Social factors impacting on Hazara community members as they engage in the task of settling into mainstream Australia, and their utilisation of social services.

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SUMMARY

This thesis is centred on a refugee ethnic minority from Afghanistan, the Hazara. The Hazara have faced over a century of persecution in their homeland and more recently under the guise of the radical Taliban movement primarily because they follow the Islamic branch of being Shi'a and not Sunni. This thesis looks at the social services that the Hazara in metropolitan Adelaide, South Australia, utilise and of the social factors that may hinder their usage of services. The services that will be explored include the following: health; education; employment and finally accommodation.

With the samples of the male Hazara who took part in this study, three possible groups could be observed. First, there were a large majority who had come to Australia directly with Protection Visas in hand. This was followed by another group who previously held a Temporary Protection Visa, followed lastly by a small number who had held a Bridging Visa E. While this presented the study with no single homogenous group (visa wise) to observe, the fact that the participants all belonged to the Hazara ethnic group is a standard on which the study was to be based.

By initially using a custom questionnaire to gauge the responses from the Hazara on their use of social services, a picture of what is deemed important and necessary in social services was achieved. This was then followed up by three face-to-face interviews to get an even clearer point of view.

The analysis shows that for the most part, the Hazara have relished their new lives in a safer environment that Australia projects to its citizens with all aspects of social services being accessed and in some parts more fully than others. For example, the inclusion of regular visits to a General Practitioner, through to the limited use of trauma counselling services for trauma and torture,

and the scope of employment within the Hazara community itself being identified in contrast to the possible formal arrangements set up through the Government's Job Service's Australia platform.

DECLARATION

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

Signed...

Date...9/06/2016..

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ABBREVIATIONS

ARC:	Australian Red Cross
ASAS:	Asylum Seeker Assistance Scheme
BVE:	Bridging Visa E
CAS:	Community Assistance Support
DIAC:	Department of Immigration and Citizenship
DIMIA:	Department of Immigration and Multicultural Affairs
DIBP:	Department of Immigration and Border Protection
FASST:	The Forum of Australian Services for Survivors of Torture and Trauma
HSS:	Humanitarian Settlement Services
IDC:	Immigration Detention Centre
IDP:	Internally Displaced Persons
PV:	Protection Visa
RCOA:	Refugee Council of Australia
STTARS:	Survivors of Trauma and Torture Assistance and Rehabilitation Services
TPV:	Temporary Protection Visa
TIS National:	Translating and Interpreting Service
UNHCR:	United Nations High Commission for Refugees

Chapter 1: Introduction

My interest in the Hazara people of Afghanistan first began during my work as a caseworker working with Australian Red Cross (ARC). For just on four years (2012 to 2015), while employed by ARC, I had ongoing contact with many asylum seeker groups, the largest of whom were the Hazara. This thesis will explore the issue of access to the social services that we as Australian citizens and/or residents take for granted. By exploring the barriers that asylum seekers and then refugees have to navigate, with their histories of war torn desperation and the central element for the need to survive, it is envisioned that the thesis will be able to highlight the successes, or failures, that the Hazara have experienced in their overall rebuilding of new lives here in Adelaide, Australia.

For the purpose of this thesis, certain definitions need to be made clear. They include: defining what is an asylum seeker and what is a refugee; what is meant by the term social access; and what can be termed social services?

First, and by all means essential to any argument about refugees, is what is an asylum seeker? As a person needs to be an asylum seeker before they can become a refugee, an asylum seeker is someone who has:

> requested international protection for fear of persecution and loss of life, but whose claim for refugee status remains undecided. They may be in a country of asylum having fled their country of origin, by having overstayed their visa or other entry papers, or by having gained illegal entry into a country (Elliott & Segal, 2012, p. 567).

A refugee on the other hand can be someone who was, under Article 1A (2) of the Convention of Refugees in 1951:

> owing to a well-founded fear of being persecuted for reasons of race, religion, nationality, membership of a particular social group or political opinion, is outside the country of his [or her] nationality and is unwilling to avail him [or her] self of the protection of that country; or who, not having a nationality and being outside the country of his [or her] former national residence as a result of such events, is unable or, owing to such fear, is unwilling to return to it (Elliott & Segal, 2012, p. 566).

The above definition of a refugee, is the one that is being “used by the Australian Government when it is assessing claims for protection” (Phillips & Spinks, 2013, p. 27). However, as Elliott and Segal inform us, there is much more to the definition of what is a refugee than previously noted.

> The term ‘refugee’ shall also apply to every person who owing to external aggression, occupation, foreign domination or events seriously disturbing public order in either part or the whole of his [or her] country of origin or nationality, is compelled to leave his [or her] place of habitual residence in order to seek refuge in another place outside his [or her] country of origin or nationality (Elliott & Segal, 2012, pp. 566-567).

Finally, to complete the definition of who a refugee may be is to include:

> persons, who have fled their country because their lives, safety or freedom have been threatened by generalized violence, foreign aggression, internal conflicts, massive violation of human rights or other circumstances which have seriously disturbed public order (Elliott & Segal, 2012, p. 567).

As can be seen by the definitions above, being a refugee is a complex and a serious matter to contend with and, as such, is not such a simplistic notion as one might initially realise. From the above definitions, a refugee can come from a variety of backgrounds, where their social and civil rights are being subjected to numerous stressors. These stressors, such as those experienced by the Hazara in Afghanistan and neighbouring countries, make it nearly impossible for them to stay in their original homeland. This explains why the Hazara are so eager to risk their lives to find a safer place of refuge, as will be shown in the literature review.

Social access is in part the opposite of social exclusion and a part of social inclusion. When someone is socially excluded, they are at risk of being cut off from the “institutions and services, social networks and development opportunities” (Pierson & Thomas, 2002, p. 437) that they would otherwise be involved in and which the majority of society enjoy (p. 437). By being socially included, a person is allowed access to most things that the society has to offer. There are of course limitations to access, be they legal, moral, ethical, or societal constraints. By asking the Hazara cohort in this thesis a variety of questions based on social constructs, such as those presented by social services, it is hoped that a greater understanding will be provided of what services this sample use in their new life in Adelaide.

Another important definition to make is what is meant by social services. For the interests of this thesis, social services include all manner of commonly utilised services found within a functioning society. This includes such areas as health, education, employment and welfare, housing, emergency services and the like. As Mullins (1990) writes:

> These services are probably well known and include job training, employment services, education in English as a second language and in civics, child welfare, information and referral services, mental health services, and social adjustment services (Mullins, 1990, p. 167).

‘Utilisation of social services’ is intended to illustrate what social services the Hazara members are using, for example, health, education, employment, housing, and mental health, by asking the potential participants to answer a questionnaire based on their use of social services.

Finally, 'social factors' are the problems experienced by refugees as they readjust to a life in a safer environment. By exploring the literature provided by a range of authors, a list of 'problem areas' faced by refugees and immigrants will emerge. Social factors have to be clearly defined as they make up a large proportion of the potential barriers that both asylum seekers and refugees have to face if they are to successfully navigate their way through the many services and functionaries that exist in societies like Australia. Central barriers that exist for all migrant groups, including refugees, include such fundamentals as language, health, both physical and emotional, trade qualifications for employment and the ability to find suitable accommodation for themselves and their families, if they are fortunate enough to be together as a family.

The literature review will introduce who the Hazara are, where exactly in Afghanistan they came from and why they have sought the protection of Australia as refugees rather than remain in their homeland. Also found in the literature review are the social barriers that newly arrived communities such as the Hazara face in establishing themselves into a new and perhaps alien society. This is because many Hazara belong to the mountainous areas of central Afghanistan, the Hazarajat. And while some may have ventured to the cities in Afghanistan in the search for employment, the Hazarajat is very much a rural area in nature. This thesis will explore the societal aspects of the Hazara, the role of social work in their lives and what we as social workers can best do to create an atmosphere that is both welcoming and productive in ensuring that all refugees have equal access to the services most commonly found in Australian society.

The thesis will focus on key social services that are offered to everyone in the Australian community. These services, though common in a country like Australia, may very well be foreign, or have a place of mistrust, amongst newly arrived asylum seekers and refugee groups in the community. This study will be focussing on the utilisation of these services by specifically male members of the Hazara community in metropolitan Adelaide, South Australia. By examining how and what services this cohort of men use, it is envisaged that the results of the data collected will illustrate how effectively the members of the community have settled in and adjusted to life in Australia. It will be shown to what degree the Hazara, like other refugee groups, are both resourceful and resilient, and to what extent they as a community are beginning to build and establish their lives here in metropolitan Adelaide.

The majority of the literature contained within this thesis is based upon refugees who have entered countries like Australia through the 'Offshore Humanitarian Program' (Australian Government term) and, as such, have been selected to enter countries of resettlement as legal refugees, as persons who genuinely needed humanitarian protection. This, however, discounts the many irregular or 'illegal' asylum seekers who came to Australia via people smugglers, who in turn were put in the 'Onshore Protection Program', of which refugees on Temporary Protection Visa's (TPV's) and Bridging Visa E (BVE) were part. The Hazara investigated in this thesis are in this second category and were considered 'illegal' asylum seekers. As such there is a bias in the literature towards the recognition of formal refugees over asylum seekers who then become refugees, as is the case for asylum seekers into Australia.

As Iqbal et al. (2012) wrote about Afghanistan:

> Afghanistan has an intricate history of turmoil over four decades which included war and discrimination on the basis of race, religion, and gender resulting in the largest population movement in modern times (Iqbal, et al, 2012, p. 2)

This turmoil has included such events as the occupation of Afghanistan by the then Soviet Union in 1978, the Mujahedeen resistance movement, through to the often violent and radical Taliban. Each movement has seen groups of the Afghan populace leave the country for safer environments, be it the Pashtuns during the Soviet era through to the Hazara in more recent times. In one way or another, Australia has become home to many thousands of asylum seekers and refugees alike, who had no choice but to leave their homeland if they wanted to survive.

