

Mental Wellbeing Impact Assessment of Refugee Transitional Housing Support Program



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“Not getting housing right during the initial stages of resettlement can be a costly exercise for health providers to pick up the pieces from.”
(Belonging Begins at Home Report)

Introduction

The situation of humanitarian entrants on arrival in Fairfield City suggests that a rent subsidy scheme tailored specifically to meet their needs can help ease housing stress and improve the critical early settlement experience. This report proposes a rent subsidy scheme for 50 humanitarian entrant households in Fairfield as a pilot modelled on existing schemes in NSW. Interviews with local service providers and the Mental Wellbeing Impact Assessment (MWIA) were used to assess the potential impact of the proposed pilot on the mental wellbeing of humanitarian entrants in Fairfield. The results show that the proposed subsidy and support would improve their mental wellbeing.

Background

Fairfield city is a place where many people from refugee backgrounds start their life in Australia. Nearly 60 percent of people in Fairfield Local Government Area (LGA) were born overseas and 75.5% of households speak a language other than English (2016 Census). The Socio-Economic Index for Areas of Disadvantage (SEIFA) for Fairfield City in 2016 was 856 which means it is number five on the list of most disadvantaged areas of NSW. SEIFA scores are calculated on the basis of low employment, low educational attainment, and higher levels of employment in unskilled occupations.

Fairfield LGA resettles the largest number of humanitarian migrants in NSW. About 22% (11,006) of all humanitarian entrants who arrived in NSW between 2005 and 2015 settled in Fairfield LGA on arrival (Settlement Database Australian Government). Between 2016 and 2019 Fairfield LGA doubled its proportion of humanitarian arrivals taking 45% (12,785) of all humanitarian entrants (28,101) who arrived in NSW. Fairfield City Council obtained data from the Commonwealth Department of Human Services that show a significant number of humanitarian entrants who initially settled elsewhere between 2016 and 2017 relocated to Fairfield LGA.

One of the most significant challenges experienced by humanitarian entrants in Fairfield LGA is the significant increase in median rent. This is often in response to the influx of large number of humanitarian entrants. The arrival of humanitarian entrants does not stimulate housing development and often humanitarian entrants are competing with others who can pay rent at higher rates to secure accommodation. Therefore, humanitarian entrants in Fairfield are more likely to experience rental stress as they spend a significant proportion of income on rent. Service providers see clients who pay up to 80% of their income on rent. This has detrimental effects on the ability of humanitarian entrants to settle and adjust to life in Australia. Humanitarian entrants, who struggle to find employment on arrival, may not be able to meet basic needs of their households.

According to figures from the Settlement Database, 80% of humanitarian entrants who come to Fairfield LGA because they were sponsored by someone who live in the area. This means that humanitarian entrants who settle in Fairfield LGA, join an established community they identify with. Humanitarian entrants who come to Fairfield are likely to choose to continue living in Fairfield because of this link with the local community. This is important for their social and mental wellbeing. They are more likely to feel welcome and able to participate in community life with ease. This sense of inclusion and community connection are protective factors for mental wellbeing.

Fairfield Housing Taskforce

The Fairfield Housing Taskforce was set up to address housing issues as part of the Fairfield City Settlement Action Plan (FCSAP). FCSAP outlines issues and challenges associated with refugee settlement and aims to identify solutions and actions to help address them. It provides a collaborative and strategic approach to the delivery of settlement services in Fairfield City. Fairfield City Council endorsed the FCSAP.

The Housing Taskforce represents various agencies including Department of Communities and Justice, Hume Housing, Settlement Services International (SSI) Core Community Services (CORE CS) and South Western Sydney Local Health District (SWSLHD).

Housing and Health

Housing is a social determinant of health and mental wellbeing. People in precarious housing have worse health outcomes than people in adequate housing (VicHealth 2011). Housing affordability, the physical suitability of housing such as condition and layout; social aspects such as safety and belonging; and security of tenure all impact on health. Improving housing quality, affordability and tenure security all have the potential to lead to more positive health outcomes. (Ziersch, et al 2017a).

Housing affordability affects people's sense of control over their lives. There is an association between losing the ability to pay for housing and a decline in mental health. The inability to afford adequate accommodation limits choice of housing and location which may be associated with a lack of privacy and perceived safety, which also affects health and wellbeing. Housing affordability can lead to food insecurity. Housing stress has been associated with a negative impact on the nutritional status of children in low-income families (VicHealth 2011).

Much of the homelessness experienced by humanitarian entrants is hidden and not easily quantifiable. The majority of homelessness experienced by members of culturally and linguistically diverse communities is secondary homelessness, that is people frequently moving from one temporary shelter to another. (Dawes and Gopalkrishnan 2013, ROCA 2014).

Humanitarian entrants to Australia experience human rights violations, torture and trauma before coming to Australia and often present with complex health issues (Ziersch et al 2017). Many spent years displaced and in insecure conditions, moving between places or in refugee camps with little access to health care. Many humanitarian entrants have lived for years with limited access to food. They often arrive in Australia without family or friends and feel isolated in a new country. Isolation can worsen existing mental health issues (ROCA 2013).

People from a refugee background are at increased risk of poor mental health as a result of past trauma and post-migration stress. They are more likely than the general population to experience anxiety and depression disorders and Post Traumatic Stress Disorder (PTSD) in particular. Adverse psychological outcomes are linked to trauma experienced before and during escape and exile; PTSD is linked to post-migration stress and financial pressure in particular (NSW Refugee Health Improvement Network 2014).

Refugees experience significant housing stress in their initial settlement period which negatively impacts on their health and wellbeing in the crucial early resettlement period in Australia. Mental health outcomes amongst people with refugee backgrounds has been primarily connected to material and social factors including housing. A qualitative study of refugee women in Sydney found links between difficulties securing housing and mental health. (Ziersch et al 2017). Unemployment and low income are prime drivers of housing stress. Refugees experience racism and discrimination in the housing market (Flatau et al 2015). Over 40 percent of refugees in Australia may have difficulty finding somewhere to live. They also face overcrowding and poor housing conditions (Ziersch et al 2017).

Housing is critical during resettlement as it provides a base to form community and social connections, which are protective factors for mental wellbeing. However, refugees experience difficulty gaining adequate and stable housing due to housing market specific factors, the impact of trauma, limited social connections with Australian society, poor English language proficiency and low employment rates. (Flatau et al 2015).

The Refugee Council of Australia (RCOA) recommends that the Australian Government and state/territory governments establish additional financial support programs such as rental subsidies to alleviate rental stress among recently arrived humanitarian entrants (RCOA 2014).

Methodology

A Mental Wellbeing Impact Assessment (MWIA) was conducted together with interviews with key workers.

