

Refugee place-making in high-income resettlement countries: What contributes to health and wellbeing?

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This research took place on the unceded lands of the Gadigal, Wangal, Tharawaal and Gandungarra people. We acknowledge Aboriginal people's sovereignty and connection to Country, and recognise the knowledge and resilience about place-making contained therein.



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Refugee place-making in high-income resettlement countries

What contributes to health and wellbeing?

- Why look at place-making?
- The review and what we did
- The evidence
- Types of place-making with links to health and wellbeing
- Beneficial aspects of place-making for health and wellbeing
- Poor place-making and detrimental impacts on health and wellbeing
- Implications and evidence into action...
- Next steps

Why look at 'place-making'?

Starting points

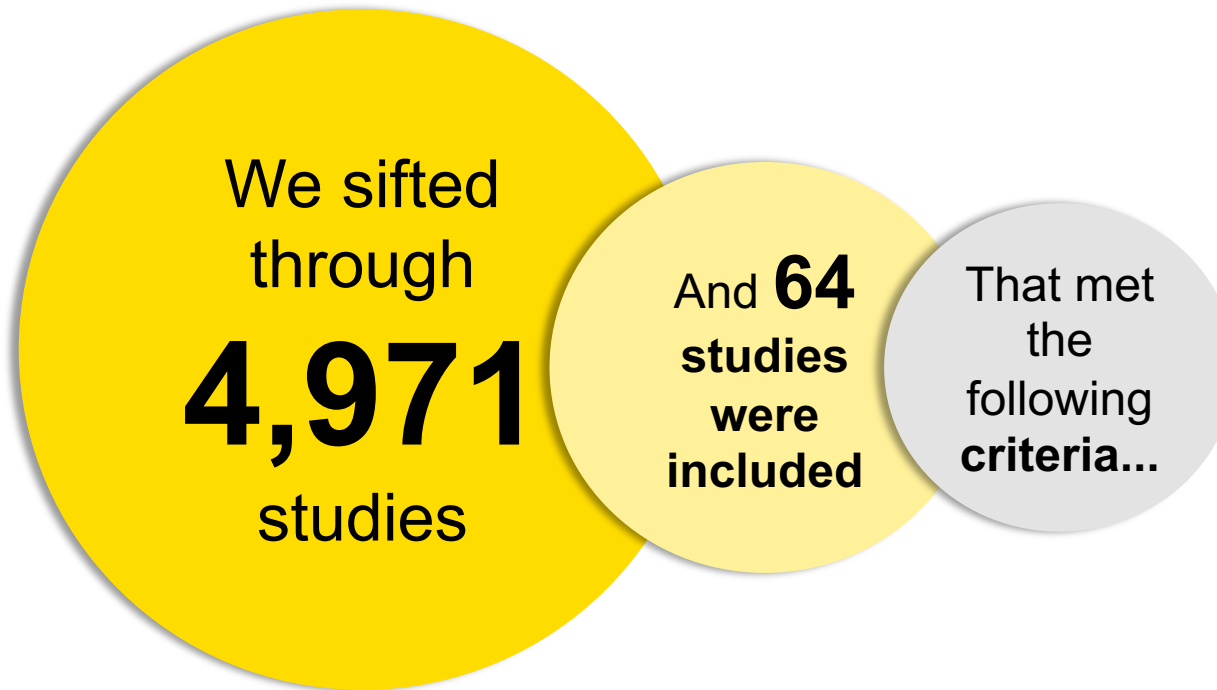
- Evidence suggests that **social isolation and loneliness is higher** among refugees and migrants, leading to poorer mental, and physical health
- Refugees experience stress from **othering and racism in resettlement countries**
- However, a focus on refugee displacement in the academic literature has limited the **potential for strengths-based approaches** that centre 'place-making' to promote health and wellbeing in resettlement
- Growing interest in place-based approaches in policies and services for refugees

Why look at 'place-making'?

Concept explained: Place-making

- Considers how the **relationality** between **spaces** and **human activity** develops over time to contribute to a sense of belonging and wellbeing
- Includes physical environments, social conditions and human perceptions
- Practices, activities, experiences, and relationships
- Processual and relational
- Restorative, therapeutic and healing
- Opportunities and inhabiting of a place in the context of resettlement

The review: how and why does place-making impact refugee health and wellbeing?



The review: how and why does place-making impact refugee health and wellbeing?

We sifted through
4,971
studies

And **64**
studies
were
included

That met
the
following
criteria...

- Include **empirical data from the perspectives of refugees** settled within ten years
- Examine a link between aspects of place-making and a physical or mental health outcome
- Include either quantitative or qualitative evidence
- Be based in a high-income country so that results would be relevant to Australian context
- Be published in English between 2000 and 2021

What evidence did we find?

64
studies
included

Mostly
qualitative
methods
used
(n=44)

> 2/3 of
articles
published
in the last
5 years

Location: Australia (n=23), US (n=16), Canada (n=12), UK (n=3), various European countries (n=7). Most studies included participants who were from different ethnic or cultural backgrounds (n=29), many originated from countries in Western Asia (n=15) or Sub-Saharan Africa (n=12).