As will be shown in the literature review the Hazara have faced vilification on a grand scale due to their physical appearance (which consists of Turko-Mogholi features (Mousavi, 1998, p.xiii)) and more significantly because of the fact that the majority of them follow the Islamic tradition of being Shi'a and not Sunni as is the case for the majority of the population in Afghanistan. And that it is this divide that has seen this minority persecuted for well over a century, from the time of the Amir, Abdur Rahman, through to the more modern and contemporary times under the Taliban. Monsutti (2005) tells us that from the early 1990's "Afghans formed the largest group of displaced persons on earth, accounting for nearly half the total under the responsibility of the United Nations High Commissioner for Refugees (UNHCR) (p. xiii). Monsutti adds that in 1990, there was a total of "6.22 million Afghan refugees in the world" (p. xiii). This number fluctuated after the withdrawal of Soviet forces in 1989 and made a resurgence with the emergence of the Taliban in 1994 (p. xiii).

Selecting what social services to study was based entirely on four key areas of social access that impact either directly, or indirectly (such as certain aspects of health), on individuals in a contemporary modern society. Therefore, health, education, employment and accommodation were chosen as it was rationalised by the author that these four sectors would have most contact with refugee groups in the community.

Health is an obvious sector to include due to the very nature of the human body to require medical assistance in some form or another throughout its lifetime. To further the health debate, sub-sections such as counselling, trauma and torture, etc., were added to complete the picture of what life for a refugee in Australia may look like. Education and employment were added to the discussion, as it is these two united elements that see the Hazara men in this study, and in the literature, become more involved in the community by either studying English or higher studies, or if successful, finding employment. Finally, accommodation was added to the debate so as to gain an understanding as to how the refugee sample has managed to settle into the community after years of possible marginalised accommodation as asylum seekers, through to more stable accommodation as refugees. All of these sections offer the reader an insight into the life of a refugee, a refugee who has travelled thousands of kilometres from war and persecution, to a life of relative acceptance free from tyranny.

The following chapters will highlight and explore how this thesis will answer the following two research questions. First, how do male Hazara refugees in Adelaide utilise the following social services: health, employment, education and accommodation? The second question, to what degree do Hazara refugees utilise these social services? The literature review will introduce the Hazara to the reader through a historical review, look at the refugee context in Australia and abroad, and look at the social factors that impact on refugees as they attempt to start life anew.

The Method section introduces the reader to the methodology utilised in the thesis, how the participants were selected, the measures, instruments and materials used, coding and data analysis. The fourth chapter is the results chapter, and this contains the quantitative and qualitative results derived from the questionnaire and face-to-face interviews. The next chapter is the discussion. This consists of the analysis from the results section. The final chapter is the conclusion, with recommendations, limitations and a summary of the thesis.

Chapter 2: Literature Review

2.1 - Introduction:

The central element to the overall production of the paper deals with the utilisation of social services by the Hazara cohort that is the focus of this study. The thesis will focus on key social services that are offered to everyone in the Australian community. This study will be focussing on the utilisation of these services by male members of the Hazara community in metropolitan Adelaide, South Australia. By examining how and what services this cohort of men use, it is envisaged that the results of the data collected will illustrate one aspect of how effectively the members of the community have settled in and adjusted to life in Australia.

As can be seen from the above definitions, a refugee can come from a variety of backgrounds, where their social and civil rights are subjected to numerous stressors. These stressors, such as those experienced by the Hazara in Afghanistan and neighbouring countries, make it largely impossible for them to stay in their original homeland.

A number of different enclaves represent the Hazara. With a large majority "being of the Twelve-Imami Shi'ites, some of them are Ismaili Shi'ites and a small number of them belong to the Sunni sect of Islam" (Saikal, 2012, p. 81). Their "cultural and ethnic background… can be traced back to Greco-Buddhist traditions and Mongolian descent" (2012, p. 81).

2.2 - Historical background:

Afghanistan and its population "is comprised of a number of micro-societies, divided along ethnic, tribal, clan, sectarian, and linguistic lines" (Saikal, 2012, p.

80). Out of the three dominant ethnic groups in Afghanistan, the Hazara are the third most populous following behind the Pashtun and Tajik ethnic groups (2012, p. 80). The Pashtuns, being the largest clan, “dominated the political and military leadership, the Tajiks providing mostly the intelligentsia and administrators, and Hazaras constituting mainly the servant class” (2012, pp. 80 – 81). In 2011, the Australian Department of Immigration and Citizenship (DIAC) released a *Country Guidance Note* about Afghanistan. They noted that Pashtuns and Tajiks “make up 42 per cent and 27 per cent” (DIAC, 2011, p. 5) of the population, while the Hazara make up only 9 per cent of the population (2011, p. 5).

The Hazara initially belonged to central Afghanistan, in an area known as the Hazarajat (Mousavi, 1998, p. xiii). The area has been populated from at least 300 BC during the pre-Islamic or Barbaristan era (1998, p. 89). During this time, the area became a centre of commerce and trade, and saw the construction of the famous Bamiyan Buddha’s (1998, p. 90).

Mousavi states that “due to their geopolitical location inside Afghanistan, they [the Hazara] were able to live virtually autonomously until the 1890’s, after which date they were ruthlessly subjugated” (Mousavi, 1998, p. xiii).

After the Barbaristan era, a new phase of ideology and knowledge entered the region. This new era was the Khrorasan era 724 – 1890 (Mousavi, 1998, p. 90). The Khrorasan (Modern Afghanistan) saw the introduction of Islam to the Hazarajat (1998, p. 90). During this period, the Hazarajat became less prosperous and important as a cultural centre of significance (1998, p. 90). Following on from this period, the Hazara have found themselves subject to a feudal system of great exploitation:

> where a peasant was no more than a slave and was regarded as the property of the *Mir* [landlord], to be used as a commodity in economic

> exchange. [That has] forced many thousands of Hazaras into migrating or even emigrating from the Hazarajat in order to preserve their social structure (1998, p. 107).

In addition, during the 1970's, many Hazara:

> have been obliged, because of increase in population, shortage of arable land, harsh living conditions, oppression and injustice at the hands of local and government authorities, to leave their native lands and move in great numbers into the cities, where they survive only by undertaking hard and humiliating employment (1998, pp. 108 – 109).

Also during this time, Iran opened its borders to attract cheap labour to help build upon their booming economy from 1973 – 1978, where "Afghanistan supplied the majority of these workers, of which 60 per cent were Hazaras coming from the Hazarajat. After 1978, this figure rose to 80 per cent" (Mousavi, 1998, p. 107). Additionally, "since 1978 Hazaras have regularly travelled back and forth between Afghanistan and Pakistan and Iran to seek work, escape drought and to flee war" (DIAC, 2011, p. 5).

The above indicates to what extent Hazara members would go in order to find decent employment, employment that would allow them to help their families back in Afghanistan, and to what extent life in the Hazarajat was like.

Beyond the economic side of life in the Hazarajat and that of Afghanistan itself, it is necessary to get an understanding of how and why the Hazara have been so persecuted in their homeland. Such persecution stems from the knowledge that as a primarily Shi'a population, the Hazara are essentially surrounded by people of the Sunni branch of Islam, with the dominant Sunni group being the Pashtun (Mousavi, 1998, p. 73). Added to this, the Pashtun/Hazara dichotomy lies in what Mousavi calls Pashtunism. Pashtunism "refers to the whole array of attitudes and beliefs which lie at the basis of the notion… of their racial supremacy over and above all the other ethnic groups in Afghanistan” (1998, pp. 5 – 6). Furthermore, “Afghan nationalism or Pashtunism [as] a mechanism for tribal domination and oppression has been enforced upon society and the people of Afghanistan for over a century” (1998, p. 7).

Mousavi (1998) notes that the main differences between Shi’a and Sunni Muslims, and the possible cause for much disunity (apart from what was noted above) between the two branches, lies in the knowledge that the Hazara Shi’a are in disagreement over who was the fourth Caliph to succeed Mohammad (1998, p. 77). This, Mousavi writes, is in short “the essence of the difference between the two branches of faith” (1998, p. 77). This is not to make short of other differences that may exist between the two branches, or the impact of historical rifts that have, and still do, affect much of this part of South West Asia and the Middle East. While it is not for this paper to dissect the differences between the two branches of Islam, much of the violence and persecution experienced by the Hazara may be seen as a direct result of one view or interpretation of Islam over another, as well as the impact of one dominant ethnic majority and their perceived higher standing in the social and cultural order that bind all of the ethnic groups to Afghanistan.

An example of this domination of the Hazara is as follows:

> Over the past 100-odd years in Afghanistan, the Hazara have been victimised socially and deprived of their natural and human rights because they are Shi’a. Until 1919, some Hazaras were still kept as slaves by the Pashtuns (Mousavi, 1998, p. 77).

The events, which occurred during the reign of Abdur Rahman are of even more relevance to this paper and of the persecution that the Hazara face. Abdur Rahman was the Amir (King) of Kabul and soon all of Afghanistan from 1880 to

1901 (Razaiat and Pearson, 2002, p.4). The years since the 1890's are highly relevant to the contemporary society of the Hazara. It is during this time that the Hazara and many other ethnic minorities faced the wrath of Abdur Rahman (Mousavi, 1998, p. 111). Mousavi quotes numerous sources and excerpts from and about the various forms of violence that were dispersed on the ethnic groups that Abdur Rahman called infidels, and many are of a brutal nature (1998 pp. 111 – 115). In some instances Abdur Rahman would get his forces to collect the heads of his victims and create minarets out of them (1998, p. 112). Another example, "With the help of Sunni clerics, Abdur Rahman declared the Hazaras 'infidels' and waged *jihad* [Holy War] on them [all for not accepting Imam Ali as the fourth Caliph as noted above]" (p. 77). Mousavi writes that due to Abdur Rahman's belief that all of 'his' people were "treacherous and criminal" (1998, p. 113)… "his only option in view of this perceived threat was to rule by fear, with the constant threat of massacre and annihilation" (1998, p. 113). It has been suggested, that Abdur Rahman was responsible for nearly 60% of the Hazara population being annihilated (Razaiat and Pearson, 2002, p. 7).