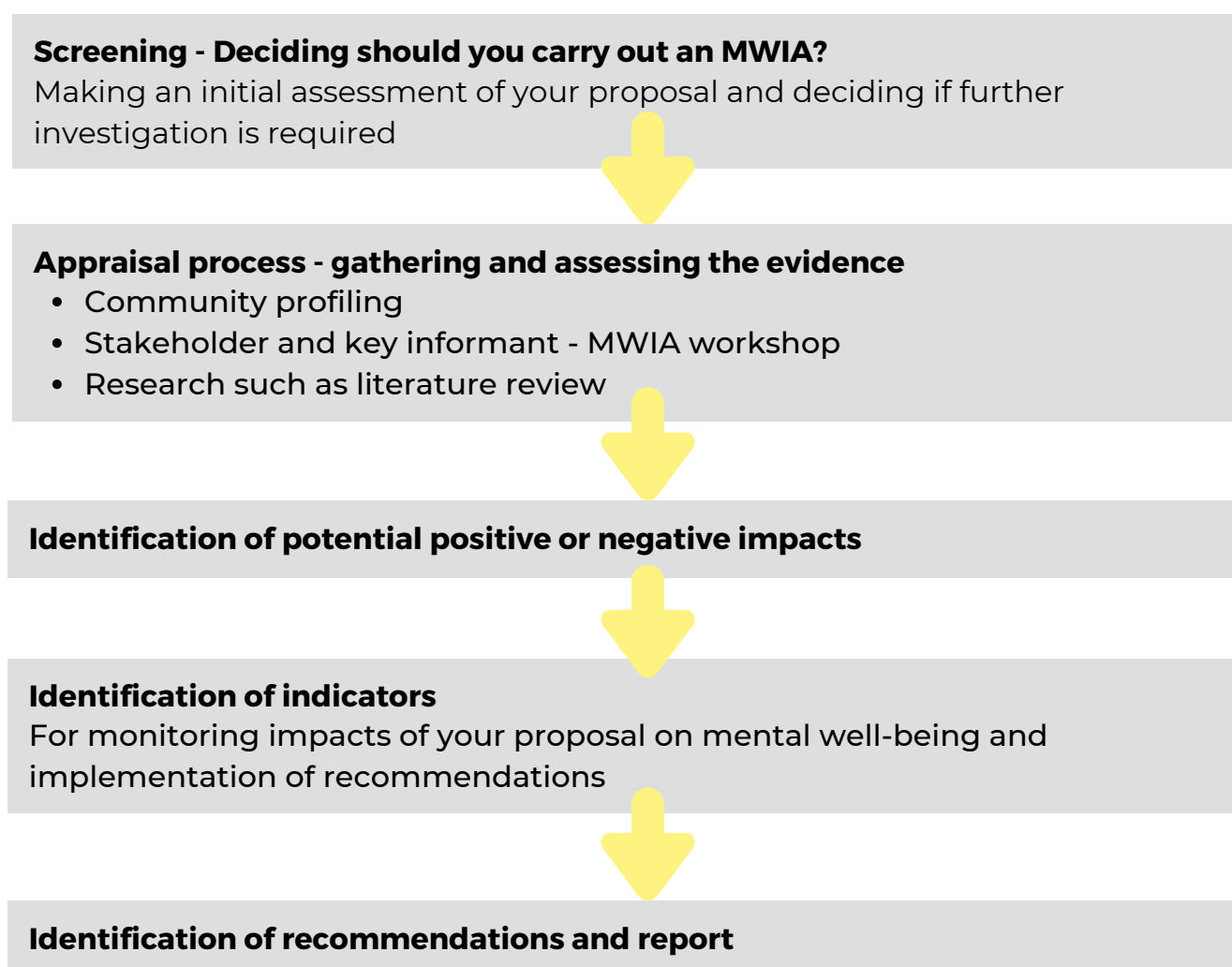
Mental Wellbeing Impact Assessment

MWIA is an evidence-based tool that informs to decision-makers about the potential impact of interventions on mental wellbeing (Cooke et al 2011). MWIA is an adaption of Health Impact Assessment methodology. It focuses on mental wellbeing and identifies factors that have a negative or positive impact on mental wellbeing.

South Western Sydney Local Health District (SWSLHD) Health Promotion Service and the Centre of Health Equity Training Research and Evaluation (CHETRE) facilitated a one-day training on MWIA including a screening exercise. The initial screening exercise suggested that the Refugee Transitional Housing Subsidy (RTHS) might be a useful case study to assess the impact of on the determinants of mental wellbeing for humanitarian entrants. Therefore, the Fairfield Housing Taskforce proceeded with MWIA to assess the potential impact of the proposed RTHS on the mental wellbeing of humanitarian entrants.

The MWIA followed the steps described in the MWIA Toolkit.

Figure 1: Stages of the MWIA process



The MWIA toolkit focusses on four evidence based protective factors of mental wellbeing:

- Enhancing a sense of control over one's life, including having choices and skills
- Increasing resilience and community assets
- Opportunities to participate
- Being included: having a sense of belonging and feeling involved

The MWIA considers the wider determinants of mental well-being such as housing, education and economic status.

Two 2-hour workshops were held with the taskforce members to carry out scoping for Mental Wellbeing Assessment. The following guided the scoping exercise:

How does the current situation for refugees living in Fairfield impact positively or negatively on determinants of health? How important are these determinants of mental well-being of Refugees living in Fairfield?

The group then considered what would change if the RTHS was implemented

1. Does the RTHS have any impact positively or negatively on determinants of mental wellbeing?
2. How important is this impact?

The group first considered the wider determinants of health and then the determinants of mental wellbeing related to control, participation and inclusion, community assets and resilience.

The MWIA shows that implementing the RTHS would have a positive impact on participants' wellbeing as it will ease housing stress and potentially enables participants to have more positive settlement experience. See Appendix A for detailed MWIA results.

Findings

The MWIA workshops considered how the current housing situation affects the wider determinants of health and the determinants of mental wellbeing. The results of this activity are illustrated in Appendix A.

For some determinants such as sense of control, knowledge skills and resources, opportunities to influence decisions, expressing views and being heard the potential impact of the RTHS will depend on the level of support offered. The current provision of housing was identified as necessary but not sufficient in order to support newly settled refugees. Housing needs to be combined with other actions such as case co-ordination and support.

