health Canada, 2003).

The experience of new arrivals is that they are often excluded from citizenship and opportunities for work and education. This, combined with racism, discrimination and hostility can adversely affect emotional wellbeing.

Some women reported difficulty adjusting to the difference in culture. Some Arabic women said they felt as though they have more freedom here, but were losing control over their family. Comparatively, there were few places to express their religion and spirituality. There were also cultural differences in the education system, and women sometimes found it difficult to accept the nature of sex education in Australian school systems.

A major factor that has impacted on Arabic speaking women's emotional wellbeing in the Australian Muslim community related to women's fears of harassment due to their religious beliefs from non Muslim Australians. The group discussed the fear that many Muslim women from their community have experienced due to negative stereotypes of Muslims in Australian media and recent world events. Some women reported being

afraid to go out or to allow their children to go out for fear of harassment or threatening behaviour from the wider community.

There were also significant challenges associated with the adjustment to different roles for women in their families. For instance, as was discussed in the Iranian consultation:

My husband used to be the breadwinner; now he is at home and does the home duties.

These Iranian women went on to identify how values and traditions are also different between Australian and Iranian society. They felt that they have to be more flexible now, and that they were losing control of their children. They also identified feelings of pressure between parents and children as a result of society and the changes they have experienced.

You gain some things, you lose some other things.

In terms of spiritual life, the Iranian women expressed concerns over lack of support to pursue their religion and participate in their faith community.

table 3 religious diversity among new arrivals in manningham

Religion	Number of settlers
No Religion (nfd)	257
Christian (nfd)	176
Buddhism	106
Catholic (nec)	78
Islam	58
Hinduism	38
Catholic/Western Catholic	30
Anglican	22
Baha'i Faith	18
Coptic Orthodox Church	18
Others	79
Total Religion Known	880
Religion Unknown	398
Total	1,278

Source: DIMIA Settlement Database

6 supports in settlement

There is a general consensus in the literature that an optimum health promoting environment is one in which new arrivals are able to access the resources of mainstream society, while at the same time maintaining their cultural and religious integrity (Ferguson & Browne, 1991; VicHealth, 2003). Of particular importance for entrants from refugee-like situations is the establishment of safety, autonomy and control. The following specific factors have been identified as assisting new arrivals to attain optimal mental and emotional health (VicHealth, 2003; Ferguson & Browne, 1991):

- Acquisition of English
- The ability to access, understand and negotiate basic systems and resources for survival (eg. Health care, entitlements, employment, income security benefits, transport and banking)
- Access to income security measures, housing and employment
- A positive reception by the host community, including the absence of discrimination
- An environment in which cultural, religious and ethnic diversity is valued and promoted
- Equality of access to resources for mental and emotional health, including education, employment and housing
- The availability of social support through either the host or ethnic community
- Opportunities for recreation
- The availability of meaningful personal relationships through family and friendships
- Support to deal with the consequences of trauma and torture where required.

In the early period of settlement, the Chinese migrants relied considerably on services such as:

- Migrant Information Centre
- Chinese Community Social Services
- Centrelink Employment Service

Of particular assistance were information sessions provided by Centrelink about finding jobs. The Adult Migrant English Program was also regarded as a resourceful place for new arrivals wanting to find information about various services.

In terms of support the Chinese women would have like to receive in their settlement period, the Chinese women said:

- Language/interpreter services
- Volunteer services, that is, receiving volunteer services and also working as a volunteer to obtain work experience

- Transport, ie. How to get a driver's license, how to use public transport
- Relevant services promoting themselves through ethnic media, local newspapers, displays in shopping centers and libraries
- Health services, eg. GP in community health centres, counseling.
- Legal services
- Seminars/information sessions on topics of
 - Local Council services
 - Local law
 - Rubbish collection, green waste
 - Responsibilities of property owners
 - How to deal with neighbours if having a conflict
 - Parenting
 - Local school information

The Arabic-speaking group identified community support as the most important assistance they received when they first arrived in Australia. Some were able to link into the Arabic speaking community in Manningham on arrival and to meet other women who could provide them information and practical support on day-to-day living. Gaining independence quickly by learning to drive and to speak English were seen as essential for women to adjust and settle appropriately. They had trouble accessing cultural food, as there are no Halal butchers in Manningham, and needed to travel to Dandenong or Coburg.

The Arabic-speaking women identified the need for a community visiting program in their language for newly arrived families to welcome them to the area. They also identified assistance to teach women to how to use public transport, strategies and programs for coping with fear, and information about available programs and services through a range of different mediums e.g. community forums, ethnic media and council mailing lists.