The essence of one group being superior to another was further taken up by the Taliban in 2001 when they were to treat the Hazara as mere animals in their strict interpretation of the Quran (Zabriskie, 2008). "The Hazara were targeted particularly because they were mostly Shi'ites whom the *Jihadi* Sunni Taliban regarded as 'heretics' and pro-Iranian" (Saikal, 2012, p. 82). For, as Maley (2012) tells us, "under the Taliban, discrimination against Hazaras took a murderous form". Maley offers several illustrations of ill-treatment by the Taliban against the Hazara, in his submission to the Expert Panel on Asylum Seekers (2012), especially about the Taliban assault on Mazar-e Sharif (also spelt Mazar-I Sharif) on the 8th August 1998. Maley (2012) cited Colville (1999) in his coverage of the massacre of Hazara's at Mazar-e Sharif:

> Some were shot on the streets. Many were executed in their own homes, after areas of the town known to be inhabited by their ethnic group had been systematically sealed off and searched. Some were boiled or asphyxiated to death after being crammed inside sealed metal containers under a hot August sun. In at least one hospital, as many as 30 patients were shot as they lay helplessly in their beds. The bodies of many of the victims were left on the streets or in the houses as a stark warning to the city's remaining inhabitants. Horrified witnesses saw dogs tearing at the corpses, but were instructed over loudspeakers and by radio announcements not to remove or bury them (Maley, 2012).

Sparrow (2005) further adds on the massacre:

> Most were betrayed by the ultimate *shibboleth* or not being able to pronounce Sunni prayers. Discovered Hazaras were usually shot on the spot, preferably in the face or testicles, while others had their throats cut and yet more were carted off to city jails… Niaz (the new Taliban appointed Governor at Mazar) went further: 'Hazaras are not Muslims', he said at one mosque. 'They are *kofr* (infidels)'. And therefore no better than animals. Seventy men had their throats cut at the tomb of Abdul-Ali Mazari, in the *halal* ritual reserved for sheep… and Shia mosques were whitewashed, renamed, and converted to Sunni places of worship (Sparrow, 2005, pp. 34-35).

While it was reported that 2,000 people were massacred at Mazar-e Sharif (Monsutti, 2005, p. xv), Monsutti claims that the number of Hazara killed probably ranged from 3-6,000 individuals (p. xv).

Other examples of the Taliban targeting the Hazara with various forms of discrimination include: Hazara villages being frequently targeted "for the conscription of young men for fighting at the front lines" (Sparrow (2005, p. 32); Hazaras being "removed from their home areas and arbitrarily detained for long periods in jails in Kabul and Kandahar. Their families were informed that the 'criminal' would be released on payment of a sum" (2005, p. 33). In addition "Hazara homes and businesses were routinely searched, looted and taken over" (2005, p. 33).

The world also witnessed the "destruction of the 5000 year old Bamiyan Buddha statutes by the Taliban in a horrendous act of cultural vandalism in March 2001" (Saikal, 2012, p. 81). This was an act that may have been seen by the Hazara as a form of cultural genocide, for as Zabriskie (2008) wrote:

> the Taliban saw the Buddhas simply as non-Islamic idols, heresies carved in stone. They did not mind being thought brutish. They did not fear further isolation. Destroying the statues was a pious assertion of their brand of faith over history and culture. It was also a projection of power over the people living under the Buddhas' gaze: the Hazaras, residents of an isolated region in Afghanistan's central highlands known as Hazarajat — their heartland.

As the above has illustrated, the Hazara have endured many years under the oppression of other more dominant groups within Afghanistan and in their homeland – the Hazarajat. As a means of survival, they have had to endure many social and civil injustices. These injustices have seen thousands leave their homes in search of a better and safer life, to places like Australia.

2.3 - Refugee context in Australia and abroad:

This next section of the literature review will focus on defining the differences between two visa types, Temporary Protection Visas (TPV) and the Bridging Visa E (BVE). In addition, this section will note some of the differences between the Australian refugee context, and that of other countries.

As a result of a recent influx of refugee applicants and the rise in asylum seekers reaching the borders of Australia since 1999, the Australian Commonwealth Government at various times has introduced restrictions and visa typologies to restrict the flow of asylum seekers heading to Australia. Under the Howard Government, TPVs were introduced to help manage the increase of asylum seekers coming via Indonesia by boat but this little to slow the arrival of boats. Under the guise of the TPV, asylum seekers were granted a visa that would last for 36 months before the applicant would be eligible to lodge an application for a protection visa (PV). “TPV holders who apply for another protection visa may be able to access a Permanent Protection visa once they have held their TPV for 30 months and they are found to have a continuing need for protection” (DIMIA, 2003, p. 3).

Holders of a TPV were eligible for the following services: “access to medical and welfare services, but given only reduced access to settlement services, no family reunion, and no travel rights” (Phillips and Spinks, 2013, p. 18). After a period, the Howard government introduced the 7-day rule. Under this rule, any person seeking asylum, who spent “at least seven days in a country where they could have sought asylum and obtained effective protection” (Humpage and Marston, 2005, p. 70), but who continued on towards Australia, would be ineligible to seek asylum in Australia (DIMIA, 2003, p. 4).

> Australia's TPV regime was founded on real concerns about the increasing misuse of Australia's onshore protection arrangements by organized people smugglers and owes its [then] existence to the political belief that it discourages the illegal entry of asylum seekers into Australia (Humpage and Marston, 2005, p. 70).

Mansouri et al. (2009) offer the reader a comparison between Australia, Denmark and Germany as the three countries deal with the issue of temporary protection. In their article, Mansouri et al. argue, "the traditional link between Refugee Convention protection and national territorial jurisdiction and responsibility is being undermined by extraterritorial processing and offshore arrangements" (2009, p. 135). They note that, since the 1980's, there has been a sharp increase in asylum claims in Western countries (2009, p. 135). They also believe that there has been a loss to the "ideological prestige that granting asylum gave to host societies after the end of the Cold War, and decline in resettlement opportunities that occurred in the aftermath of the international economic recession and the changed labour requirements of Globalisation" (2009, p. 139).

The temporary protection measures by these three countries can be seen as a "broader suite of measures that aim to decrease the number of asylum seekers entering (their) territory" (Mansouri et al., 2009, p. 139). All of the three countries covered by Mansouri et al. have altered their previously liberal protection guidelines, to a more restrictive and often more regulated set of terms and conditions under which to qualify as a refugee. Under the guise of temporary visas, all three countries added restrictions to family reunion, forcing, at times, other family members to travel the often-treacherous path to safety (2009, p. 142). The programs were created to "reduce the number of refugees entering the country, [and to emphasise the] socio-economic and cultural integration of refugees into the community" (2009, p. 144). With the massive influx of asylum seekers and other ‘migrants’ entering Europe in 2015, it was only a matter of time before the world saw a more aggressive stance by member states of the European Union in the numbers of people that it can officially hold. Apart from placing limits on protection, Mansouri et al. also noted a study by Momartin et al. (2006) in which temporary protection placed increased mental distress on individuals living under its conditions (2009, p. 145).

Regardless of the government’s attempts to discourage asylum seekers with TPV’s, out of the “approximately 11,000 TPVs [that] were issued between 1999 and 2007, approximately 90 per cent of TPV holders eventually gained permanent visas” (Phillips and Spinks, 2013, p. 18).

The TPV system of protection was “formally ended by the amendments to the Migration Regulations on 9 August 2008” (Phillips and Spinks, 2013, p. 19). For individuals still on a TPV, they could now apply for a Resolution of Status (RoS) visa, a visa that would grant the applicant a full protection visa after a set period of time. Furthermore, a Bridging visa could also be provided to the claimant if their RoS visa lapsed before a permanent visa could be secured (DIBP, 2013a). The provision of protection visas and RoS visas would last until November 2011. There are several types of Bridging visas available, with the E class being provided to illegal maritime arrivals. Other types of Bridging visas include types, A, B,C and D, which are all temporary and allow the holder to remain in Australia for a specified period of time, or until the circumstances of the Bridging visa have been fulfilled (DIBP, 2016).

This thesis, in regards to the Bridging Visa E (BVE), is concerned with the period from November 2011 to August 13, 2012 (DIBP, 2013b). During this time, single adult males were released from Immigration Detention Centres (IDC) into the community once initial health and security checks had been made. Individuals and family units were still being released into the community for a period before the election of the Abbott Government in 2013. This new Government set about a raft of different programs and policies, including maintaining the two offshore detention centres established under the previous Labor Government, where prospective asylum seekers were sent to have their claims processed. For the period of time that is in question for this paper, the following conditions and allowances were provided to holders of a BVE: “right to work; right to choose where to live in Australia; right to access advice on preparing their protection application and assistance with review through the Immigration Advice and Application Assistance Scheme (IAAAS); [and the] right to Medicare” (Hartley and Fleay, 2012, p. 9).

As well as these entitlements, BVE holders were eligible for support through government-funded programs such as Community Assistance Support (CAS) (transitional), CAS (general), Asylum Seeker Assistance Scheme (ASAS), and the Humanitarian Settlement Services (HSS) (Hartley and Fleay, 2012, pp. 9 – 10). All of these services offered various forms of support and assistance to BVE holders throughout their procession through the protection visa (PV) process.

Australia as a nation is not the sole country that is witnessing an increased number of asylum seekers to its shores and/or borders, and it should be noted that the number of asylum seekers reaching other countries far outstrips the small numbers arriving in Australia (Phillips and Spinks, 2013, p. 4). Phillips and Spinks note that, “the number of boat arrivals in Australia is very small in comparison to the significant flows of ‘unauthorised’ arrivals in other parts of the world over the last few decades” (2013, p. 4).

Koser (2010) reaffirms that the asylum seeker debate is at “the top of the political agenda in many other industrialised countries, especially in Europe” (2010, p. 4), and especially during elections (2010, p. 4). Koser also acknowledges that, as far as Australia is concerned, the intake of asylum seekers compared to other industrialised countries is very small (2010, p. 5). A statistical analysis covering why asylum seekers were entering the European Union (EU) over a 10 year period 1990 to 2000, and published by the Institute for Public Policy Research (IPPR), identified the following ‘push’ factors:

> repression of and discrimination against minorities; ethnic conflict and human rights abuse; civil war; the number of internally displaced persons (IDPs) relative to the total population; poverty; position on the Human Development Index (HDI); life expectancy; population density; and adult illiteracy rate (Koser, 2010, p. 6).