The scoping workshop identified the following as determinants of mental wellbeing that would be influenced by the RTHS:

Wider determinants of health

- Access to quality housing
- Access to education, services and good quality food.
- Economic security

Control

- Sense of control and independence
- Ability to self help
- Knowledge skills and resources
- Opportunities to influence decisions and be heard

Resilience and community assets

- Emotional wellbeing
- Learning and development

Participation and inclusion

- Feeling involved
- Sense of belonging
- Having a valued role
- Activities that bring people together

Interviews

Interviews were conducted with key housing and community workers in Fairfield to document the current mental wellbeing impacts related to housing. Interviews were conducted with representatives from Community First Step; Assyrian Australian Association; Fairfield City Council; Settlement Services International; NSW Refugee Health Service; CORE Community Services; Hume Community Housing. Interviews were also conducted with humanitarian entrants. Fairfield has a high population of refugees born in Syria and Iraq.

Interview Results

The results supported the workshop findings of the impacts of housing on mental wellbeing for newly arrived refugees. The first hand evidence confirmed that access to housing is a significant issue for the refugee population. For example:

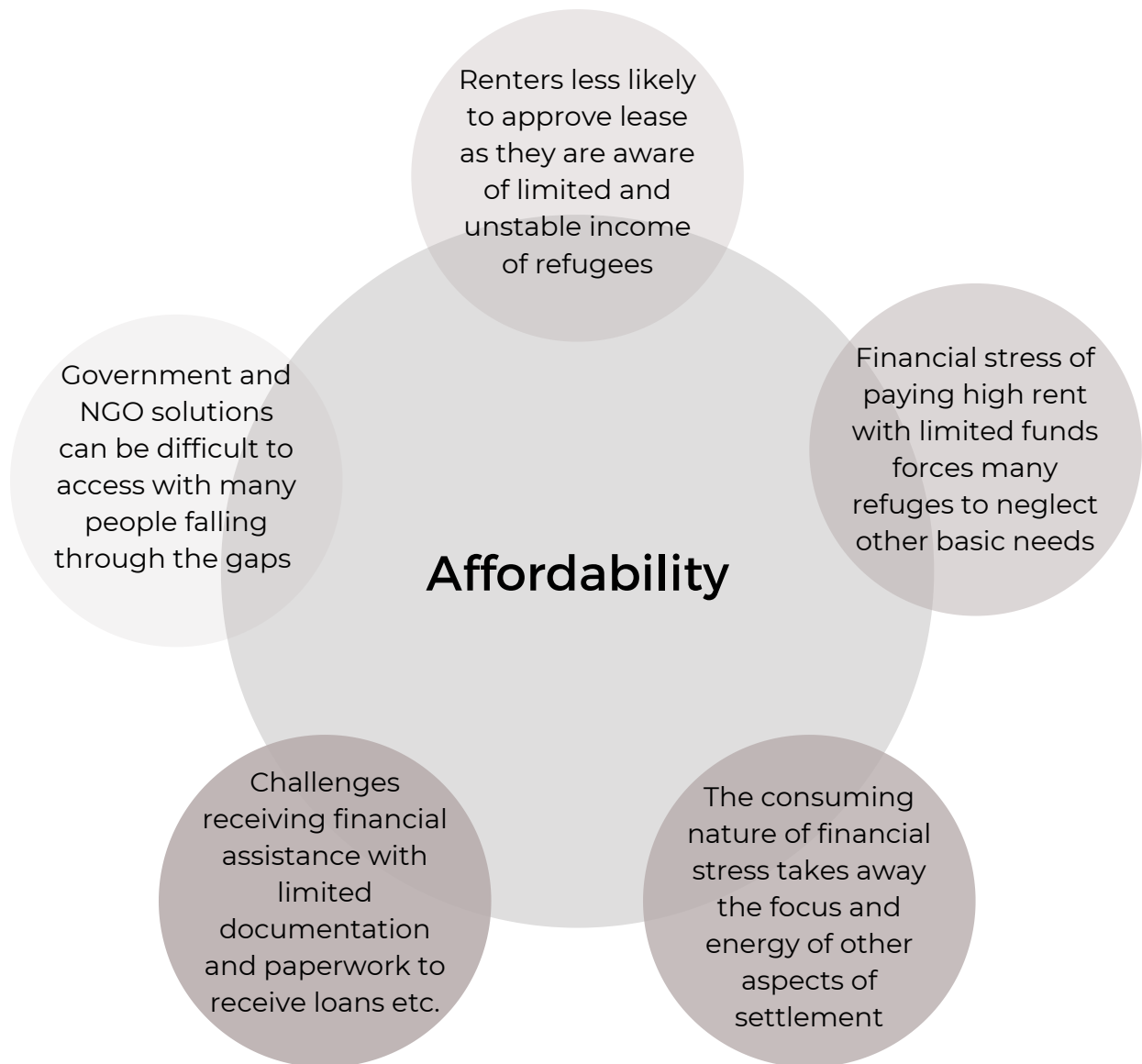
- Community First Step: In one morning, one caseworker filled out about 50 applications for housing assistance. In her experience, about 3 or 4 of these applications would be successful
- CORE CS: The Housing Specialist in Fairfield summarised that he saw about 35-40 clients a month with major issues – overall about 500 cases a year where all of whom experienced housing distress
- Assyrian Australian Association: Work with over 5,000 Assyrian refugees a year, with most in need of housing
- In 2017, Settlement Services International (SSI) supported 3,700 clients in Fairfield (Settlement Services International, 2017).

Key Themes

1. Housing affordability
2. Limited housing availability including the long social housing waitlist
3. Fear of moving as a result of housing affordability and availability
4. Poor quality housing
5. Congested living
6. Disillusionment and frustration

Many of the themes identified are interlinked. For example, the limited housing availability leads to increased rental prices, leading to congested living and limited options for those living with special needs.

Housing Affordability



Housing affordability was described by many of the refugees and workers as a source of financial and mental stress. This pressure on refugees is enormous - particularly when compounded by the stress of being unable to find employment because of language barriers or local work experience.

This first-hand evidence of housing stress is supported by the research literature, which all of the interviewees also confirmed.

According to the Parliament of Australia website, “A household is typically described as being in ‘housing stress’ if it is paying more than 30% of its income in housing costs” (Thomas & Hall, n.d.).

Interviewees described that given the difficulty sourcing and maintaining employment, many were struggling to live and pay rent on the financial assistance received from Centrelink alone. Unemployment in Fairfield was 10.5% (2016 census). Analysis of labour force participation rate of the population in Fairfield City in 2016 shows that there was a lower proportion in the labour force (49.9%) compared with Greater Sydney 61.6% .

A single person living on Centrelink benefits spends 74 % of their income on housing. A single pensioner spends 55% on housing. (Data on income retrieved from the Australian Government, Services Australia (2019), Data on rental median prices retrieved from realestate.com.au). The remaining income needs to include payments of bills (such as electricity and water), specialists and dental appointments (which were reported as sources of high financial stress among the refugee support group), food and other costs of living.