Mental health and wellbeing were most reported as linked to factors that shaped refugees' perspectives and experiences of place-making. This included general psychological wellbeing (n=48), anxiety (n=26), depression (n=21), trauma (n=21), and suicidal ideation (n=2).

Physical health was often reported in a general or non-specific way among articles (n=12) with some data on insomnia (n=4), and chronic disease (n=2).

Types of place-making with links to health and wellbeing

Physical place-making

- Home and housing
- Neighbourhood
- Places of worship
- Schools
- Leisure and green space

Psychosocial place-making

- Employment and productivity
- Belonging
- Social connection
- Culture
- Psychological resilience

Structural place-making

- Discrimination and racism
- Governments, laws, and policies
- Access to health and support services

Beneficial aspects of place-making for health and wellbeing

Diversity, culture, recognition and belonging

“We have to teach her how to grow between...how to protect her culture and at the same time adapt to Australia because...the Aussies take her to a different world, to a different way.”

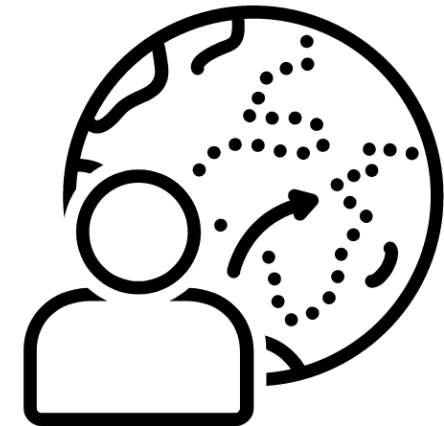
(Baker et al., 2019)



Beneficial aspects of place-making for health and wellbeing

Social and community connections: within cultural group and with broader non-refugee community

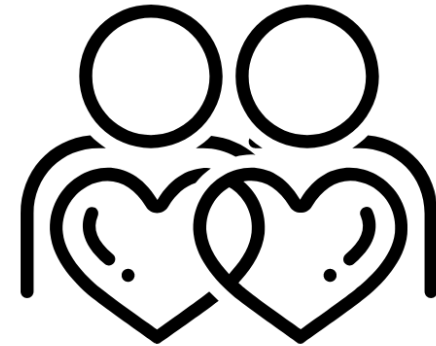
“ It should be like we can go and visit them or the family can come and visit us. This way we would not feel like a bird in a cage or imprisoned. This is the most important and critical issue here. This is what can cause depression.”
(Ahmed et al., 2017)



Beneficial aspects of place-making for health and wellbeing

Family

“I appreciate the importance of family as I think family can overcome many of the life challenges.”
(Copelij et al., 2017)



Gender and age are significant intersectional factors with different impacts

Poor place-making and detrimental impacts on health and wellbeing

Poor-quality housing



“It is like a box here. Back home the weather is good, we have a big garden and big trees, most of the time we are outside sitting, but here it is like a box. We are not used to staying indoors all the time.” (Hadjiyanni, 2007)

Unsafe and/or under-resourced neighbourhood & infrastructures



“I’m happy to lock the door and avoid going outside after it is dark. Past 9 o’ clock I can’t go out, I’m scared. Home before dark, can’t go out after dark”. (Ziersch et al., 2020)

“My mother is not far but she cannot come and babysit because the bus system here is too complicated for her. I cannot ask her to take a bus and come to our house.” (van Liempt and Staring, 2021)

Poor place-making and detrimental impacts on health and wellbeing

Poor access to leisure and green spaces



“I don't have much money and I have a one-bedroom apartment that is small but we have a park like this one close to us and this helps us a lot. If we did not have a place like this to play in every day, I don't know.” (Hordyk et al., 2015)

Racism and discrimination



“We'd love to go out there and achieve, but we need to be given more opportunities...to show that we're not just dumb black people sitting in Australia. We actually have something upstairs as well...And don't look down on Africans. We just need...more opportunities to show ourselves.”(Riordan and Claudio, 2021)

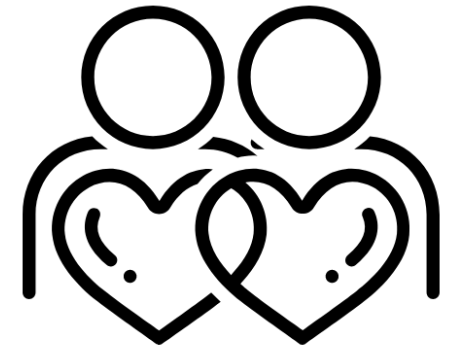
Implications and evidence into action...

- **Strong evidence** showing place plays a critical role in promoting inclusion, health, and wellbeing.
- Place-making happens at **multiple, nested scales** (home, neighbourhood, city, society) and both the **physical** and **social** dimensions of place can promote positive outcomes. **Context** matters.



Implications and evidence into action...

- **Places** are **relational** and **plural** for refugees: opportunity for encounters that do not force narrow identity categories and politics of recognition are needed
- The **structural components** of place-making remain central and policy makers can **remove barriers** and **provide assistance that enable and empower refugees**: e.g. language competency, meaningful employment and financial capacity, family reunification, and longer-term support from resettlement services



Next steps...

- Workshop with key stakeholders
- Future research and partnership opportunities
- Research translation

Would you like to get involved?



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