Overall, “the analysis concluded that indicators of conflict were more important than indicators of development as explanatory factors in flows of asylum seekers to the EU” (Koser, 2010, 9. 6).

It should be noted, however, that out of the “20 countries worldwide that participate in the UNHCR [United Nations High Commission for Refugees] resettlement program” (Phillips and Spinks, 2013, p. 4), Australia is the third largest recipient of refugees in the world after the United States and Canada (2013, p. 4).

However, the reason as to why members of the Hazara community keep coming to countries like Australia, even though developments in the region have been put in place to restrict the likelihood of those coming to be granted refugee status and then a PV grant, can be found in the various human rights abuses that are still being found in Afghanistan (Koser, 2010, p. 7). Below are a number of conditions which have continued after years of intervention:

extrajudicial killings, torture, poor prison conditions, official impunity, prolonged pre-trial detention, restrictions on freedom of the press, restrictions on freedoms of religion, violence and social discrimination against women, restriction on religious conversions, abuses against minorities, sexual abuse of children, trafficking in persons, abuse of worker rights, the use of child soldiers in armed conflict, and child labour (Koser, 2010, p. 7).

2.4 - Social factors:

Before examining the social factors that influence a person's ability to interact with the social services that a country like Australia can provide, it is worth noting a clear piece of information that Omeri et al. (2004) wrote in regards to the Afghan community in Australia. "An Afghan community is made up of different groups whose members have had widely differing experiences of relocation, ranging from the relatively benign to the horrific" (Omeri et al, 2004, p. 22). With this information at hand, it may be surmised that the data that will be collected may be limited in what can be gleaned from the Hazara participants. This is because (as alluded to above) this thesis does not have access to a single homogeneous group of Hazara refugees.

The Refugee Council of Australia (RCOA) web site lists the following as essential for a successful settlement of new arrivals into a new country such as Australia. These are that: "income support, housing, employment, education, health care and family reunion are essential" (RCOA A, 2015). In addition to these key social elements, the Council also acknowledges other "less tangible factors which play a vital role in the settlement process, including: being able to feel safe and secure; restoring a sense of self-worth; restoring a sense of dignity; regaining a sense of control over one's life; resolving guilt; and processing grief about the loss of self and country" (RCOA B, 2015) which need to be enabled. The Council also states that for settlement to be successful, it must be a 'two way street' between the community and the newly arrived refugees; that there must be Government programs and policies that help refugee populations in the mainstream; and that there must be community sector projects that are backed by Government funding (RCOA C, 2015).

Such notions of entitlement are supported by Protocky-Tripodi (2002). Through her research in the U.S., she has shown that, in regards to the utilisation of social services, "utilisation rates vary depending on people's characteristics, such as health and mental health status, age, gender, education, English speaking ability, length of time in the U.S., financial status, household composition, and legal status" (Protocky-Tripodi, 2002, p. 36). Furthermore, Protocky-Tripodi has selected several key areas which she sees as problem areas for the refugee and/or immigrant cohort, those being health, mental health, family dynamics, language, education, and economic well-being (2002, pp. viii – ix).

Therefore, we can infer that for a successful transition from asylum seeker to refugee, to potential citizen, several very important social factors must come into play if, in this case, the Hazara are successfully to become positive social actors in their new home. However, it is worth noting that Lipson and Omidian (1997) have agreed, "most refugees are socially marginalised on the basis of their experiences, identity, and lack of access to power and information" (Lipson and Omidian, 1997, p. 112). As such, it is critical for all new arrivals, and their communities, to be up to date and proactive in their approaches to life in a new country.

Another author who, when working with young refugees and allowing the refugees the "opportunity to identify their own needs and priorities for well-being, they constantly emphasized social and practical issues such as family reunification, housing, education, and employment as being more important than psychological problems" (de Anstiss, et al, 2009, p. 592).

This thesis will focus on the duality of health/mental health, education, employment, thereby including some of the key areas identified above by Protocky-Tripodi (2002), but also including the area of accommodation to the equation of social factors that can cause difficulty for new refugees in the community. By utilising the work of various authors who have delved into refugees and the problems that they face, this literature review will be able to guide the reader on an understanding of some of the social pitfalls faced by asylum seekers and then as they become refugees in settling into a safer life in Australia.

2.5 - Health:

Under the key heading of health, Protocky-Tripodi (2002) came up with the following major health care issues that may affect a new arrival:

> Health care access problems; differential health status; health beliefs and health practices; psychosocial issues; and subpopulations with unique health issues. Cultural factors include health beliefs and health practices, which encompass cultural concepts of health and illness; folk illness; traditional therapeutic practices; and the integration of traditional and conventional healing systems (Protocky-Tripodi, 2002, pp. 483 – 484).

Mental health problems include persons at risk due to:

> unique stressors experienced during the migration process…
>
> Stressors may include loss of family members, friends, home and the familial environment; traumatic experiences such as war, famine, violence,

rape, imprisonment, and torture; a hasty and dangerous departure; dangerous transit experience; loss of status; language problems; employment problems; legal problems; social isolation; family conflict; role changes; discrimination, racism and exploitation; and acculturative stress (Protocky-Tripodi, 2002, pp. 483-484).

Apart from migration stressors (noted above), “assessment and treatment, are influenced by cultural factors. These include conceptualisations of mental health; diagnosis and symptom-expression; communication styles; and service utilisation” (Protocky-Tripodi, 2002, p. 484). Commonly observed mental health problems include: grief, alienation and loneliness, decreased self-esteem, depression, anxiety, somatisation, paranoia, guilt, post-traumatic stress disorder, and substance abuse (2002, p. 484).

Omeri et al. (2006) found factors that were to affect the:

physical and psychological health and well-being of Afghan refugees [in Australia] include gender, marital status, life span phase of development, financial hardship, lack of suitable accommodation, traditional role changes and generational conflict, coping strategies, availability of social support in host country, cultural contexts of home and host countries and the efficacy and barriers to settlement support services of host countries” (Omeri et al, 2006, p. 31, see also Lipson and Omidian, 1997, pp. 110-111 and p. 124).

The authors go on to inform that “Afghan immigrants or refugee people are at high risk of mental illness and/or emotional problems because of their experiences of war, displacement and, later on, their settlement experiences as refugees” (2006, p. 32).

Important findings from the study by Omeri et al. (2006) include:

> The range of emotions experienced and described include shame, sadness, guilt, anger, fear, grief and loss, hopelessness, frustration, disposition, and displacement. A number of factors were identified and described by participants as contributing to the emotional responses, including isolation from family and friends, absence of a sense of belonging, loss of country and identity, financial and housing difficulties, discrimination, culturally incongruent health care services, gender role or career changes, lack of health related information in Dari and Pashtu languages, living without hope for those with TPV status and associated restrictions, and lack of familiarity with the health care system in Australia (Omeri et al, 2006, p. 33).

It is important to note that the above study by Omeri et al. (2006) took as its participants Afghans who had come via refugee camps and who to a large extent were "from middle-class, professional backgrounds" (Omeri et al, 2006, p. 31). Though the current author suspects the participants of the above study to be non-Hazaras, the above findings could apply to all who had to leave their country of origin as refugees in order to find a safe place to live.

Other studies in the literature, for example, Boehnlein and Kinzie (1995), have noted that over the past 50 years, the literature on refugee trauma "has revealed that refugees are at great risk for developing psychiatric illness resulting from pre-migration, migration, and post-migration experiences" (Boehnlein & Kinzie, 1995, p. 234). Schweitzer et al. (2006) also state, "humanitarian entrants, such as refugees, experienced greater levels of stress and social difficulties than other migrant populations" (Schweitzer et al, 2006, p. 179). Adding, "the emotional wellbeing of refugees appears to be influenced not only by pre-migration traumas and post-migration adjustment experience, but also by the bio psychosocial setting within which the participants exist" (2006, p. 179). Additionally, Schweitzer et al.

(2006) inform, “traumatic experiences of refugees tend to be interrelated and generally cumulative, unlike single-event traumas. These experiences can challenge their sense of empowerment, identity and meaning in life” (2006, p. 180). Of note in regards to individuals who held a TPV, is the knowledge that having a TPV was seen by many to add to the already existing stress levels that they were already dealing with (see Davidson, et al. 2008).

Barriers to health care services that were identified by Omeri et al. (2006) included such things as:

> services and procedures [being] incompatible with Islamic beliefs, discrimination on the part of service providers, exclusion based on language, loneliness and insecurity based on the want of customary family support, alienation based on a sense of not belonging, and not being able to negotiate the health care system (Omeri et al, 2006, p. 35).

If such barriers still exist in the refugee population, many recent refugees, including single males, not being confident in a new health care system may not be such an easy event. Especially when it is revealed that asylum seekers and refugees who entered Australia unlawfully have a fragmented health care policy upon which to navigate (Correa-Velez et al, 2005, p. 1), unlike those who come through the Offshore Resettlement program, who come to Australia “with all of the entitlements granted to Australian permanent residents” (2005, p. 3).

Omeri et al. (2004), on writing about the coping of asylum seekers in regards to the health care system, suggest, “cultural issues also affect the typology of coping” (2004, p. 24). Citing Rasool (2000), “western approaches to coping separate religious involvement and spiritualism, a duality that is inappropriate for Islamic populations” (2004, p. 24). The Omeri et al. (2004) study “highlighted the important role religion played in transforming the felt experience of trauma and subsequent relocation traumas" (2004, p. 24). The authors go on to inform, "where trauma involves relocation from one's country, it leads to multiple losses and the loss of external, social, cultural and familial resources" (2004, p. 25).

