Longing to belong: Social inclusion and wellbeing among youth with refugee backgrounds in the first three years in Melbourne, Australia

Abstract

For young people with refugee backgrounds, establishing a sense of belonging to their family and community, and to their country of resettlement is essential for wellbeing. This paper describes the psychosocial factors associated with subjective health and wellbeing outcomes among a cohort of 97 refugee youth during their first three years in Melbourne, Australia. The findings reported here are drawn from the Good Starts Study, a longitudinal investigation of settlement and wellbeing among refugee youth. The overall aim of Good Starts was to identify the psychosocial factors that assist youth with refugee backgrounds in making a good start in their new country. A particular focus was on key transitions: from pre-arrival to Australia, from the language school to mainstream school, and from mainstream school to higher education or to the workforce. Good Starts used a mix of both method and theory from anthropology and social epidemiology. Using standardized measures of wellbeing and generalised estimating equations with an exchangeable correlation structure to model the predictors of wellbeing over time, this paper reports that key factors strongly associated with wellbeing outcomes are those that can be described as indicators of belonging –the most important being subjective social status in the broader Australian community, perceived discrimination and bullying. We argue that settlement specific policies and programs can ultimately be effective if embedded within a broader socially inclusive society – one that offers real opportunities for youth with refugee backgrounds to flourish.

Introduction

Being a young refugee involves growing up in contexts of violence and uncertainty, experiencing the trauma of loss, and attempting to create a future in an uncertain world. Importantly, by definition, the refugee experience is one of being cast out, of being socially excluded, where belonging – to family, community and country – is always at risk. Formal resettlement in a third country not only offers a safe haven for building a stable life and a hopeful future but also the opportunity to belong. Establishing a sense of belonging in the early resettlement period is foundational for wellbeing among youth with refugee backgrounds (Beirens, Hughes, Hek, & Spicer, 2007; Hek, 2005; Kia-Keating & Ellis, 2007; O'Sullivan & Olliff, 2006) for whom the transition from childhood to adolescence to adulthood is only one among many life changes they face.

There are an estimated 1.6 million refugee youth aged 12 to 17 globally (UNHCR, 2009). Australia receives approximately 13,500 humanitarian entrants each year, and close to one quarter are young people between the ages of 10 and 19 (DIAC, 2009). Australia's approach to settlement aims not only to achieve full social, economic and civic participation among newly arrived communities, but also to promote psychosocial health and wellbeing among individuals, families and communities (DIMIA, 2003). However, translating this approach into effective programs and services is not straightforward. Substantial gaps exist in services for adolescents. Importantly, there is no coordinated specific youth focus in early resettlement programs which in turn has resulted in the inability of educational and employment policies to adequately meet the needs of this population (CMYI, 2006; O'Sullivan & Olliff, 2006). Resettlement policies and programs for youth with refugee backgrounds, for the most part, fail to recognise and build on

the considerable resources these youth bring to their new country and miss opportunities to develop the leadership potential of this new generation (O'Sullivan & Olliff, 2006). Youth oriented resettlement programs ultimately operate within a broader social context which in Australia, are influenced by harsh asylum and immigration detention policies (Briskman, Goddard, & Latham, 2008) and ongoing issues of racism and discrimination due to colour and religion (Garvey, 2001; Sutton, 2009). In this paper, we describe the psychosocial factors associated with wellbeing outcomes among a cohort of 97 youth with refugee backgrounds during their first three years in Melbourne, Australia.

Resettlement and wellbeing amongst youth with refugee backgrounds

Resettlement in a third country may offer refugee youth the real chance of being able to achieve their full human potential. Yet, the tasks of resettlement are immense and pose daunting challenges for many. There is mounting evidence that the resettlement context can have as great a negative impact on wellbeing as the pre-migration context (Porter & Haslam, 2005). Refugee youth are at risk of developing chronic psychopathology or maladaptive behaviours in response to both pre-migration traumatic exposure and the demands of resettlement (Pumariega, Rothe, & Pumariega, 2005). Rates of post-traumatic stress disorder among resettled refugee children and adolescents are between 7% and 17% (Fazel, Wheeler, & Danesh, 2005). Elevated rates of substance abuse and aggressive behaviours have been reported in adolescents victims of war (Arroyo & Eth, 1985). Female gender and older age have been negatively associated with mental health outcomes among adolescent refugees (Bean, Derluyn, Eurelings-Bontekoe, Broekaert, & Spinhoven, 2007). High risk of mental health and behavioural problems can also be associated with acculturation stress. Youth may be encouraged by their families to stay loyal to their ethnic

values while they are also asked to master the host culture in school and social activities (Pumariega et al., 2005). In response to this tension, some refugee youth may either over-identify with their culture of origin, with the host culture, or become marginalised from both. A number of factors have been found to act protectively during resettlement (Lustig, Kia-Keating, Grant Knight, Geltman, Ellis, Kinzie et al., 2004): parents' wellbeing and their ability to cope; paternal employment; social support from peers, own ethnic community and broad host community; and longer stay in country of resettlement.

Resettlement has been defined in many different ways. Of the eighteen countries formally participating in the UNHCR resettlement program (UNHCR, 2005), each has different criteria for selecting their intake and has different policies and programs for operationalizing resettlement. Within the context of this diversity, we adopt a simple definition of resettlement used by Valtonen (Valtonen, 2004) as "the activities and processes of becoming established after arrival in the country of settlement" (p.70). *Becoming established* can be conceptualised as a process of growth – of personal and social development within a safe and stable context of possibility. For resettled refugees, the context of becoming established in the host society and the degree to which the broader community is socially inclusive at all levels is a key determinant of wellbeing (Brough, Gorman, Ramirez, & Westoby, 2003; O'Sullivan & Olliff, 2006).