Desperate to stay close and connected to their community in Fairfield (many of whom are humanitarian entrants sponsoring other humanitarian entrants to come to Australia), refugees are willing to pay more to remain living in Fairfield. It was reported that real estate agents and owners of rental property are aware of this demand amongst refugee groups, and often increase their prices as they know people will pay more to remain in the area. This has led to a lot of “greed” in the real-estate business in Fairfield (quote from one of interviewees). Not only are refugees paying higher amounts to stay in the area, many of these properties are in poor condition.

A nurse from the NSW Refugee Health service who conducts home visits confirmed that many refugees are living in inadequate living environments despite paying high rent, - “you wouldn’t believe that these units are in Australia”. Landlords are also commonly known to increase rental prices, forcing refugees to move areas. This creates additional distress for the population who may have already experienced trauma from leaving family members and communities behind.

A worker from one of the organisations consulted explained she had tried several times to encourage refugees to move to other areas. She arranged bus excursions to show people other more affordable locations to live in rurally, showing them the jobs they could have, and introducing them to local members of the community and church. However, many are determined to remain living within the area to stay connected to their family and friends, despite poorer conditions and greater uncertainty around living.

Single mothers, individuals and family groups in Fairfield who have been assessed and found to be eligible for social housing are on a waiting list for up to 16 years before they are housed. In the meantime, a significant portion of their income goes towards rent, leaving them unable to afford basic items for themselves and their children. They are exposed to periodic rent increases – forced to move homes every 6 months – change schools for their children, buy new uniforms and reconnect utilities

Case Studies

A mother of three children arrived in Australia three years ago. The family moved into a rental property in the Fairfield area, paying \$360/week rent. Her husband left her six months ago and she has an Apprehended Violence Order against him. She received no orientation or support from services when arriving in Australia and was completely dependent on husband for everything.

She has since been paying the \$360/week rent from her Centrelink Income (parenting payment) alone. This amounts to approximately 50% of her weekly income. She cannot find anything cheaper in the market as she still requires a three-bedroom premises for her and her three children.

She has applied for Social Housing, however her application is in a bit of a stalemate as she has been told to wait for a termination notice to justify priority housing.”

In an Assyrian refugee support meeting, where the majority of the refugees were aged over 50 years old, many described being on a strict “program” to ensure that they could meet payments for rent.

“ One older man described he “gets less food to pay the rent”, and that he could sacrifice other things, but not the rent. ”

Limited Housing Options



The desire for refugees to continue living in Fairfield has placed a strain on the limited housing available. The Assyrian Association were grateful for the new high-rise apartment buildings in Fairfield, noting, however, that there still wasn't enough housing options to meet demand. Similarly, Fairfield City Council have noted how many granny flats had emerged without council knowledge/approval because of the need for housing solutions particularly for families who are sponsoring refugees.

Housing availability was commonly described as a source of distress for many refugees. Not only does limited housing availability - in Fairfield particularly, increase the demand and financial affordability of houses for refugee populations, it was described by interviewees as creating additional sources of stress – such as tension between the community, triggers of other traumatic experiences (waiting periods in refugee camps) and feelings of rejection.

With limited documentation including pay slips and formal jobs, it can be even more difficult to attain private rental within the limited housing market in Fairfield. Homeowners are hesitant to lease their properties to refugees as they are often unsure of their previous rental history, the reliability of their Centrelink income, and the language barriers when communicating about the property and lease agreement. The Housing Specialist Coordinator at SSI described this as being a source of anxiety, stress, confusion and feelings of rejection for refugees, with many asking why they have been rejected from their rental application.

As described by SSI, rental affordability, availability and distress is particularly experienced by single clients and single parent families as there is limited availability that meets their needs (e.g. one-bedroom apartments). This is also true for parents with special needs children and those living with a disability, with particularly limited options for children and adults living with a disability.

People on the waitlist for social housing:

Currently there are 3, 657 applicants on the waiting list for social housing in the Fairfield Local Government Area with 164 of these applicants on the priority waitlist. The wait is 10+ years (NSW Government, 2019). Many of these applicants are refugees. Interviews with all representatives identified that both demand and need were not meeting supply.

The limited availability and waiting list for social housing was described as a source of distress and a trigger of the memory of other traumatic experiences for many refugees – with the SSI Coordinator describing that he would often have to counsel refugees around the long waiting times and explain that these were normal.

Case Studies

An elderly couple have been forced to live apart, alternating between living with their son and daughter. Both the son and daughter live in two-bedroom units with their own children, with little space left for the elderly couple. The elderly lady sleeps on a lounge, and has to wait until everyone has gone to sleep before she can take a rest. Her husband stays with their son in another suburb – and has similar difficulties – with the daughter in law in particularly getting impatient with his presence. The couple have been on the waiting list for social housing for a while – but their situation has not been considered priority.



A middle aged lady came to Australia four years ago with her husband and kids and had no English language skills. She has since been estranged from her family, being thrown out of her house overnight. Short term emergency accommodation was sourced for her with DCJ. She then accommodated in a private bedsitter. The landlord has since been trying to get her out – saying that she cries loudly and interferes with the quiet enjoyment of her neighbours. The landlord has been verbally abusive and has made it clear to the social workers that she no longer wants her there.

The client's caseworkers have been looking for alternative accommodation for the past four weeks without success. She is seeking a one bedroom flat but keeps getting knocked back as the Real Estate agents prefer tenants with steady working income over those on Centrelink benefits. One-bedroom units are also very few and far between and are outside the scope of someone relying purely on Centrelink benefits (\$220- \$250/week). The only available accommodation is in shared housing – but cultural and gender differences has thus far made it impossible to find something suitable.