Lipson (1991) is another author who wrote about the process that refugees face when they are relocated from their homeland. Lipson writes, "uprooting creates cultural shock, which is a stress response in a situation in which former patterns of behaviour are ineffective and basic cues for social intercourse are absent" (Lipson, 1991, p. 350). Also, "uprooting disrupts the continuity of a person's selfhood, meaningful relationships to one's surroundings, previously sanctioned patterns of behaviour and the values that allowed one to interpret others' behaviour, it is often associated with reactive mental disorders" (1991, p. 350).

Correa-Velez et al. (2005) were also prepared to provide a range of barriers that refugees face irrespective of which visa they may have entered Australia on. These barriers are much like those reported by Omeri et al. (2006) (see above); these barriers include:

> Long waiting times particularly in using Emergency Departments of public hospitals; Cost of services, especially for specialist health care and in relation to public dental health services; Lack of information and confusion about the health system, particularly the difference between public and private entitlements; Lack of interpreters and female physicians, particularly in rural areas; Absence of bulk billing services in rural areas; Instances of discrimination; Other settlement needs taking precedence, particularly in cases where refugees are employed in casual or temporary work with no leave entitlements; Lack of specialist care, particularly in regional areas (Correa-Velez et al, 2005, p. 7).

And as Correa-Velez et al. (2005) note,

> these barriers are of particular concern as most refugees arrive in Australia in poor health and are likely to face particular health challenges in the resettlement period. These health challenges stem from previous experiences of torture and trauma and from having lived in poor social and economic [conditions] prior to arrival, all of which impact on their well-being during the resettlement period (Correa-Velez et al, 2005, p. 7).

Furthermore, interactions between refugees and health care professionals can at times lead to misunderstandings and poor communication that, in itself acts as a further barrier to health services (Correa-Velez et al, 2005, p. 9). A final barrier identified by Correa-Velez et al. (2005) to consider for refugees and the health care system (and perhaps other areas of social involvement) is transportation. With the costs associated with transport options, be they public transport or taxis, refugees may find themselves without the funds to access their health care provider (2005, p. 9). Additionally, if refugees could “access a vehicle, many are ineligible for driver’s licences, unless they can read, write and understand English sufficiently to pass the exam” (2005, p. 9).

On a brighter note, Lipson and Omidian (1997) did find in their study, that Afghan refugees viewed the “health-care services far more positively than they do social services” (Lipson and Omidian, 1997, p. 119). This is good news when it is acknowledged (above) that the health needs of new arrivals and refugees are often in high demand due to the relative poor health in which they find themselves upon arrival in a country of refuge. Perhaps the success of such positive outcomes in the health-care services lies in the refugee building trust with their General Practitioner (GP), which Feldmann et al. (2007) say is crucial, that there be a successful relationship between the refugee and the GP (2007, p. 515). The building of trust is the cornerstone to any successful relationship, be it personal or professional. Moreover, for refugees to get the healthcare that they need, trust in their GP and subsequent health care professionals is very much an important concept.

Feldmann et al. (2007) also identified "several factors as personal resources and assets in the resettling process. These were hardiness, sense of control, ethnic pride, time perspective, and level of acculturation" (Feldmann et al, 2007, p. 516). Feldmann et al. (2007) inform that these factors can overlap partially, "in conceptual terms with what others (Jerusalem and Mittage 1995) have called 'a sense of personal efficacy'" (2007, p. 516). It is this personal efficacy "which 'seems to reduce the likelihood of negative appraisals of stressful life demands, and as a consequence, […] provide protection against emotional distress and health impairments'"(2007, p. 516).

Health problems associated with Afghan refugees include such diagnosed conditions as "dental care, dermatological disorders, intestinal parasites, gastrointestinal disorders, and muscular-skeletal pain and [… longer stay refugees have more] mental-health related problems" (Lipson, 1991, p. 363).

2.5.1 - Counselling:

Counselling is a process that "Afghan people are not comfortable with… fearful of the need or request to provide personal information and subject to experiencing shame if having to reveal apparent failings" (Omeri et al, 2004, p. 27). The thought of counselling using Western psychological approaches "may not have much legitimacy for those who do not share and are not allowed to engage in the dominant culture" (2004, p. 27). An interview excerpt from a study by Omeri et al. with an interview informant is quoted to have said the following:

> mental health issues are such a complex issue in relation to Afghan people and coming from a background where they never had such an experience, and where psychology is not viewed as compatible with their religion, it is an image of God that will help you, not yourself… Afghan people are expected never to talk about psychological problems especially a man in Afghan society, that no matter what happens to you, you are not to talk about it. But rather to learn from the experience and you become wiser (Omeri et al, 2004, pp. 27-28).

As Omeri et al. (2004) write, "this quotation illustrates how the issue of spirituality and cultural response to trauma overshadows psychological concepts of coping" (Omeri et al, 2004, p. 28). They add that their research:

> has highlighted [ ] the importance for Afghan refugees of religion as not only a measure of stoicism, but also a conduit for *transformational coping*. The informants found religious belief important, but it is the action promoted by Islam that has been most supportive in giving not only meaning and understanding, but also a focus for empowerment and instrumental acts, especially for women (Omeri et al, 2004, p. 29).

Moreover, Mullins (1990) reports that refugees may "seek outside help for health problems, many are culturally restricted to seeking help for mental health problems. The concept of seeking help from strangers is foreign and sometimes very stigmatizing to them" (Mullins, 1990, p. 169)

Another important element and construct of the medical industry in the world is the ambulance service, which operates in Australia, in a 24-hour emergency response service. The use of an ambulance was included in this study due to a study that the author found in the pre-design stage of the final questionnaire. The study by Sheikh et al. (2011) into emergency health services noted in part the reluctance of certain refugee groups in their use of an ambulance in case of a medical emergency. They found that “a considerable proportion of newly resettled refugees were afraid to call an ambulance, even when they required it” (Sheikh et al, 2011, p. 75). In the Sheikh et al. (2011) study it was reported that sub Saharan refugees (and to a degree Middle Eastern refugees), “were afraid to call an ambulance because in their countries when the police heard the ambulance sirens, they sometimes came as well, or instead of an ambulance” (2011, p. 75). Furthermore, it was reported by the Middle Eastern refugees mainly, that “they would not call an ambulance because they feared they would not understand or be understood by emergency staff” (2011, p. 75). Hence there are questions in the questionnaire that ask about whether the participant would call an ambulance to go to the hospital, and how safe the participants feel when they go to the hospital and the emergency department is important.

2.5.2 - Dental:

A study into refugee oral health of the Hazara by Lamb et al. (2009) highlighted the general poor condition of oral health of many Hazara before they were faced with flight from their homeland. Participants in the study had all reported “poor oral health status, multiple tooth extractions, and had placed a low priority on their oral health” (Lamb et al, 2009, p. 618). Lamb et al. goes on to explain that the participants in the study had “reported that they had limited access to dental practitioners and oral education; lived for extended periods with oral pain and untreated oral problems; and treated oral pain with traditional pain remedies and tooth extractions” (2009, p. 618). In addition, it was reported that the participants would wait until they were in severe oral pain before they sought out the assistance of a dentist or lay practitioner to remove the affected tooth (2009, p. 623). “They associated visits to the dentist with tooth loss” (2009, p. 623). Lay practitioners included such professions as barbers or ironsmiths, or themselves, who would extract the problem tooth. Usually this was done without anaesthetic, which could leave the person lying unconscious or with bits of broken tooth inside their mouth (2009, p. 623). It was further reported that the Hazara would attend a dentist or barber [for an extraction] when they "were in 'excessive' or 'severe' pain that they could no longer tolerate. They also reported that they attended a dentist when they came to a decision that a tooth was 'finished', or completely worn out" (2009, p. 623).

In regards to oral health for refugees from conflict areas it should be noted that:

> Flight and a preoccupation with activities required for survival clearly disrupt regular oral hygiene practices. Refugees may have reduced access to oral hygiene tools due to the closure of markets, inability to access oral hygiene tools in remote areas and because they are unlikely to carry oral hygiene tools with them when fleeing to safety. Imprisonment may also place restrictions on oral hygiene. Refugees with these types of oral health experiences are likely to need support in establishing oral hygiene practices once resettled in Western countries, particularly if not used to toothbrushes and toothpaste (Lamb et al, 2009, p. 624).

All of the above health sub sections were included in the thesis because they go to show to what degree the Hazara men may, or may not have, had to endure particular pains and ailments throughout their lives, and to have these negatives compensated by means of treatment and/or therapy. As Afghanistan has been a place of constant conflict for many years, the health and welfare of the individual may have taken a step back in importance over survival and day to day living. It is not expected that everyone who was surveyed would require the services as outlined above in health, although they do represent major avenues for recovery for those impacted upon.

2.6 - Employment:

Several authors (see de Anstiss et al, 2009, Lipson and Omeri, 1997, and Omeri et al, 2006) have encapsulated the problems faced by many new arrivals in finding employment. They have identified, through their research that earning a livelihood is “one of the most significant resettlement challenges faced by refugees” (Lipson and Omidian, 1997, p. 316). Problems occur mainly because the skills, knowledge and status that a refugee previously held in their home country, are “rarely transferrable to the host country” (1997, p. 316). Building upon this, Abdelkerim and Grace (2012) came up with seven key factors that hindered the Newly Emerging African Communities (NEAC) that was the focus of their work at the time.

Abdelkerim and Grace (2012) noted that the following factors acted as potential barriers to the successful employment in the NEAC population in Australia. These barriers included the following: poor English proficiency; discrimination on appearance; pre-migration and post-migration trauma; previous qualifications; local knowledge and work experience; specialist employment services; and transport (2012, pp. 109-112). It could be said that these seven barriers can be a hurdle for any emerging community in Australia, where the individual (be they from Africa or Afghanistan) new to the country finds themselves having to manoeuvre themselves in a new social system that Australia may represent to them.

Expanding on the seven headings within the above paragraph will highlight the hardships that refugees face when trying to find employment. As quoted in

Abdelkerim and Grace (2012), “Jamrozik (2009) stressed that “in a democratic society access to employment means access to social participation”” (2012, p. 105). Poor English proficiency and discrimination on appearance can be easily explained as barriers to employment, with poor English proficiency being one of the main barriers to employment (2012, p. 109). And being a newly arrived refugee possibly from lands far, far away, discrimination on appearance, strangers are often discriminated before given a chance to prove themselves (2012, p 110). Pre-migration and post-migration trauma equates to how healthy a potential employee is, with the emotional stability being a major obstacle to many NEAC (2012, p. 110). As Abdelkerim and Grace write, “having good health is conducive to gaining stable employment” (2012, p. 110).