Becoming established can be facilitated or hindered by a range of structural and individual factors in relation to both past experiences and present circumstances. Important structural factors include: the social climate of the host community (Ager & Strang, 2008; Pumariega et al., 2005); resources for achieving cultural and linguistic competency of the

host country (Ager & Strang, 2008); opportunities to study (Valtonen, 2004) and a supportive school environment (Bond, Giddens, Cosentino, Cook, Hoban, Haynes et al., 2007); being settled with other family members (Bean et al., 2007; Valtonen, 1994); choice and security of housing (Ager & Strang, 2008; Porter & Haslam, 2005); living near to members of one's ethnic community (Ager & Strang, 2008; Beiser, 2005); peace and security of the local area (Ager & Strang, 2008); and income from employment (Valtonen, 2004). For refugee youth, key individual factors include: the rapidity with which they can become competent in the language of the host country (Chapman & Calder, 2002; Olliff & Couch, 2005); experiencing educational success in school (O'Sullivan & Olliff, 2006); living with supportive family members (Chapman & Calder, 2002; CMYI, 2006); feelings of belonging to one's ethnic community (Brough et al., 2003; Lustig et al., 2004), and being able to develop positive relationships with the broader host community (Beirens et al., 2007; Pumariega et al., 2005). Social capital (Putnam, 1993; Woolcock, 1998) is a key factor for young refugees becoming established in the new country (Beirens et al., 2007). Thus, resettlement for refugee youth is underpinned by opportunities to participate and to belong to their family, their ethnic community and to the broader host community.

The relationship between wellbeing and resettlement is not straightforward. While there is a growing body of research into wellbeing among refugees (Fozdar & Torezani, 2008; Loizos & Constantinou, 2007; Werkuyten & Nekuee, 1999), it is difficult to compare results between studies. Wellbeing is defined and operationalized in different ways, and has been most often examined in relation to the past trauma of the refugee experience. This focus, however, tends to pathologise people from refugee backgrounds

(Lustig et al., 2004), fails to acknowledge the wholeness of an individual's life, casts individuals as victims of their past, and does not recognise the possibility of new futures. We conceptualise wellbeing in a more holistic sense, and stress the importance of agency and ability to live or to *be* well (Sen, 1993; Vernon, 2008). Ahearn's (Ahearn, 2000) conceptualisation of refugee psychosocial wellbeing frames the way we approach this concept in this paper: "…refugee psychosocial wellbeing would consist of the ability, independence, and freedom to act and the possession of the requisite goods and services to be psychologically content." (p.4). Importantly, we argue that this understanding of wellbeing is directly tied to the broader social environment within which the individual is living their life – in particular how open and socially inclusive are the structures of the host community.

Wellbeing and resettlement among recently arrived refugee youth in Melbourne, Australia: the Good Starts Longitudinal Study

The findings reported in this paper are drawn from the Good Starts Study, a longitudinal study of settlement and wellbeing among youth with refugee backgrounds. The overall aim of Good Starts was to identify the psychosocial factors that assist refugee youth in making a good start in their new country, and to describe in depth, the contexts, settings and social processes that support, enhance and facilitate settlement and wellbeing. The methodology was informed by anthropology and social epidemiology using a mix of both method and theory from these two disciplinary approaches. Quantitative measures were used to examine the relationship between psychosocial factors and health and wellbeing outcomes. A key task of the research was to generate both meaning and measurement. Data collection

focused on five key themes: identity/perception of self, connections to people, connections to place, health and wellbeing, and hopes and aspirations for the future. A detailed description of the study methods has been published elsewhere (Gifford, Bakopanos, Kaplan, & Correa-Velez, 2007; Gifford, Correa-Velez, & Sampson, 2009).

In this paper, we focus on wellbeing outcomes as being both a *resource* for and an *outcome* of successful settlement among refugee youth (Ager & Strang, 2008). As a *resource* for successful settlement, subjective wellbeing aids youth to be better equipped for the challenges of settling well in their new country. As an *outcome* of settlement, subjective wellbeing is an important indicator of how youth engage with and are affected by the challenges in the first few years of life in their host country. Here the climate of the host community is critical – the extent to which it is welcoming, offering opportunities to become at home – to belong and flourish in their new host country.

Research questions

What factors in the host community predict wellbeing among this group of youth? In considering these questions, and given the need for a more comprehensive model to assess refugee adaptation (Porter, 2007), we have developed a theoretical model that explicitly takes into account the different layers of broader social context. This model (see Figure 1) is based on Bronfenbrenner's ecological systems theory (Bronfenbrenner, 1979) which looks at a young person's development within the context of their interactions with different layers of the environment (e.g. individual attributes, family, school, community, society). This ecological-developmental perspective has been applied to children and

adolescents exposed to maltreatment and community violence (Lynch & Cicchetti, 1998), displacement (Betancourt, 2005), terrorism (Hendricks & Bornstein, 2007; Moscardino, Scrimin, Capello, & Altoe, 2010), and to research on resilience in human development (Masten & Obradovic, 2008).

(Figure 1 about here)

Importantly, the model recognises the value of change over time – a key feature of the refugee experience and one which does not stop with resettlement. Second, the model includes both individual and demographic factors along side key social contexts of family, school, ethnic community and the host community. We have then included in the model the specific psychosocial factors known to impact on the wellbeing of young people in general (Bond, Thomas, Toumbourou, Patton, & Catalano, 2000; Dumont & Provost, 1999), and refugee youth in particular (Beiser, Shik, & Curyk, 1999; Hyman, Vu, & Beiser, 2000).