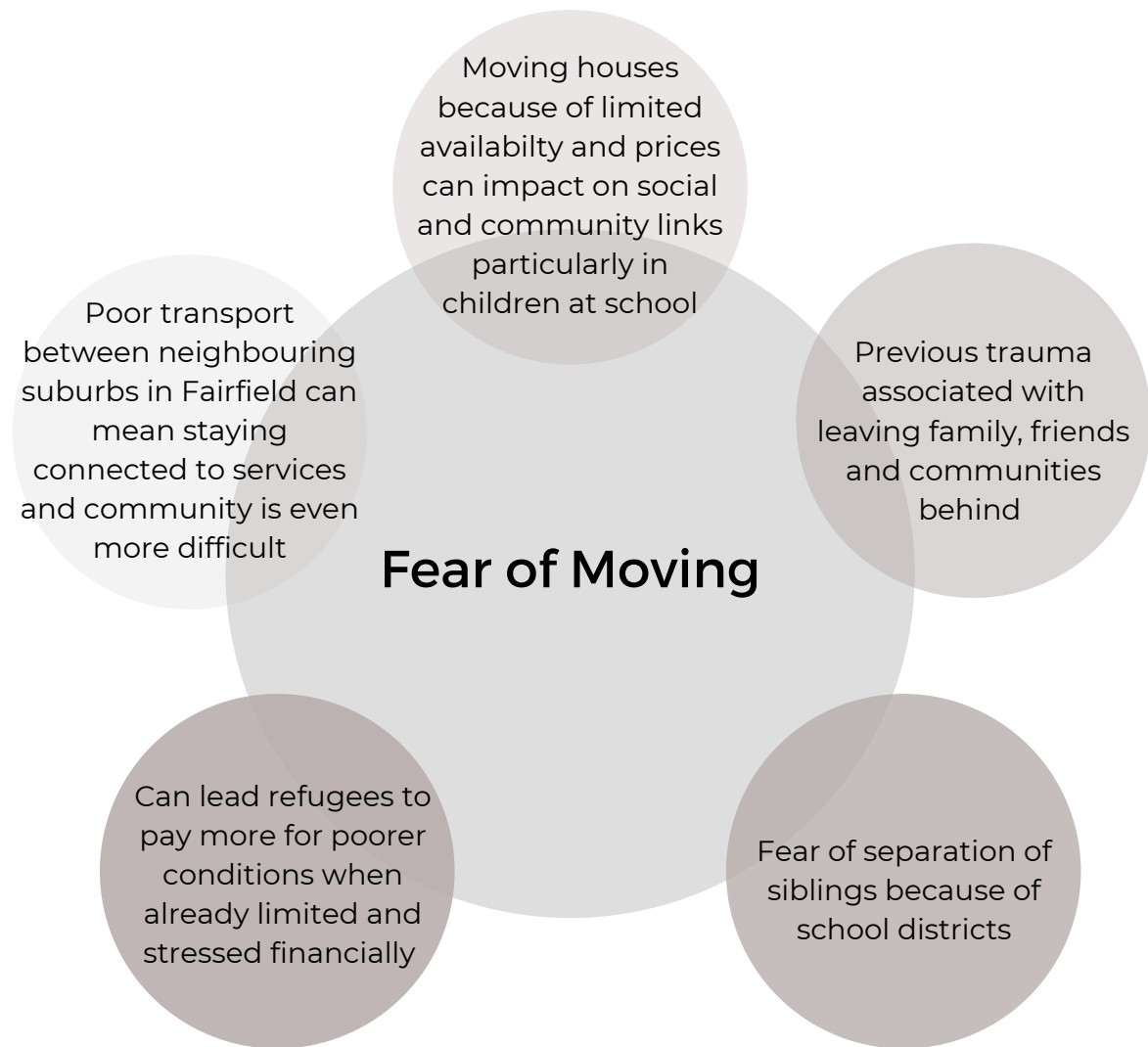
A lot of people on the social housing waiting list are on a disability support pension. They have been certified unfit/incapable of working and as requiring ongoing medical assistance. Not all medications are subsidised and therefore a majority of them have ongoing medical bills as well.

Many of these clients are approved for private rental assistance whereby they have to find a premises in the private sector. DCJ provides three weeks of bond and one week rent at the initial stage of tenancy.

One of our clients is in his early 50s, living with a physical disability with his wife as his carer. They are living in private rental accommodation where their apartment is on the third floor. Sometimes the lift in their apartment block stops working. He has difficulty negotiating the stairs – finding it hard to manage. He has been told by DCJ to find a premises with no steps or on the ground floor. He has moved four times in the last three years and does not want to move again. He finds it difficult to manage paying \$320/week in rent plus the cost of ongoing medical specialist.”



Fear of Moving



Housing affordability and housing availability are mainly driven by the demand and desire for refugees to stay closely connected to their communities, families and friends in Fairfield. This was commonly reported in interviews, as competition between refugee communities to stay in Fairfield leads to unnecessary tension, increased willingness to pay higher rent for poorer living conditions (as noted in the next section) and can be a trigger of previous trauma (leaving family and friends behind).