Previous qualifications and the “problem with recognition of overseas qualifications” (Abdelkerim and Grace, 2012, p. 111) has been noted above and is a major challenge for many refugees striving to find employment in Australia (2012, p. 111). Another barrier faced by refugee employees new to the Australian employment sector is their lack of general knowledge of the sector and their overall lack of work experience in Australia (Abdelkerim and Grace, 2012, p. 111). It is here that refugees find themselves with a “lack of local references, poor provision of advice, and low self-confidence in a relatively unfamiliar environment” (2012, p. 111).

Abdelkerim and Grace (2012) talk about the need for, and therefore the lack of, specialist employment services (Abdelkerim and Grace, 2012, p. 112). While the Australian Government has outsourced employment services to organisations and agencies know as Job Service Australia (JSA) in 2009 (RCOA D, 2012, p. 1), the utilisation of these agencies to help refugee cohorts to find employment has been questioned. With “dissatisfaction [being] expressed by many in [Non English Speaking Background] NESB communities regarding mainstream employment services" (Abdelkerim and Grace, 2012, p. 112). With RCOA (D, 2012) adding that:

> many refugee communities and organisations providing services to refugees have expressed frustration at the lack of targeted support offered by JSA services and the poor outcomes experienced by refugee and humanitarian entrants… JSA providers were ineffective in helping refugees and humanitarian entrants find jobs and that those who found work did so through their own networks or with the help of settlement and the community services (RCOA D, 2012, pp. 1-2)

Another problem identified by RCOA (D, 2012) was with miscommunication between job seekers and JSA providers, which " lead to job seekers being interviewed for job positions that are not suited to them or enrolling in training courses that are not relevant or suited to their aspirations and capabilities" (RCOA D, 2012, p. 3).

Finally, transport was raised as a significant barrier to employment for refugee groups by Abdelkerim and Grace (2012, p. 112). Transport has already been noted above as a potential barrier in the health sector for refugees. With Abdelkerim and Grace (2012) noting that for new arrivals, the lack of transport options was identified as an issue (Abdelkerim and Grace, 2012, p. 112). The authors go on to note several significant factors involved with refugees and their ability to obtain an Australian driver's license: "lack of English proficiency needed to prepare or sit for a test; paucity of trained, bilingual, driving instructors; cost of driving lessons; and tests" (2012, p. 112).

The Refugee Council of Australia (RCOA D, 2012), in its discussion paper on employment and job service Australia, provides a much greater overview of potential barriers to employment. While some of the context has already been covered (above), it would be irresponsible not to include their list. Barriers to employment as discovered by RCOA include:

> Limited English proficiency; lack of Australian work experience; limited access to transport and affordable housing close to employment; lack of knowledge of Australian workplace culture and systems; pressures of juggling employment and domestic responsibilities for women with caring responsibilities and limited social networks in Australia; the refugee and resettlement experience and its impact on job seeking; discrimination in employment; difficulties with recognition of skills, qualifications; and visa restrictions for some asylum seekers (RCOA, 2012, p. 2).

Abdelkerim and Grace (2012) acknowledge, “unemployment is the greatest threat to active engagement of emerging migrant communities in Australian society” (Abdelkerim and Grace, 2012, p. 116). With RCOA going on to state that employment “represents an important step in the settlement journey and in facilitating a sense of belonging and future in Australia” (RCOA, 2012, pp. 1-2). It will be of interest in this thesis how successful the Hazara refugees have been in tackling the issue of unemployment and employment in their new lives here in Adelaide, Australia.

Making matters worse for newly emerging refugee communities in terms of employment is the knowledge that refugees are “significantly concentrated in certain low-skilled service ‘niches’ such as cleaning services, care of the aged, transport (especially taxi driving), and the security and building industries” (Colic-Peisker, 2006, p. 204). Colic-Peisker (2006) sees the ethnic and racial discrimination of refugees “leading to the segmented labour market, which is functional for the capitalist economy at a societal level as well as for individual employers, as it provides a constant supply of cheap labour ready to take on the bottom jobs" (2006, p. 206)

Further, Colic-Peisker (2006) noted that refugees, due to their "limited human capital and facing language and cultural barriers in their new country are likely to rely on their ethnic networks and consequently to settle in residential concentrations" (Colic-Peisker, 2006, p. 217). Ethnic networks in terms of employment, offer all the information that a potential employee would need to know about a new job, be it work conditions to salary and how to achieve them, and is mainly achieved through word of mouth within the ethnic network (2006, p. 217).

Employment as a social service is a task taken seriously in modern states as they like to have more of their citizens working than not. While it cannot be assumed that the Hazara men who were working previously in Afghanistan would naturally have the same type and/or form of employment in Australia, the knowledge that they can pursue employment pathways in a safe and more profitable arena is something that needs to be investigated.

2.7 - Education:

Education is a major component in the lives of contemporary Australians. It is a social service that is a guaranteed right to everyone born within Australia, and a basic education is supplied to every child regardless of race or creed. However, refugees who come to Australia looking for a safer place to call home, often "are not from literate communities, some arrive with conversational English, others are beginners, many are bilingual and many have no experience of formal education" (Matthews, 2008, p. 35). Benseman informs, "adult refugees with limited education are a distinctive learner group with substantial and distinctive educational, social and psychological needs" (Benseman, 2014, p. 93). It is said that becoming literate in the host country "is essential for making friends outside refugees' own community, finding and sustaining employment, gaining secure income, as well as maintaining social and psychological well-being" (2014, p. 94).

Another Australian source comes from the Queensland Government (2011). This online article, titled *Afghan Australians*, deals primarily with health beliefs and habits of people from Afghanistan and reflects much of what was noted previously above, although they do note that "the rates of education of Hazara people are lower than other main ethnic groups of Afghanistan and many Hazaras are illiterate" (2011, p. 2).

It should be noted that the literature sourced regarding the education of refugees and asylum seekers dealt with having to learn English through formal classes or other community organisations via English as a Second Language (ESL) tutorage. There is very limited literature (the author found none) on higher levels of education attained by refugees once they had been in a country of resettlement.

To further complicate matters on the education of refugees into a Western context, little is known "about the historical and cultural backgrounds of new refugees, and the effects of pre- and post-displacement factors such as interrupted schooling, lack of literacy in mother tongue, trauma, torture, migration status and reception, racialisation, acculturation and resilience" (Matthews, 2008, p. 31).

However, the ability to learn and speak the language of the host country, in this case English in Australia, does allow for refugees to pass hurdles that may be in place that block access to employment and onto further education if that is what is desired by the individual (especially if they want to get their previous credentials accredited, so they can apply for previous types of known employment) (Kim et al, 2012, p. 42). The acquisition of the language of the host country impacts upon a number of different variables, they being; “age, aptitude, motivation, learning style, beliefs, and personality” (Kim et al, 2012, p. 51).

Beseman (2014) identified several factors that may prevent or restrict refugee students from either enrolling or attending classes (2014, p. 94). These factors include:

> Lack of child care, caring for family members, health issues, financial barriers, attending paid employment, transport difficulties, gender barriers, living in isolated areas, and understanding how “systems” work in order to access information and resources (Beseman, 2014, p. 94).

Further complications in the refugee learners’ life are that for some, the students may be “suffering from loneliness, depression and lack of appropriate expert counselling, lack of legal and language rights and information and have few opportunities to speak English outside the class and to integrate with members of the host country” (Beseman, 2014, p. 95).

In regards to language, education, and economic well-being, Protocky-Tripodi states that new arrivals “appear to be highly motivated to learn English” (Protocky-Tripodi, 2002, p. 486). However, factors that impact on an individual’s ability to become proficient in English depend upon “age, education, time available for language learning, level of literacy in the native language, opportunities to interact with native English speakers, and the value that the individual places on being bilingual” (2002, p. 486). With education, this can be “clustered at the low and high ends of the education spectrum” (2002, p. 486), and “varies substantially across country of origin and legal status groupings” (2002, p. 486). Economic well-being is “on average worse [than] that of the native-born population, as evidenced by numerous indicators” (2002, p. 486). Economic well-being is influenced by numerous factors including “financial capital, human capital, social capital, household composition, and the community contexts of reception” (2002, p. 487).

Education was seen as a crucial social service to include in the thesis, as it is one crucial element that influences the lives of refugees. That is, by the very nature of the refugee coming from another country, refugees need to be educated into Australian norms, particularly the need to speak English. The thesis, by way of the questionnaire, asked about learning the English language, as well as any further education that the Hazara cohort may have pursued.

2.8 - Accommodation:

Housing affordability and accommodation in general are an important and necessary aspect of daily life. Yet still the prospect of becoming homeless is a present danger for certain aspects of the refugee population. During my time with ARC, asylum seekers were dispersed across the country to the various capital cities, with a higher prevalence for the Eastern states. Some asylum seekers were sent to areas where they had a familial contact, or a friend who could accommodate them. Others however, were sent to areas where they had no one to meet or greet them as they arrived; only knowing the people with whom they shared the flight. This latter group usually consisted of people who had met one another in an IDC, and hence, were more likely than not prepared to find accommodation together in order to ease the financial burden that rent often becomes.

In a discussion paper by Hartley and Fleay (2012) when discussing the housing arrangements of asylum seekers on BVE’s, they noted how it was common place for individuals to be housed in ‘shared rooms’ with other members and that they would initially be housed for a period of six weeks, after which they had to find alternative accommodation (Hartley and Fleay, 2012, p. 27). This leads onto the issue of finding suitable and affordable housing.