Sense of control plays a key role in the rebuilding of a meaningful life among those who have survived forced displacement, torture and trauma (VFST, 1996) as the refugee experience is fundamentally one of a loss of control over most aspects of individual and social life. Family has been shown to be both a risk and a protective factor with intact families acting as a buffer to the experiences of trauma pre-migration and stresses encountered post-migration (Montgomery, 2005), and family separation and reunion creating additional stresses for resettled individuals (Rousseau, Rufagari, Bagilashya, & Measham, 2004). Perceived school performance and a supportive school environment play a key role in determining wellbeing outcomes among

refugee youth (Bond et al., 2007). Bullying at school has a negative impact on wellbeing among youth (Wilkins-Shurmer, O'Callaghan, Najman, Bor, Williams, & Anderson, 2003). Subjective social status is associated with wellbeing as well as with objective health outcomes in adolescents (Goodman, Adler, Kawachi, Frazier, Huang, & Colditz, 2001). Social networks and social support are widely accepted as underpinning health and wellbeing (Berkman & Glass, 2000). Bonding and bridging relationships (Portes, 1998) are particularly important to newly-arrived refugee communities (Loizos, 2000). Self-reported discrimination has been associated with negative health outcomes (Krieger, Smith, Naishadham, & Barbeau, 2005; Paradies, 2006); a correlation between discrimination and stress symptoms was found among Vietnamese refugees living in Finland (Liebkind, 1996), but not in refugees living in Australia (Fozdar 2008).

Methods

Sampling

The state of Victoria resettles approximately one third of Australia's humanitarian entrants each year and of these, approximately 1,000 are youth aged 10–19 years (DIAC, 2009). Most newly-arrived immigrant youth spend between six to twelve months in an English Language School (ELS) in their first year in Australia. Recruitment into the study through key ELS was identified as the most viable sampling strategy for this study.

Young people were recruited through three ELS in Melbourne that had high numbers of students with refugee backgrounds. Classes which exclusively had students aged 12 to 18 years, from refugee backgrounds were selected by the school to participate in the study. Recruitment

strategies focused on building partnerships with these ELS. This strategy proved advantageous due to: the ease of being able to establish a relationship with the youth through their school, being able to conduct the study within the school setting, and being able to gain informed consent from both the young people and their parents to participate in the study as part of the school curriculum. The strategy also enhanced follow up data collection once participants had left the ELS. Ethical clearance was given by the Human Ethics Committee of La Trobe University, the Institutional Ethics Committee of the Victorian Foundation for Survivors of Torture (VFST), a partner of the study, and the Victorian Department of Education.

Data collection procedures

Data collection of the Good Starts Study involved a series of activities carried out in school, family and community settings on a yearly basis (Gifford et al., 2007; Gifford et al., 2009). Participants were given a settlement journal in which they recorded their experiences through drawings, photos and answering questions. Data collection was facilitated by research assistants and interpreters/bicultural workers. In the first year, data were collected in weekly 90 minute sessions in the classroom during the school term. In the second and third years, data collection took place at participants' homes, schools or public libraries over two to three 90-minutes sessions.

Measures

In this paper, we report on the psychosocial and demographic factors that predict participants' subjective health and wellbeing over the first three years of resettlement in Australia. The wellbeing and psychosocial measures used in the study are shown in Table

1. All measures were administered at all three data collection points. The outcome measures used as indicators of health and wellbeing were: (1) the World Health Organization Quality of Life-Bref (WHOQOL-BREF) questionnaire, a wellbeing measure with four domains (physical, psychological, social relationships, and environment) (World Health Organization, 1996); (2) an item assessing subjective health status ('In general would you say your health now is'; response was a five-point scale ranging from 'poor' to 'excellent'); and (3) an item assessing happiness ('How happy are you now?'; response was a four-point scale ranging from 'not at all happy' to 'very happy'). The WHOQOL-BREF is an abbreviated 26-item version of the WHOQOL-100, which was developed in a variety of cultural settings around the world. The WHOQOL-BREF domain scores have shown good discriminant validity and internal consistency in adolescents (Izutsu, Tsutsumi, Islam, Matsuo, Yamada, Kurita et al., 2005). Higher scores indicate a greater sense of wellbeing in each individual domain.

(Table 1 about here)

Statistical analysis

Based on the theoretical model of associations between the demographic/psychosocial factors and outcome measures (Figure 1), we used Generalised Estimating Equations (GEE) (Diggle, Liang, & Zeger, 1996) with to model the predictors of subjective health and wellbeing outcomes over the first three years of resettlement. The GEE method accounts for the non-independence of repeated data from the same subject. We assumed an equal correlation between responses from the same subject by fitting an exchangeable correlation structure. Outcome variables were

continuous and were modelled assuming a Normal distribution. SPSS v.15 (SPSS, 2007) was used to run the models.

We did not use a 'change from baseline' analysis, as there was no common change point or event. The effect of time was modelled using date of arrival in Australia as a common reference point. We believe that this is a more accurate way of assessing time effects (compared to enrolment into the study), as participants were interviewed at different times following their arrival in Australia. For instance, for the first assessment, some youth had been in Australia for a few weeks while others had been for up to 16 months.

The analyses were undertaken in three stages. Stage one involved entering all psychosocial factors in Figure 1 into GEE models to identify those that were associated with each of the outcome variables. Those factors with a p-value > 0.1 were sequentially deleted using a backwards elimination process (Agresti & Finlay, 1997). This conservative cut-off for the p-value was used so that potentially important psychosocial factors would not be removed at this stage. The second stage involved adding the demographic and pre-migration factors (Figure 1) into the model so that the potential confounding effects of time (since arriving in Australia), gender, region of birth (Africa vs. Other), age, and previous level of schooling (number of years) could be controlled for. Only those psychosocial factors with a p-value < 0.05 were kept in the final models. Time effects and demographic characteristics were not removed from the final models. The third stage involved entering interaction effects for gender into the models. We estimated overall model fit using the R^2 statistic.

Missing data on the wellbeing and psychosocial measures ranged from 3.8% (happiness) to 13.1% (school support) over the three year period.

Results

Participants' characteristics

One hundred and twenty participants were recruited into the study; 97 participants completed years one, two and three of data collection and have been included in this analysis. Table 2 summarizes the demographic and pre-migration factors, wellbeing outcomes and psychosocial factors at first assessment, and examines differences by gender. Participants were born in 11 different countries, with 68 percent born in Africa (the majority in Sudan, followed by Ethiopia, Liberia, and Uganda), 27 percent in the Middle East (Iraq, Afghanistan, Iran and Kuwait), and the remaining 5 percent born in Eastern Europe (Bosnia and Croatia) and Southeast Asia (Burma). No statistically significant differences (p-value < 0.05) in the demographic and pre-migration factors were found between males and females.