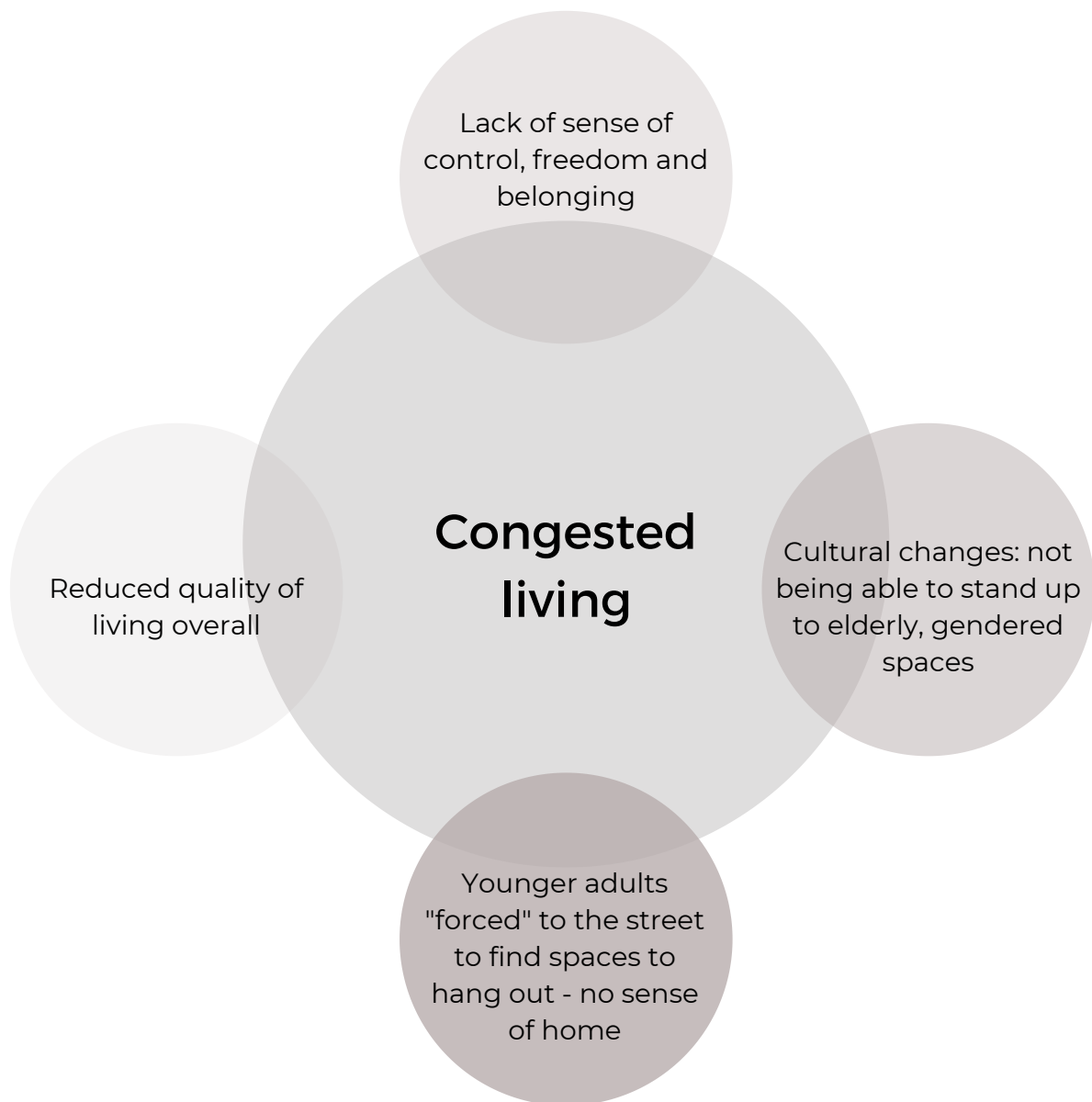
Poor Quality Housing



Interviews with providers in the area identified the poor quality of the housing in Fairfield, with many refugees willing to paying the higher rent to stay in the area.

It was noted that with many of the houses in Fairfield being older, many of the cooking appliances are not energy efficient – so people are paying more for energy.

Congested Living



The average size of refugee families was reported as being greater than five. If families are being sponsored (which the majority of cases are in Fairfield) by family and friends who themselves were humanitarian entrants, then this can lead to congested living. With limited housing availability, affordability, and minimal incomes, families and friends may be more likely to continue living with each other.

Congested living was reported to have impacts on all age groups. Older refugees from the settlement group noted that they didn't want to live with their children and grandchildren and were frustrated that they couldn't afford a place on their own. Stress on couples and young families who are required to oblige elders and have no sense of privacy (as described in case study below). Distress of younger people was also described in one of the interviews, congested living left them with no sense of personal space, no quiet places to study and no spaces to socialise with friends, which was particularly confronting for many teens. An interviewee identified that many young people were taking to the 'streets' to find their own space with their friends.

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Case Studies

A case worker in NSW Refugee Health Service described a scenario of congested living and its impacts on one of her clients. A man, his wife and their child who had been in Australia for seven or so years, was living with his extended family in one dwelling – with approximately 11 people living under the same roof. He came to the NSW Refugee Health Service, unable to bear the congestion of living. When applying for housing, he was told that the waiting time could be up to twenty years. A particular challenge for this man was paying the bond. The case worker engaged with Centrelink, Housing, the Department of Communities & Justice, and local real estate to find a solution which included a Bond Loan. This was described as a common situation amongst refugees, with many receiving bond loans and advance rent.

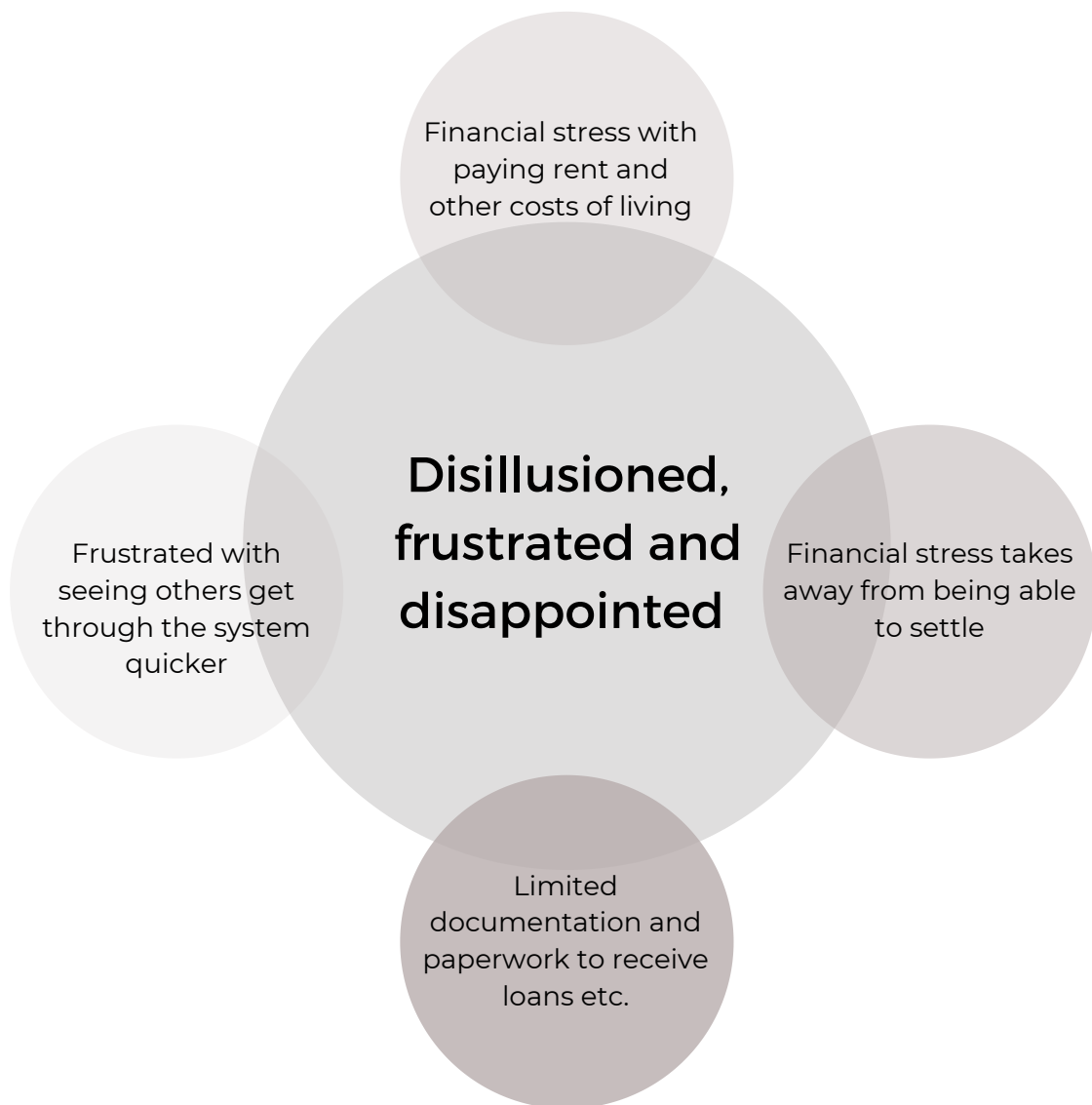
When settled into their new home, both described a sense of freedom and belonging they had not experienced in Australia since their arrival as refugees. The man, being from Middle-Eastern descent, belonged to a culture where he could not stand up to the elderly living in the same dwelling and this placed enormous pressure on his mental wellbeing.