Forrest et al. (2013) state that "access to adequate affordable housing is an essential first step, with those entering their new country as refugees facing the greatest difficulties" (Forrest et al, 2013, p. 188). Refugees face problems of underemployment or at least, long term unemployment; they may also be faced with issues relating to trauma and torture, and may not have sufficient funds on them to source housing in desired locations or conditions (2013, p. 188). "Economic disadvantage is often exacerbated by intolerance based on ethno-racial grounds" (2013, p. 188). Forrest et al. (2013) advise that successful resettlement is achieved when there is access to the labour market, which in turn leads to wages, with leads into housing (2013, p. 192).

Other problems faced by refugees in finding and maintaining suitable accommodation, be it owning, renting, or sharing with family and friends as identified by Forrest et al. (2013), were access to employment, lack of referees to go as guarantors, and "a lack of support from real estate agents because they were new to the country" (2013, pp. 196-197). Other disadvantages included the lack of financial capital that the refugee had with them upon arrival to the country, and discrimination in the housing market (2013, p. 197).

In regards to how well individual refugees may settle into their new accommodation, Netto writes that issues will include the following factors:

> Affordability, condition, size and location, and how these interact with individual circumstances such as ability to work, nature of households, separation from spouse and children, stage in life cycle and possibility of return to the country of origin impact on the process of settling into the new environment (Netto, 2011, pp. 300-301).

In terms of homelessness, Couch (2011) looked at labour force participation, as well as both physical and mental health in explaining why refugee young people find themselves homeless, as well as explaining how many homelessness services do not meet the prerequisites of refugee youth, who are not familiar with Western systems.

Shelter, and therefore accommodation is an essential element and a basic right, especially in a modern state like Australia. Accommodation was included as a social service because it is something that everyone can lay claim to in one shape or another. With all three cohorts (BVE, TPV and 'other') having different housing arrangements than one another, it was thought that applying questions relating to accommodation be initiated.

Family dynamics will not be covered in this thesis, though it is covered by Protocky-Tripodi (2002), as BVE holders were single individuals. It would be interesting as a side project to investigate how well single status individuals manage to utilise services as opposed to family units. However, it should be noted that participants on a TPV might have included a large number of family units, though this cannot be verified by the current study.

2.9 - Conclusion:

This literature review has illustrated to what extent the Hazara people in Afghanistan have had to face oppression over their personal history as inhabitants of Afghanistan which has led them to become asylum seekers. Secondly, the review has shed light on the nature of the visa typologies used by various Australian governments, typologies that will be used in the thesis as the author compares distinct visas and how the Hazara members have accommodated themselves to them. Furthermore, this review has illustrated in a concise manner what social problems refugees and other new arrivals may experience as they come to terms with living in a modern society, and one that offers more stability than what may have been previously experienced.

Because of the above information, two research questions were created to help answer the overall thesis of this paper. The quantitative question is: how do male Hazara refugees in Adelaide utilise the following social services: health, employment, education and accommodation? The qualitative question is: to what degree do Hazara refugees utilise social services?

Chapter 3: Method

3.1 - Methodology:

This research was designed around a particular ‘social user group’, the Hazara, and on their use of social services in particular. It was hoped that by asking a series of questions in both a questionnaire and in a semi-structured interview that the author would be able to map out the Hazara’s utilisation of social services. As such, this thesis had at its core a central question, that of: What are the social services being utilised by Hazara community members as they engage in the task of settling into mainstream Australia?

In order to answer the above question, both a qualitative and a quantitative methodology was utilised. The qualitative approach would rely on an epistemology that is subjective in nature and that used an interpretivist theoretical perspective, as well as a phenomenological research methodology, that resulted in the use of a semi-structured interview method (Crotty, 1998, p. 5). Quantitatively, the epistemology was one of objectivity, that used a post-positivist theoretical perspective, a survey research methodology and a questionnaire based method (1998, p. 19).

Cross-sectional design research was employed in both the qualitative and the quantitative research methods. By using cross-sectional design research both research methods have their data collected at a single point in time (Bryman, 2012, p. 59). That is to say that when the respondents are completing the questionnaire or the semi-structured interview, “the answers are supplied essentially at the same time” (2012, p. 59).

In order to capture the data that would help answer the research question, a questionnaire was developed in which a selection of quantitative and qualitative responses could be accessed. As a mixed methods approach, it was necessary to get an understanding of some of the philosophical perspectives that came into play with the research methods deployed in this thesis. This research would rely on both an understanding of objectivism and interpretivism. That is, the questionnaire with its quantitative design presented an objectivist point of view, while the interview component presented a qualitative design and an interpretivist perspective. A quantitative methodology was used in order to gain a statistical analysis from the questionnaire. By having a central thesis to test on what social services the Hazara men are using, a quantitative approach, by way of providing a 'value-free' environment for the author, provided the numerical responses that help shape our understanding of the question at hand.

Before ethics approval and data were collected, a literature review was conducted for the subject matter of this thesis. A literature search of several databases was conducted with the following keywords: refugee; Hazara; Australia; social services; education; employment; health; and housing. The databases utilised within this thesis included: Google Scholar; Web of Science; SAGE Journals Online; Oxford University Press Journals; along with a general search of the Google search engine itself addressing the keywords noted above. This resulted in a sizeable number of articles and associated websites, as well as duplication of many resources.

3.2 - Participants:

Male members of the Hazara community were asked to take part in a questionnaire and then an interview. Men were selected based on the knowledge that during November 2011 until 13th August 2012, only men were released into the community on a Bridging Visa E (BVE) as asylum seekers. And so to maintain gender neutrality, it was decided that only men who were previous holders of a Temporary Protection Visa (TPV) (as women and children were also released on a TPV) also be included. The sample were aged from 18 to 75 years of age or older. It was unfortunate that Survey Monkey® did not record individual ages but instead in ranges of age. There were a total of 33 individuals overall who participated in the study.

Following ethics approval being granted on the 25th February 2014, advertisements and information sheets in both English and Dari (see Appendices 1-8) were displayed at several locations, including three shops, one Mosque and one community centre that are all frequented by the Hazara community, as well as a message on the Hazara Australia Facebook page. It was initially hoped that the male members of the Hazara community would respond to an online version of the questionnaire (see appendix 9 for example of questions) that was being hosted by Survey Monkey®. With no online respondents within an initial time period from the 1st March 2014 until the start of April 2014, it was decided to take the questionnaires out to the Hazara community itself. A visit to the Imam Ali Mosque at Pooraka resulted in 40 questionnaires being left to be handed out by the Imam and other Hazara members at the Mosque. A total of 17 respondents were gained from a Hazara volley ball night at the Elizabeth Downs Primary School gym on a Saturday night, and this was a good show of support towards the study. Unfortunately, the 40 questionnaires left at the Mosque were not returned, with the Imam stating that people were ‘afraid that it (the questionnaire) might impact negatively on their visas’. A second attempt to find respondents was made at the Mosque at a later date. Here the author attended on a Thursday evening after prayers and after introductions, handed out the questionnaires, with 16 individuals completing the questionnaire on the night.

3.3 - Measures/instruments/materials:

The research questions for this thesis are as follows: what are the social services utilised by the Hazara in metropolitan Adelaide? And what are the social factors that impact on the Hazara from accessing these social services? Based on these two questions, a questionnaire and interview questions were developed. (These are research questions rather than measures.)

Before ethics approval could be granted, several documents had to be translated from English into Hazaragi. Unfortunately, the documents were translated into the more established and utilised language in Afghanistan, Dari. The translations were carried out by a National Authority for Accreditation of Translators and Interpreters (NAATI) accredited Dari speaking interpreter and/or translator. However, with Hazaragi and Dari being closely related, there presented no concerning issue with the information being translated. The documents that were translated included the following: an advertisement for the study, including visa types and the web link to the online survey; Flinders University Information sheet; Flinders University Consent form; and Flinders University Letter of Introduction (see appendix for both English and Dari formats).

There were two instruments that were utilised in gaining the data for this thesis, a questionnaire and a semi-structured interview. The questionnaire (see appendix) consisted of 55 questions, with the last two questions asking if the respondents would like to participate in a face-to-face interview, and if so, to leave their contact details. The questions were based around the social services that as refugees, and as active participants in the social world around them, these respondents would or, in some cases, may come in contact with. These social areas included: education, employment, health, housing, as well as demographic questions, including the visa typology that respondents would have previously been on.

The questionnaire was comprised of a number of yes/no type questions, along with a small number of short answer questions. This added to the concept of a mixed methodology, with a qualitative element being introduced. In addition, the questionnaire consisted of 12 pages, 10 of which had questions. The first page of the questionnaire was an introduction to the questionnaire itself, and proposed a completion time of approximately 30 minutes. This is because the original online questionnaire was printed out for the more traditional approach of handing out questionnaires to respondents. A 30 minute completion time was thought to be enough of a time period as it was thought that since English is a second language to the Hazara, they may not be as adept in reading and writing. The volley ball respondents took on average 10 minutes to complete the questionnaire. This is well below the original estimate of 30 minutes. The second questionnaire to be presented at the Mosque had two alternative questions that would hopefully allow more respondents to answer the questionnaire than originally hoped.

The semi-structured interview saw a re-use of the initial questionnaire, but instead of the respondents answering the questions as they read them, the questions were read out to the respondents in a face-to-face manner with the author of this thesis.

It was envisioned that a total of twenty respondents (10 who had a TPV and 10 who had a BVE) be interviewed. It was further hoped that for their assistance, a $20 shopping voucher be provided to the interviewee in recognition of the time they spent answering the questionnaire. An interpreter would also be sourced from a Farsi (Persian) speaking sub-population. Rationale for the interpreter coming from another ethnic group would be to exclude any possibility of the interviewee and the interpreter knowing one another. The twenty respondents were to be randomly selected from the total number of respondents, or if the questionnaires failed to generate enough positive responses, the sample for the interviews would then consist of those who responded in the positive for an interview. For example, out of the seventeen volleyball players, only three people identified themselves as wishing to participate in an interview.

As it happened, the use of a $20 shopping voucher was not required, nor was there a need to obtain an interpreter for the face-to-face interviews.

3.4 - Coding procedure:

Having paid for a subscription for Survey Monkey®, and since there were no online responses to the initial phase of the survey period, the data was manually entered into the Survey Monkey® website in the researcher's account.