(Table 2 about here)

Predictors of subjective health and wellbeing

In their first year in Australia, at first assessment, participants reported high levels of wellbeing, subjective health status and happiness, positive feelings about home, high levels of perceived

school performance and school support, good attachment to peers, and strong sense of ethnic identity. They also reported moderate levels of sense of control and perceived social status at school, ethnic community and the broader Australian community.

Two key challenges shared by most of the participants were living in fragile family situations and experiences of social exclusion. Twenty one percent of the young people in our study were living in families with no parent in the household, and 29 percent had only one parent at home. Twenty three percent of households were headed up by a single mother. One out of five participants had been bullied at school and one out of five also had experienced discrimination because of their ethnicity, religion or colour. Compared to boys, girls scored higher in most psychosocial factors (with the exception of sense of control and discrimination), but lower in the health and wellbeing outcomes. However, no statistically significant differences for any of the wellbeing outcomes or psychosocial factors were found between males and females at first assessment. Overall, refugee youth reported high levels of wellbeing on arrival in Australia and these levels remained high over the first three years.

What then predicts young refugees' subjective health and wellbeing during their first three years of resettlement? Table 3 shows the final GEE models for the health and wellbeing outcomes. No statistically significant gender interaction effects were found.

(Table 3 about here)

Demographic and pre-migration factors

African-born youth reported significantly higher levels of wellbeing in the physical, psychological, and social relationships domains compared with youth born in other regions. Older age was negatively associated with the psychological domain. Time in Australia had a significant positive effect on the environment domain. Participants' subjective wellbeing in the environment domain increased significantly over time.

Individual and familial factors

Youth with a better sense of control were significantly more likely to report higher levels of wellbeing in the physical and psychological domains, and also better subjective health status. Among the familial factors, living with parents at home was significantly associated with greater wellbeing in the social relationships domain, while those youth who reported positive feelings about home were significantly happier.

School/Friends factors

Young people with greater perceived school performance scored significantly higher in the physical domain, psychological domain, and in their subjective health status. A stronger peer attachment was significantly associated with greater levels of wellbeing in the psychological, social relationships and environment domains. Being bullied was negatively associated with happiness.

Ethnic community and broader community factors

Overall, subjective social status was an important predictor of health and wellbeing. Those youth with higher subjective social status of their families in the broader Australian

community were significantly more likely to score higher in their social relationships domain, environment domain, and subjective health status. For example, for every step up in the social ladder, wellbeing in the environment domain increased by 1.124 (95% CI: 0.401, 1.847; p=0.002) after controlling for the other variables in the final model (Table 3). Perceived discrimination was also a significant predictor, with young people who had experienced discrimination scoring lower in their physical and environment domains.

Discussion

This group of 97 youth with refugee backgrounds arrived in Australia with high levels of wellbeing, which is a valuable resource for negotiating the settlement challenges ahead. Over their first three years of settlement the significant predictors of subjective health and wellbeing were: region of birth, age, time in Australia, sense of control, family and peer support, perceived performance at school, subjective social status of their families in the broader Australian community, and experiences of discrimination and bullying. Severe internalizing complaints and traumatic stress reactions have been found among unaccompanied refugee adolescents when compared with other refugee adolescents living with parental caregivers (Bean et al., 2007). Importantly, positive peer relationships have been associated with greater self-esteem and social adjustment among refugee children (Lustig et al., 2004).

Perhaps the most interesting finding of our research is that, over their first three years of settlement, refugee youth's experiences of social inclusion or exclusion have a significant impact on their subjective wellbeing – the most important predictors being subjective social status in the host community, discrimination and bullying. Social exclusion refers to multiple dimensions of

deprivation that reduce the capability of an individual, their family and their community to participate in key aspects of society (Hills, Le Grand, & Piachaud, 2002; Sen, 2000). It includes both factors and processes that generate exclusion, and a wide range of "structural, institutional, cultural, economic and other barriers to participation" (Dorsner, 2004) (p.381).

Previous studies have found that subjective social status is associated with adolescents' physical and psychological health, and risk behaviours (Ritterman, 2007). To our knowledge, however, this is the first study that has documented the subjective social status–health relationship among resettled adolescents with refugee backgrounds. Subjective social status may be a more important determinant of health outcomes than objective measures (Adler, Epel, Castellazo, & Ickovics, 2000; Ritterman, 2007) because it captures an individual's relative social standing, reflects individual social circumstances, and better assesses past and present social standing and future social prospects (Ritterman, 2007). Social status needs to be measured within the contexts most relevant for individuals using meaningful ranking criteria. For the youth in this study, school, their ethnic community and the wider Australian community form the key social fields in early resettlement. For youth in general, school is a critical domain (Goodman et al., 2001) and subjective social status is an important reflection of a young person's sense of belonging in the first social context outside of their immediate family. Feeling part of one's ethnic community is also an important protective factor for refugee youth (Beirens et al., 2007; Hyman et al., 2000) and is particularly important when belonging in other domains of social life is challenged – as for example in school or the broader Australian community.

Among the refugee youth in our study, however, neither subjective social status in school nor the perceived status of their families in their ethnic communities were significantly associated with any of the wellbeing outcomes. Importantly, for this group of young people, it is their perceived social status of their families in the broader Australian community that predicts their health and wellbeing outcomes. As subjective social status increases, so do levels of social and environmental wellbeing, and their subjective health status.