For the South African women, their main source of information and support in settlement was from other South African people, who had migrated a few years before. One person has set up a website, and they obtained a lot of support through emailing. This method of connecting with the community and finding support in settlement can be difficult if a person arrives without already established contacts. They also received support through the South African shop and churches they attend. However they had not heard of community health services or Migrant Information Centre.

All participants felt that newly-arrived migrants needed more basic information, especially for those with children, as finding schooling and childcare can be an issue. The Iranian women had received useful support from the Red Cross, Salvation Army and church groups, as well as community members and the Migrant Information Centre.

They would have liked to receive more support from volunteers, particularly in the form of visits from their communities. They found transport facilities to be inadequate, especially for elderly people, and felt that families with no English and small children

were geographically isolated. They felt they needed better ways to link in with the community and services.

7 strategies for improving the health and wellbeing of migrants

The emotional wellbeing of new arrivals in the City of Manningham can be improved through a variety of strategies. Based on the issues identified as impacting on migrants' emotional wellbeing and settlement success, a number of recommendations have been made for service providers to implement to better meet the needs of migrants. These have been developed around the following three goals:

- 1) To increase social supports and community connections for newly-arrived migrants
- 2) To improve migrant awareness about the availability of services and their range of functions and services provided
- 3) To enhance community and service provider awareness of migration, cultural diversity and settlement issues

7.1 increasing social supports & community connections for newly-arrived migrants

A theme throughout this research has been the need for improved social support among new arrival groups. This support, leading to lower levels of isolation and loneliness, would decrease the likelihood of new arrivals experiencing difficulties in their settlement process. Building a sense of community and belonging through promoting community support networks is an essential factor in the establishment of a strong, health promoting settlement process in Australia.

Service providers could enhance the emotional wellbeing of migrants by:

- a) Redirecting funding and service delivery towards social support programs and services

Examples:

- Establish groups that teach new migrants about living in Australian society/the City of Manningham. These would connect migrants not only with members of their own ethnicity, but also with other new arrivals from other cultural backgrounds. Assistance and teaching could be provided on issues such as how to use public transport, strategies and programs for coping with fear and about how to access information about available programs and services through a range of different mediums e.g. community forums, ethnic media and council mailing lists.

- Establish various groups targeted at sub-sections of a migrant community, for example, playgroups, women's groups, youth groups, etc. These could be held at locations such as neighbourhood houses and churches.
- Other initiatives such as welcoming BBQs by local churches and clubs would also assist newly arrived migrants to meet other people.

A key aspect to take into account in developing programs such as these, is that churches, mosques and other religious places are an excellent resource for connecting with culturally-diverse communities, as well as for networking and collaborating with church and community leaders in the development of appropriate programs.

- b) Developing and implementing programs and services that increase social support for migrants

Example:

- Develop a program whereby volunteers who have been through their settlement period will visit new arrivals in their homes to welcome them to the area and share knowledge and experience with them. Volunteers who have experienced the difficulties of settlement previously are particularly relevant.

7.2 Improving migrant awareness about the availability of services and the range of functions and services provided

It has become evident through the current study that many new arrivals do not receive education to inform them of their surrounding support services, including those offered by local councils. Without general/basic knowledge of the surrounding area the settlement process is made far more difficult.

Language and cultural barriers can affect access to services by CALD families. Agencies need to promote their services in appropriate languages and target community groups and leaders to ensure newly arrived families become aware of services and how they can assist them.

Strategies to improve this are:

- a) Increasing community awareness of services and how they can assist them through regular promotion in ethnic media

Example:

List of media to promote services to newly-arrived migrants (MIC, 2002):

- Translated brochures

- Pamphlets using simple language
 - Ethnic radio programs
 - Articles in ethnic and local newspapers
 - Articles for community and social club newsletters
 - Promotion through religious leaders and places of worship
 - Information forums held in the social clubs, carers' groups and women's groups
 - Information provided to bilingual GPs and English class teachers in adult learning centers and neighbourhood houses
 - Information provided to volunteers who participate in home visiting schemes
- b) Provision of appropriate and accessible information for migrants, that takes into account the effects of language and cultural differences in understanding materials

Example:

- A simple 'learning kit', outlining the local community's support services, local schools, General Practitioners, hospitals, etc. This would be distributed to new arrivals when they are first settling in the City of Manningham. This would be extremely beneficial for all new arrivals, as it would alleviate the stress of trying to locate appropriate support services without having any prior knowledge of the community.
- A 'welcoming kit' to all new residents as they settle in the local area. This kit could include a directory of services including information about council, Maternal and Child Health, a list of childcare services and local schools.
- Create a welcoming environment through displaying posters that reflect diversity and signs of welcome in community languages in reception areas and offices
- Overcoming language and cultural barriers through increasing staff understanding and respect for cultural diversity, utilising professional interpreters and developing and implementing a bilingual recruitment policy that reflects the demographics of families within the catchment area.