For his wife, who lived with mental illness, the new home meant being able to decorate as she pleased, expressing herself as she pleased, sitting in silence when she wanted or going for a walk. She described being able to drink water – or even choosing not to drink water – was now her own choice. Sitting in silence was also described as a new luxury. Finally having their own space after having to move so much more before their settlement in Australia brought a sense of safety and a sense of belonging.

Although this case study presents a positive outcome and reveals the effective collaboration between government sectors to attain housing and financial solutions for clients, this provides short-term assistance. This family suffered for seven years before being able to move into their own place. Another comment from the housing specialist at SSI was that the DCJ worker responsible for providing the Bond Loan, was now more strict with providing loans to families for one-bedroom dwellings, aware of the impacts of congested living environments and were only likely to approve the loan for 2-bedroom applications (which is more rent for the family in the long-term).



Disillusioned, frustrated and disappointed



Culturally-specific organisations and bilingual case managers, such as the Assyrian Association or those working at Community First Step, tended to describe that an important part of the settling process includes explaining to refugees the challenges to be expected when attaining housing, including the lengthy wait times to be expected, and counselling them through the impacts of that process – the feelings of rejection, triggers for previous and other trauma (such as waiting times at refugee camps), increased anxiety and uncertainty.

Many of the interviewees also described that refugees were not aware that this (high financial stress, limited housing availability, limited employment, discrimination) would be the situation when arriving in Australia and spend significant amounts of time managing their expectations and maintaining trust.

This frustration was captured in the Settlement support group at CORE CS.¹ At this support group, many older Assyrians described the challenges they were facing with paying housing and living costs, as well as medical costs. Many were frustrated and stressed – stressed by having to maintain a ‘program’ (direct quote from refugee) to ensure adequate and timely rental payments, the stress of not having enough money left over to pay for specialist fees, the frustration with the system at ambiguous eligibility requirements, lack of communication and confusion around waiting times and rejection and changes in Centrelink payments. Many refugees were also frustrated with having to wait so long for social housing assistance when some others had been known to receive housing within a few months.

It was also commonly described in interviews refugees believe that organisations and government may be corrupt or not treating them fairly and providing them with what they are entitled to. This was described by interviewees as a normal occurrence – as many refugees have engrained in their belief system from experiences in their origin country that the government cannot be trusted. It was also described, that some refugees expected to receive their own house through the social housing program upon arrival into Australia, with organisations again having to explain to refugees what they are entitled to, and what they are not.

Some of interviewees described how many refugees believed that others were “cheating” the system (caseworkers noted that these were often their words), and were disappointed as they thought they were settling in a country with fair rules and systems. Although these systems and rules may be ‘fair’, perceptions of people ‘cheating’ the system is a source of frustration and feeling of helplessness for many refugees.

It was also reported that the housing stress, alongside unemployment stress, financial stress and pre-existing trauma, was contributing to family break ups and creating tensions in the family. This stress is evident in kids as well as they go to school, and “bring their torment of their home to their schools” (interviewee).

¹ Many of the refugees in the group preface their comments and answers to questions by saying “Please tell the government...”, a sign of their disempowerment, helplessness and desperation for a solution and a voice to be heard.

² It was described that some refugees are informed, that if they ‘say’ and ‘show’ they are experiencing domestic violence that they can access the domestic violence subsidy.

Case Studies

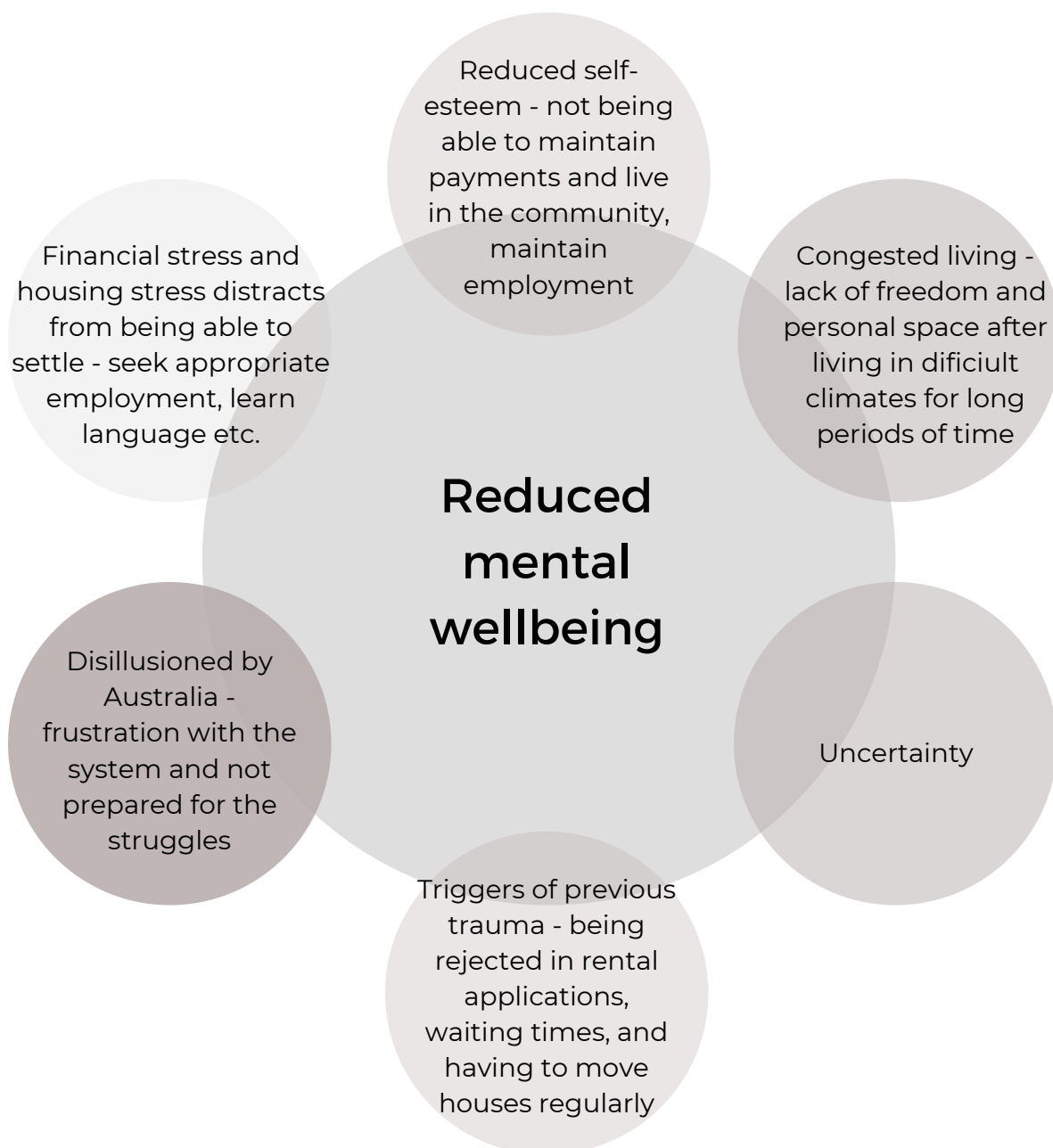
The social worker at NSW Refugee Health described a story of a woman's desire and need for safety and security despite not having the financial means to attain it. The woman and her son had fled Iran due to a domestic violence relationship. While in a Melbourne Detention centre, her son was sexually abused by another refugee 'detainee'. She eventually left Melbourne and arrived in Sydney, and claimed to live with her 'brother', although the social worker was not sure that he was in fact her brother.