Our findings coincide with previous studies reporting the negative impact of discrimination on the health and wellbeing of immigrant adolescents in general (Mesch, Turjeman, & Fishman, 2008) and resettled refugee youth in particular (Ellis, MacDonald, Lincoln, & Cabral, 2008; Montgomery & Foldspang, 2008). More specifically, for this group of resettled youth, the experience of discrimination predicted poorer physical and environmental wellbeing over their first three years of resettlement. The WHOQOL-BREF environmental domain includes among others, the home environment, access and participation in recreational/leisure activities, freedom, physical safety and security, access to quality health and social care, financial resources, and opportunities for acquiring new information and skills (WHO, 1996). In this context, perceived discrimination can be a reflection of the nature of the interaction between refugee youth and the host community (Mesch et al., 2008), and it is one of the most important barriers to the integration of ethnic minorities (Mestheneos & Ioannici, 2002).

Similarly, we have found that bullying is negatively associated with happiness among this group of young people from refugee backgrounds. Being bullied has a negative impact on

psychosocial wellbeing among adolescents in general (Wilkins-Shurmer et al., 2003). Previous research has also identified bullying as one of the key problems refugee youth experience at school with many young refugees feeling "vulnerable to bullying because of their accent and ethnicity" (Hek, 2005)(p.166).

Our study highlights two important insights into promoting wellbeing among recently settled youth from refugee backgrounds that add weight to emerging research showing that resettled youth from refugee backgrounds are often identified as a key group at risk of social exclusion (Beirens et al., 2007). Firstly, it is important to note that the youth in our study do not begin their resettlement journey as victims of their refugee past. Rather, the majority of young people in our study arrive in Australia with a set of positive resources for successfully negotiating the settlement challenges. Despite their difficult childhood experiences, they meet these new challenges as adolescents with agency, not as victims. They have high potential for making a good and successful life in Australia. This in turn provides a compelling argument for developing more innovative and flexible strategies for participation in education and employment, and for actively involving these youth in the design, development and delivery of programmes and services to assist them in successfully negotiating the settlement challenges.

Secondly, the processes of social inclusion or exclusion – experienced both as a sense of social standing – being socially valued (social status), and as discrimination and bullying or being excluded due to a given attribute of accent, ethnicity, religion, colour or being a refugee – have a significant impact on their wellbeing in the first three years in Australia. The broader social environment within which they live their lives is crucial for positive reinforcement of

being socially valued, of belonging and of being able to participate in and contribute to society. Importantly, the host community is key for developing and making use of social capital – particularly in the building of bridging relationships. Bonding relationships with one's own ethnic community are important for a sense of belonging, for learning from others "like them" about getting a feel for the game in the new country, and for the material resources shared among extended family and ethnic networks (Loizos, 2000). However, bridging relationships with the broader host community are essential for youth in their belonging – being at home – in their new country (Beirens et al., 2007). Especially important are bridging relationships that link youth into to the social and economic resources available to the broader community such as greater opportunities for education, training and employment. These linking relationships (Portes, 1998; Woolcock, 1998) are critical for refugee youth to actively participate in the social and civic life of the wider community and in doing so, to become contributing citizens of their new country. Therefore, the prioritising and targeting of policies and services that aim to ensure open and socially inclusive structures of the host community are key strategies for promoting refugee youth wellbeing and good settlement.

There are several limitations to this study that need to be acknowledged. First, the sample was not randomly selected and therefore may not be representative of the overall refugee youth population recently resettled in Australia. However, except for a slight over-representation of Sudanese youth, our sample closely resembles the population of refugee youth arriving in Australia between 2003 and 2006 in terms of country of birth and gender (DIAC, 2009). Second, as this is an observational study, we do not have a comparison group with which the wellbeing outcomes of these refugee youth can be compared. However, the subjective health ratings of the

youth in this study are broadly similar to those of young people in Victoria and nationally (Victorian Government Department of Education and Early Childhood Development and Department of Planning and Community Development, 2008). Third, this study examined the wellbeing outcomes of a culturally diverse population of youth in their first three years of resettlement in Australia. It was not evident from the data that participants from one ethnic group perceived the questions differently than another and although the same methods and procedures were used, individual differences in interpretation could have occurred. Fourth, although pre-migration factors are important predictors of wellbeing during resettlement, no pre-migration trauma assessment was included in the study. Fifth, individual differences in response bias or personality may have influenced the relationships between wellbeing outcomes and the independent variables. The GEE method controls for any consistent differences (or similarities) between subjects, but does not control for personality changes over time. Sixth, there may be some construct overlap between some of the predictors and the outcome variables (e.g. peer attachment and wellbeing in the social relationships domain). This is a problem for many studies as causation is difficult to prove. Ecological models of refugee adaptation are by their nature "interactional, with multiple causally reciprocal relationships existing simultaneously between domains" (Porter, 2007)(p.429). Finally, building objective measures of psychosocial stress into the equations may strengthen the interpretations. The Good Starts study assessed psychosocial issues only from the subjective perspective of participants.

The overriding message from these findings is that despite their traumatic backgrounds, refugee youth arrive in Australia with high levels of wellbeing and they are well placed to thrive. It is important to acknowledge, however, that the impact of trauma on wellbeing may emerge

later on when the person senses some degree of safety and stability (Beiser, 2009). The factors that best predict good wellbeing over the first three years of settlement are those that can be understood to promote a sense of belonging, becoming at home, being able to flourish and become part of the new host society. Wellbeing and resettlement can not be addressed without explicitly taking account of the broader social environment of the host society. Research into the psychosocial wellbeing of resettled refugee youth has often adopted a trauma approach directing attention to the impact of past experiences on the individual's ability to thrive in their new resettlement environment. While not dismissing the importance of the past experiences nor the need for mental health and social services in this area, too little attention has been given to the broader social structures of the host society beyond the resettlement period. Ultimately, successful resettlement – reflected in a young person's subjective sense of their wellbeing – will be determined by the extent to which they are able to become a valued citizen within their new country. The opportunity to flourish, to become at home, to belong is powerfully shaped by the prevailing social climate and structures that are openly inclusive or that exclude.