7.3 enhancing community & service provider awareness of migration, cultural diversity and settlement issues

There is a lack of community awareness around migration issues and cultural diversity, resulting in experiences of discrimination and lack of equal opportunity for newly-arrived migrants.

The strategies recommended in this report are to:

- a) Redirect funding and service planning to develop programs that incorporate elements of raising community awareness through education and strengthening social and community connectedness

Example:

- Implement community activities such as multicultural awareness events in community settings (eg. schools, churches, neighbourhood houses)
- b) Increase service provider involvement in training and professional development opportunities around issues of migration and culturally-appropriate service delivery

Example:

- Attend training provided by the Migrant Information Centre and other services
- Seek access to information about migration and cultural diversity

8 Bibliography

Australian Bureau of Statistics, www.abs.gov.au

Department of Immigration & Multicultural & Indigenous Affairs (DIMIA), *Longitudinal Survey of Immigrants to Australia (LSIA)*, 2001.

Department of Immigration & Multicultural & Indigenous Affairs (DIMIA), *Review of Settlement Services for Migrants and Humanitarian Entrants*, 2002.

Department of Immigration & Multicultural & Indigenous Affairs (DIMIA), 2003
Website: www.immi.gov.au, and
Settlement Database, www.immi.gov.au/settle/data/select_dynamic/report.shtml

Ferguson, B. & E. Browne, *Health Care & Immigrants*. MacLennan & Petty, Sydney, 1991.

Frankish, C.J., et al., *Health Impact Assessment as a Tool for Population Health Promotion and Public Policy*. Institute of Health Promotion Research, University of British Columbia, Vancouver, 1996.

Health Canada website
http://www.hcsc.gc.ca/hppb/phdd/determinants/index.html#key_determinants

Migrant Information Centre (Eastern Melbourne), *Making a Future - A report on the Needs of Migrant Communities in the Eastern Region*, Migrant Information Centre (Eastern Melbourne), 1999.

Migrant Information Centre (Eastern Melbourne), *Communication Strategy for Culturally and Linguistically Diverse Background Communities*, 2002.

Migrant Information Centre (Eastern Melbourne), *Supporting Vietnamese Families*, 2002.

Department of Human Services/Women's Health East 2002-2005, *Eastern Metropolitan Region Women's Health Strategy*, 2001.

Nieuwenhuysen, J., Research Papers: Migration and Mental Health, *Multicultural Mental Health*, Australia, 2003.

VicHealth, *New Arrivals, Mental Health and Wellbeing Promotion*, 2003.
www.vichealth.vic.gov.au

Victoria's Mental Health Services, *Mental Illness: The Facts, 2003*.
www.health.vic.gov.au/mentalhealth

Wilkinson, R. & M. Marmot (Eds), *Social Determinants of Health*, Oxford University Press, 1999.

Wilton, Noel.M., *Research Papers: Mental Health Services to People of Non-English Speaking Background: Policy Issues – New South Wales, Multicultural Mental Health*, Australia, 2003.

Women's Health East, *Eastern Region Women's Health Consultation Issues Paper*, Women's Health East, Ringwood, 1998.

appendix 1 **research results**

The women that were consulted had the following demographic data:

Total: 23 women

a) Age

20-29 (1)	50-59 (5)
30-39 (12)	60-69 (1)
40-49 (4)	

b) Country of birth

Iran (5)	Lebanon (2)
South Africa (2)	Abu Dhabi, United Arab Emirates (1)
China (2)	Kuwait (1)
Malaysia (2)	Australia (1)
Hong Kong (6)	
Macau (1)	

c) Years of Arrival

2-3 years (7)	More than 5 years (15)
3-5 years (1)	

d) English Proficiency

Very well (5)	A little (8)
Well (9)	Not at all (1)

e) Marital Status

Single (3)	Married (20)
------------	--------------

f) Number of Children

None (5)	Three children (7)
One child (2)	Four children (1)
Two children (8)	

g) Number of people living in the home

Two people (1)	Five people (7)
Three people (2)	Six people (3)
Four people (6)	No answer (4)

h) Employment status

Home duties (14)	Part time (4)
Unemployed (5)	

i) Emotional wellbeing

Excellent (3)	Not good at all (1)
Good (5)	Not completed (12)
Fair (2)	