As she had experienced domestic violence back in her home country, she was not entitled to The Rent Choice Start Safely government subsidy, and instead relied on Centrelink. The Centrelink amount she received was not enough to attain a one-bedroom apartment for her and her son. As a woman and mother, she described feeling powerless, and unable to protect her child.

She also described not being able to move forward with her life here in Australia, as her current housing stress consumed all her energy. Both she and her son were seeing counsellors. The social worker described her situation (and others), as "They want to be empowered, but the system is doing the reverse."



Reduced mental wellbeing



Many of the factors listed are interrelated. For example, housing affordability creates financial stress, which may cause people to live in inadequate housing or congested living environments, which in turn places pressure on mental wellbeing through threatening protective mental wellbeing determinants such as sense of control, freedom, sense of space and belonging.

Particular groups who were described to be more vulnerable in interviews:

- Single clients (unable to find appropriate cheap accommodation for one bedroom and little support)
- Single clients with children
- Those aged 40-60 who may find it difficult to find jobs.

Based on an assessment of the common themes identified through interviews, case studies and research, there were some other determinants/protective factors in the MWIA toolkit which could also be identified as being affected as a result of the housing distress experienced within refugee communities. These are the factors listed in the fourth column, “**Determinant from MWIA Toolkit’s extended list of protective factors**”. See APPENDIX C

Transitional housing schemes in NSW

The Department of Communities and Justice (DCJ) currently offer rental support programs for certain population groups but not for humanitarian entrants. *Rent Choice* is a form of transitional housing support for people who are experiencing homelessness or are at risk of homelessness. The aim of *Rent Choice* is to provide rental assistance integrated with support, to assist the household to stabilise their lives over a longer period (up to 3 years). Currently there is *Rent Choice Start Safely* for people escaping domestic violence and *Rent Choice Youth* for young people aged between 16 to 24 years. *Rent Choice* includes caseworker support to transition clients into education and employment with the aim of increasing clients’ independence and reduce need for welfare and social housing.

The NSW Government is trialing a rental assistance program called *Rent Choice Assist*. *Rent Choice Assist* provides rent support to low income households that have experienced a financially destabilising event, such as loss of employment or illness, and need assistance to either maintain their current tenancy or access affordable accommodation in the private rental market.

Rent Choice Assist is up to maximum of 3 years. It is currently on trial in the NSW Local Government Areas of Hurstville, Blacktown, Campbelltown, Newcastle and Lake Macquarie. People that receive *Rent Choice Assist* are ineligible for inclusion on the NSW Housing Register.

There is also a 6 month *Rent Choice Assist Set2Go* for people leaving who are leaving certain gaols and are willing to reside in south western Sydney and prepared to opt out of the NSW Housing Register. This program has a maximum 6 month subsidy with a review after 3 months.

Refugee Transitional Housing Subsidy (RTHS)

The Fairfield Housing Taskforce advocates for a pilot rental assistance scheme to extend *Rent Choice* for all humanitarian entrants on arrival through the Refugee Transitional Housing Subsidy (RTHS). The humanitarian entrants would be supported to engage in training and employment opportunities, and the aim will be for the household to move to independent living arrangements during, or at the end of the three year period. If done effectively, and if participants are supported throughout the subsidy period to be independent, then outcomes including stable housing, employment and improved English language skills. This could also lead to a reduced reliance on social housing. Therefore greater support during early stages may help to improve mental wellbeing outcomes and decrease reliance on government support in the future. The Fairfield Housing Taskforce proposes to pilot the RTHS program with 50 households and evaluate impact and outcome of program after 3 years.

The scope and terms of the RTHS such as end date and eligibility needs to be clearly explained to people. The confusion, anxiety and uncertainty around eligibility to access housing support was evident amongst a local support group for refugees and acknowledged widely amongst interviewees.

Humanitarian entrants who have overcome adversity to arrive in Australia in the hope of a just government system and lifestyle are disappointed and distressed at the perceived lack of parity amongst those receiving assistance. As a result, many believe that the community providers helping them are not doing their job, causing high levels of distrust between refugees, service providers and government.

With the difficulty and uncertainty experienced attaining private rental, many refugees take this personally as if they are not wanted or are being rejected from the system. This impacts emotional wellbeing and does not leave the person with a sense of belonging or safety. This is often compounded by the other stresses experienced upon settling and trauma of leaving their original country and previous experiences.

It was reported in interviews that many humanitarian entrants do not expect to face this level of housing and financial stress when arriving in Australia. The RTHS could help avoid distress associated with unstable housing to ensure humanitarian entrants can focus on other aspects of settlement such as language and employment.

The single biggest expense for a newly arrived refugee is rent. Based on the experiences of current transitional housing subsidies, extending the program to humanitarian entrants will provide initial stability and boost confidence for individuals to improve their language and skills.

Fairfield has one of the highest numbers of people waiting for social housing and it is estimated that people pay between 60-80 per cent of their income in rent. Caseworkers have identified rental affordability as one of the key factors that affect mental health and wellbeing.

The DCJ currently provides some solutions to housing affordability including bond loans, advance payment and private rental subsidies. However, many humanitarian entrants fall through the gaps as they may not be eligible, or may find it difficult to attain the required paperwork.

The Taskforce recommends implementing a pilot RTHS program with 50 newly arrived refugee families in Fairfield and evaluating the impact on their health and mental wellbeing.

Conclusion

The MWIA and interviews conducted in this study found a strong link between people's experiences of housing and their mental wellbeing. This connection is supported by existing research. Implementing *Rent Choice* for humanitarian entrants on arrival through the Refugee Transitional Housing Subsidy (RTHS) can be an effective way to improve participants' mental wellbeing during the crucial settlement period. The Housing Taskforce recommends to pilot the RTHS program with 50 households and evaluate impact and outcome of program after 3 years.

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