Australia, despite its harsh approach to asylum and detention, is widely regarded as having one of the more progressive approaches to assisting humanitarian migrants in their resettlement. Yet settlement specific policies and programs can ultimately only be effective if embedded within a broader socially inclusive society – one that offers real opportunities for youth with refugee backgrounds to flourish. And this requires broader social reform relating to tackling issues of racism, discrimination, bullying, and increased flexibility in the ways in which these youth can access the social goods to which they are entitled.

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Figure 1: Ecological model for the predictors of subjective health and wellbeing among resettled youth from refugee backgrounds

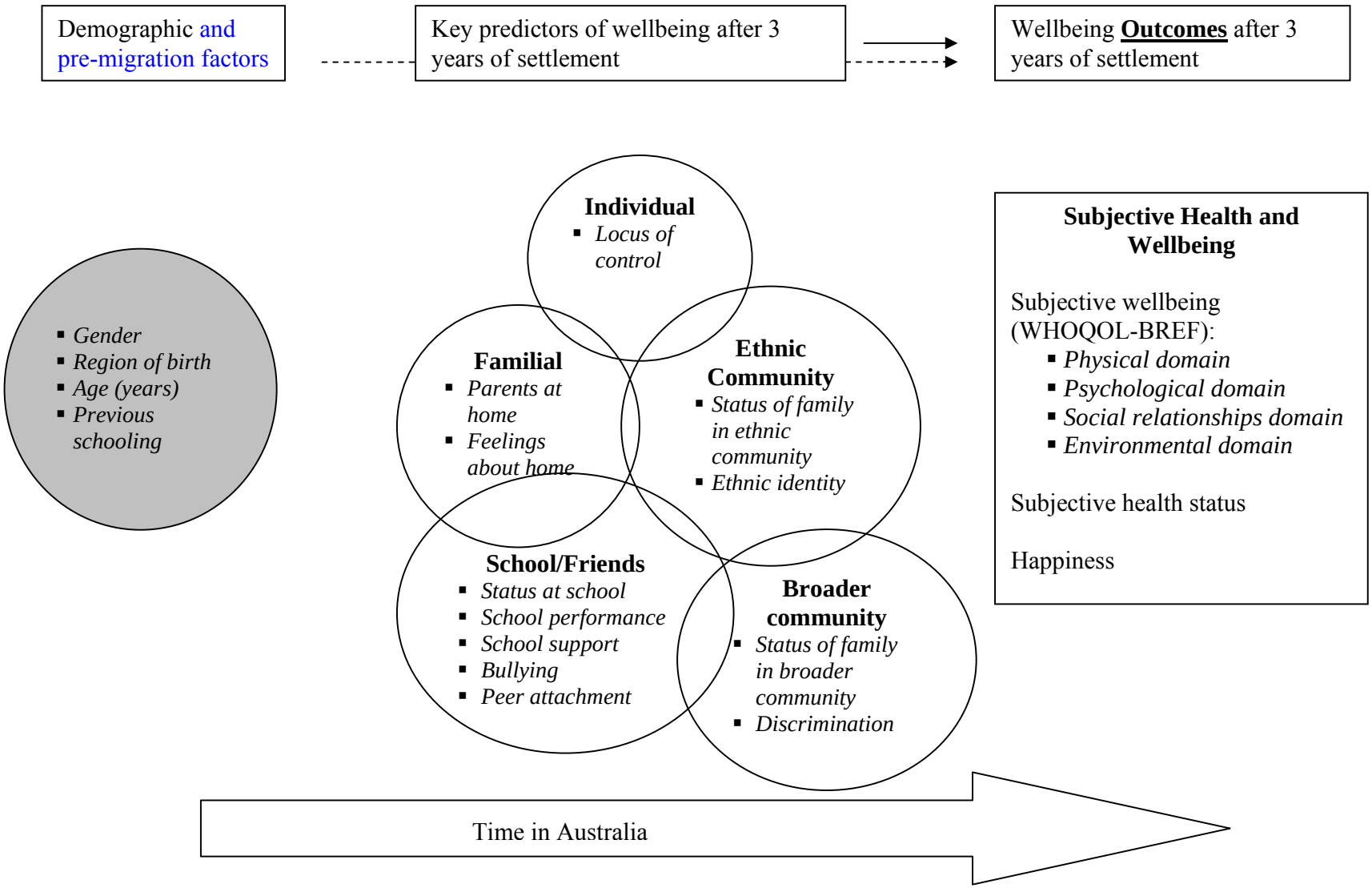

Table 1: Wellbeing and psychosocial measures used in the Good Starts study of refugee youth

Wellbeing outcomes	**Item/scale**	**Cronbach's alpha**
Subjective wellbeing	WHOQOL-BREF ((WHO, 1996)	
Physical domain	7 items: activities of daily living; dependence on medications and medical aids; energy and fatigue; mobility; pain and discomfort; sleep and rest; work capacity.	0.68
Psychological domain	6 items: bodily image and appearance; negative feelings; positive feelings; self-esteem; spirituality/religion/personal beliefs; thinking, learning, memory and concentration	0.74
Social relationships domain [a]	2 items: personal relationships; social support	0.76
Environment domain	8 items: financial resources; freedom, physical safety and security; accessibility and quality of health and social care; home environment; opportunities for acquiring new information and skills; participation in and opportunities for recreation; physical environment (pollution, noise, traffic, climate); transport.	0.74
Subjective health status	'In general would you say your health now is' (1=poor to 5=excellent)	N/A
Happiness	'How happy are you now?' (1=not at all happy to 4=very happy)	N/A

Psychosocial factors	**Item/scale**	**Cronbach's alpha**
Individual attributes *Sense of control*	7-item Mastery Scale (Pearlin & Schooler, 1978): have little control over things that happen to me; there is no way I can solve the problems I have; little I can do to change the important things in my life; often feel helpless in dealing with the problems of life; feel I'm being pushed around in life; what happens to me in the future mostly depends on me; can do about anything I really set my mind to do.	0.69
Familial factors *Parents at home* *Feelings about home*	'People I live with' (No parents at home vs. one or two parents at home) 3 items adapted from the Family and Home domain – Adolescent Health and Wellbeing Survey (Bond et al., 2000) 'Would like to move out of home soon'; 'feel happy at home'; 'feel safe at home'	N/A 0.68
School/friends *Status at school*	Social status at school – MacArthur Scale of Subjective Social Status (Goodman et al., 2001) (1=lowest status to 10=highest status)	N/A

Psychosocial factors	**Item/scale**	**Cronbach's alpha**
School performance	6 items adapted from the School domain – Adolescent Health and Wellbeing Survey (Bond et al., 2000): 'feel satisfied with achievement at school this year', 'feel successful at some of my subjects this year', 'looking forward to my future at school', 'try my best at school', 'feel accepted by my teachers at school', 'teachers notice when I'm doing something well and let me know'	0.69
School support	5 items adapted from the School domain – Adolescent Health and Wellbeing Survey (Bond et al., 2000): 'feel I'm partly responsible for making this school a good place', 'find it easy to talk over my problems with at least one teacher', 'school is helpful if I'm having troubles in my life', 'there is an adult I can go to at this school if I need help', 'care about quite a few people in my class'	0.72
Bullying	One item adapted from the School domain - Adolescent Health and Wellbeing Survey (Bond et al., 2000). 'I get bullied or teased at school a lot/frequently' (No vs Yes)	N/A
Peer attachment	12-item Peer Attachment Scale - Inventory or Parent and Peer Attachment (IPPA) (Armsden & Greenberg, 1987): Friends sense when I'm upset; friends accept me as I am; friends don't understand what I'm going through; friends respect my feelings; talking over my problems with friends makes me feel ashamed/foolish; friends encourage me to talk about my difficulties; feel they are good friends; trust friends; get upset a lot more than friends know about; it seems as if friends are irritated with me for no reason; I tell friends about my problems and troubles; if friends know something is bothering me, they ask me.	0.71
Ethnic community *Status in ethnic community*	Social status of family in ethnic community – adapted from MacArthur Scale of Subjective Social Status (Goodman et al., 2001) (1=lowest status to 10=highest status)	N/A
Ethnic identity	5-item Affirmation and Belonging subscale – Multigroup Ethnic Identity Measure (Phinney, 1992): Happy of being a member of my ethnic group; strong sense of belonging to my ethnic group; lot of pride in my ethnic group; strong attachment towards my ethnic group; feel good about my cultural/ethnic background	0.81

Psychosocial factors	**Item/scale**	**Cronbach's alpha**
Broader community		
Status in broader community	Social status of family in broader Australian community - adapted from MacArthur Scale of Subjective Social Status (Goodman et al., 2001) (1=lowest status to 10=highest status)	N/A
Perceived discrimination	Item from the Experiences of Discrimination Scale (Krieger et al., 2005). 'Ever experienced discrimination because of your ethnicity, religion or colour?'	N/A

[a] A third item (sexual activity) of the WHOQOL-BREF social relationships domain was not included in the Good Starts study of refugee youth;
N/A = Not applicable

Table 2: Descriptive statistics of demographic and pre-migration factors, subjective health and wellbeing outcomes, and psychosocial factors for refugee youth at first assessment. For all outcome measures and psychosocial factors a higher score represents better health.

Variable	**Total** **N = 97 (100%)**	**Males** **N = 50 (51%)**	**Females** **N = 47 (49%)**
Demographic and pre-migration factors			
Region of birth (%)			
Africa	68%	66%	70%
Other	32%	34%	30%
Age in years [mean ± SD (range)]	15.1 ± 1.6 (11-19)	15.3 ± 1.7 (12-19)	15.0 ± 1.5 (11-18)
Previous schooling in years [mean ± SD (range)]	6.1 ± 2.9 (0-15)	6.6 ± 3.1 (0-15)	5.5 ± 2.7 (0-10)
Time since arriving in Australia in months [mean ± SD (range)]	5.3 ± 4.3 (0-16)	5.4 ± 4.5 (0-16)	5.2 ± 4.0 (0-16)
Outcome measures			
Wellbeing [a]			
Physical domain [mean ± SD (range)]	79.9 ± 13.0 (40-100)	81.6 ± 14.1 (40-100)	78.0 ± 11.5 (53-100)
Psychological domain [mean ± SD (range)]	77.6 ± 14.5 (40-100)	79.6 ± 15.1 (50-100)	75.3 ± 13.5 (40-93)
Social relationships domain [mean ± SD (range)]	85.0 ± 16.8 (20-100)	85.2 ± 17.9 (20-100)	84.8 ± 15.7 (40-100)
Environment domain [mean ± SD (range)]	73.8 ± 14.3 (31-100)	75.0 ± 13.8 (45-100)	72.6 ± 14.9 (31-98)
Subjective health status [mean ± SD (range)]	80.6 ± 21.0 (20-100)	82.5 ± 19.4 (20-100)	78.7 ± 22.7 (20-100)
Happiness [mean ± SD (range)]	84.7 ± 18.4 (25-100)	86.5 ± 17.1 (25-100)	82.8 ± 19.8 (25-100)
Psychosocial factors			
Individual attributes			
Sense of control [mean ± SD (range)]	66.0 ± 14.2 (43-100)	68.3 ± 15.4 (46-100)	63.3 ± 12.3 (43-93)

Variable	Total N = 97 (100%)	Males N = 50 (51%)	Females N = 47 (49%)
Familial factors			
Parents at home (at least one) %	79%	75%	84%
Feelings about home [mean ± SD (range)]	86.8 ± 16.2 (42-100)	85.2 ± 17.6 (42-100)	88.6 ± 14.7 (50-100)
School/friends			
Status at school [mean ± SD (range)]	6.7 ± 2.0 (3-10)	6.6 ± 2.1 (3-10)	6.8 ± 1.9 (3-10)
School performance [mean ± SD (range)]	94.6 ± 7.6 (71-100)	93.6 ± 9.0 (71-100)	95.7 ± 5.6 (83-100)
School support [mean ± SD (range)]	89.1 ± 13.0 (45-100)	88.8 ± 12.9 (45-100)	89.4 ± 13.2 (50-100)
Bullied/teased a lot/frequently (%)	19%	13%	27%
Peer attachment [mean ± SD (range)]	81.1 ± 11.0 (54-100)	80.4 ± 11.2 (54-100)	81.8 ± 10.9 (58-100)
Ethnic community			
Status in ethnic community [mean ± SD (range)]	6.6 ± 2.5 (1-10)	6.6 ± 2.6 (1-10)	6.6 ± 2.4 (1-10)
Ethnic identity [mean ± SD (range)]	93.1 ± 10.1 (60-100)	92.5 ± 10.5 (60-100)	93.8 ± 9.7 (70-100)
Broader community			
Status in broader community [mean ± SD (range)]	6.7 ± 2.5 (1-10)	6.3 ± 2.4 (1-10)	7.0 ± 2.5 (2-10)
Ever experienced discrimination (%)	21%	25%	16%

[a] WHOQOL-BREF (World Health Organization, 1996)
SD = Standard deviation

Table 3: Predictors of subjective health and wellbeing among refugee youth during their first three years of resettlement in Melbourne, Australia (n=97). For all outcomes a higher score represents better health.

Outcome	Predictor	Mean change in health and wellbeing	Standard Error	95% Confidence Interval	P-value
Physical domain (R^2=0.223)	Gender (Females)	−0.645	1.633	−3.846, 2.555	0.693
	Region of birth (Africa)	3.722	1.823	0.150, 7.294	0.041
	Age (years)	−0.574	0.531	−1.615, 0.467	0.280
	Time in Australia (months)	0.132	0.084	−0.032, 0.296	0.114
	Previous schooling (years)	0.240	0.297	−0.342, 0.822	0.419
	Sense of Control (yes vs no)	0.169	0.053	0.066, 0.273	0.001
	School performance (?)	0.257	0.075	0.109, 0.404	0.001
	Experienced discrimination (yes vs no)	−4.519	1.774	−7.996, −1.041	0.011
Psychological domain (R^2=0.324)	Gender (Females)	−1.611	1.705	−4.953, 1.730	0.345
	Region of birth (Africa)	5.114	1.955	1.282, 8.946	0.009
	Age (years)	−1.166	0.531	−2.208, −0.125	0.028
	Time in Australia (months)	0.062	0.075	−0.086, 0.210	0.410
	Previous schooling (years)	0.531	0.363	−0.181, 1.243	0.144
	Sense of control (yes vs no)	0.258	0.052	0.157, 0.360	<0.001
	School performance (?)	0.206	0.092	0.027, 0.386	0.024
	Peer attachment (?)	0.150	0.075	0.004, 0.296	0.044

Outcome	Predictor	Mean change in health and wellbeing	Standard Error	95% Confidence Interval	P-value
Social relationships domain (R^2=0.268)	Gender (Females)	−2.280	1.830	−5.867, 1.307	0.213
	Region of birth (Africa)	6.197	2.258	1.772, 10.623	0.006
	Age (years)	0.181	0.645	−1.083, 1.446	0.779
	Time in Australia (months)	0.111	0.088	−0.062, 0.284	0.210
	Previous schooling (years)	0.130	0.393	−0.640, 0.899	0.742
	Live with parents at home (?)	6.969	2.674	1.728, 12.209	0.009
	Peer attachment (?)	0.517	0.857	0.349, 0.685	<0.001
	Social status in Australian community (?)	1.103	0.355	0.407, 1.799	0.002
Environment domain (R^2=0.172)	Gender (Females)	−3.463	1.932	−7.249, 0.323	0.073
	Region of birth (Africa)	1.260	2.554	−3.745, 6.266	0.622
	Age (years)	−0.855	0.671	−2.170, 0.460	0.202
	Time in Australia (months)	0.286	0.084	0.121, 0.451	0.001
	Previous schooling (years)	0.215	0.365	−0.500, 0.931	0.556
	Peer attachment (?)	0.192	0.085	0.026, 0.358	0.024
	Social status in Australian community (?)	1.124	0.369	0.401, 1.847	0.002
	Experienced discrimination (?)	−5.701	1.777	−9.184, −2.218	0.001

Outcome	Predictor	Mean change in health and wellbeing	Standard Error	95% Confidence Interval	P-value
Subjective health status (R^2=0.194)	Gender (Females)	−3.116	2.549	−8.111, 1.880	0.222
	Region of birth (Africa)	−0.450	3.143	−6.609, 5.710	0.886
	Age (years)	−0.989	0.898	−2.749, 0.772	0.271
	Time in Australia (months)	0.221	0.121	−0.017, 0.458	0.069
	Previous schooling (years)	0.656	0.522	−0.367, 1.678	0.209
	Sense of control (?)	0.223	0.064	0.098, 0.349	<0.001
	School performance (?)	0.492	0.124	0.248, 0.736	<0.001
	Social status in Australian community (?)	1.285	0.570	0.168, 2.403	0.024
Happiness (R^2=0.114)	Gender (Females)	−4.972	3.054	−10.958, 1.013	0.103
	Region of birth (Africa)	0.630	4.007	−7.224, 8.484	0.875
	Age (years)	−1.999	1.073	−4.101, 0.104	0.062
	Time in Australia (months)	0.163	0.122	−0.076, 0.402	0.182
	Previous schooling (years)	0.583	0.726	−0.840, 2.007	0.422
	Positive feelings about home (?)	0.201	0.072	0.060, 0.342	0.005
	Bullied a lot/frequently (?)	−8.175	3.696	−15.419, −0.930	0.027