3.5 - Data analysis:

From here the data could be presented online in a number of views. It was also possible to export the data into Microsoft Excel, which in turn can be imported into SPSS, a statistical analysis program for the social sciences. With the data imported into SPSS, data analysis would be carried out on the quantitative data that was gathered from the questionnaire and of elements of the semi-structured interview.

A thematic content analysis was utilised for the processing of the information gathered during the semi-structured interviews. Thematic analysis is a research method that identifies “themes and patterns of meaning across a dataset” (Braun and Clarke, 2014, p. 175). Once the face-to-face interviews had been completed and compiled, a thematic content analysis was introduced in order to collate and condense the information into distinct, and succinct themes. By undertaking this process, the thematic content analysis enabled the reader to get a clear and unobtrusive understanding of the data.

Chapter 4: Results

4.1 - Quantitative Results:

Participants were presented with a questionnaire comprised of a total of 55 questions in all. The main themes covered were as follows: visa type and citizenship; doctors and health services; counselling; employment; English and education; living arrangements; and finally demographics. For the sake of simplicity, questions largely required answers that were based on simple yes or no answers, or a selection of boxes in which to tick their response. There were a few instances in which participants had the opportunity to write down in a few words, answers to the questions, and these were kept to a minimum. This was due to the fact that English was a second, if not a third or fourth language known to the participants, and to a large degree, English is a recent addition known to the participants in this study.

As a reminder, the following research question will be asked of the quantitative results; how do male Hazara refugees in Adelaide utilise the following social services: health, education, employment and accommodation?

This study was designed to look into the social services that the male Hazara members of the Adelaide metropolitan area utilised since being offered a permanent protection visa (PV). In the first instance, questions were asked around which visa the participants held before obtaining a PV and whether the participants are now either a resident or citizen of Australia. The following charts and tables indicate how the participants related to the first section of the questionnaire.

4.1.1 – Visas:

Table 1. What visa did you have?

	Frequency	Percentage
Temporary Protection Visa	6	18.2
Bridging Visa E	2	6.1
Other	11	33.3
Missing	14	42.4
Total	33	100

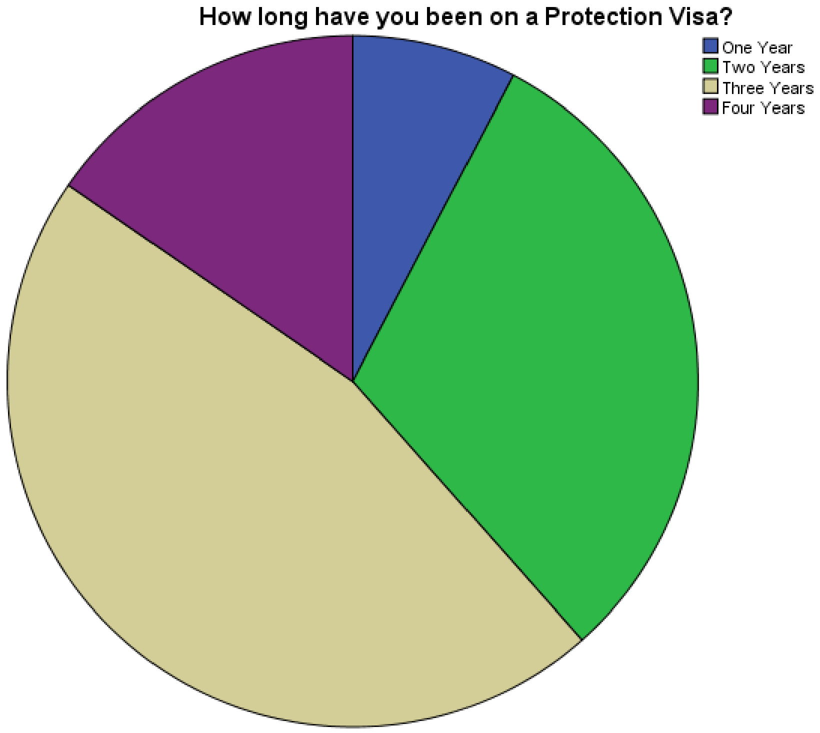
As can be shown from the above table, the majority of visas held by the participants (N = 11) went into the 'other' category. The initial questionnaire failed to include the possibility of other types of visas apart from the initial TPV and BVE categories, as it was hoped that the majority of visas would fall into one of the latter two groups. The 'missing' category may be indicative of the two groups of participants (Volley ball versus Mosque) not understanding the question, or the questionnaire not presenting itself with a valid option for which the participants could rate the initial question.

The second element that was asked was how long had the participant held their PV? With participants holding a variety of preliminary visas (TPV, BVE, etc.), and with the Commonwealth Government over a course of different terms of parliament processing visas in accordance with their own particular policies, it is difficult to gauge how long someone has held their PV based on the initial visa held.

Table 2. How long were you on this visa for?

	Frequency	Percentage
One Year	1	3.0
Two Years	4	12.1
Three Years	6	18.2
Four Years	2	6.1
Missing	20	60.6
Total	33	100.0

Graph 1: How long have you been on a Protection visa?



The next elements in this section deal both with the legalities of residency and citizenship. Participants were asked if they were first a resident of Australia (N = 24), and secondly, if they now held citizenship (N = 21). This question was asked as after being granted a PV, refugees can then become residents of Australia, followed by citizenship.

Table 3. Are you an Australian resident?

	Frequency	Percentage
Yes	24	72.7
Missing	9	27.3
Total	33	100.0

Table 4. Have you become an Australian Citizen?

	Frequency	Percentage
Yes	21	63.6
No	10	30.3
Missing	2	6.1
Total	33	100.0

4.1.2 – Health:

4.1.2.1 – Medical:

The fourth result that is to be included deals with the medical side of life for the Hazara refugees. As a key social service, the health of the newly arrived participants had different ranges in the scores presented in the tables and graphs found below. Here participants were asked a series of questions ranging from: do you have a regular doctor or GP; through to asking about how often they have visited the dentist in the last 12 months. These questions were especially important, as it has been shown in the literature review that refugee health is often lacking as a result of poor medical conditions overseas, where the facilities may be functional but under-resourced or, to a degree, absent from the region where the new migrant originated from.

As indicated in the above paragraph, the initial medical question asked the participants if they had a regular doctor or GP. This question scored quite high in the positive, with 29 out of the 33 participants stating that they had a regular doctor.

Table 5. Do you have a regular Doctor or GP?

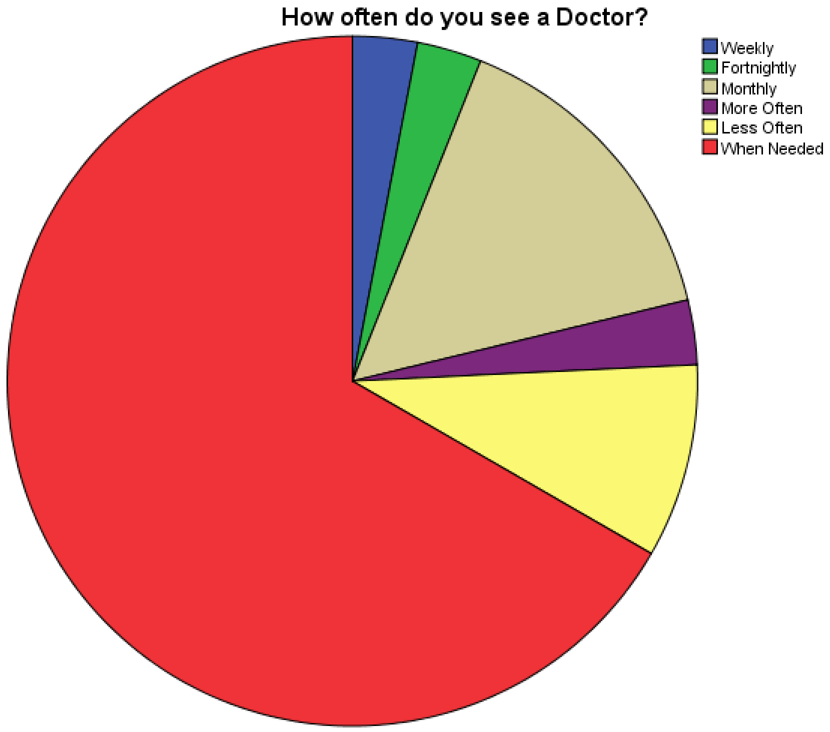
	Frequency	Percentage
Yes	29	87.9
No	3	9.1
Missing	1	3.0
Total	33	100.0

The next medical question that was asked of the participants in the questionnaire dealt with how often the participants utilised their local doctor, with Table 6 and Graph 2 illustrating the array of responses. The participants were asked to score their responses from a number of possible solutions, ranging from ‘weekly’ through to ‘when needed’.

Table 6. How often do you see a Doctor?

	Frequency	Percentage
Weekly	1	3.0
Fortnightly	1	3.0
Monthly	5	15.2
More Often	1	3.0
Less Often	3	9.1
When Needed	22	66.7
Total	33	100.0

Graph 2: How often do you see a Doctor?



The next question asked deals with the notion of the doctor speaking a language that is natural to the participants. For example, a doctor who can speak in Farsi (Persian) would be considered a natural language. Table 7 illustrates the responses from the participants. Here we find 45.5% (N = 15) of participants found a doctor that spoke a language that was natural for them.

Table 7. Does your doctor speak a language that is natural to you?

	Frequency	Percentage
Yes	15	45.5
No	18	54.5
Total	33	100.0

Following on from the above information, participants were asked does their doctor only speak English. From table 8 we notice that 78.8% (N = 26) of participants had an English speaking doctor.

Table 8. Does your Doctor only speak English?

	Frequency	Percentage
Yes	26	78.8
No	7	21.2
Total	33	100.0

Next in the medical questions, participants were asked whether or not their doctor used an interpreter? As English is a second, third, or even fourth language spoken by some of the participants, and when dealing with sensitive information such as medical histories and assessments, the ability for the doctor and the patient to communicate on an equal ground is very important. Table 9 illustrates the findings of this question.

Table 9. Does your Doctor use an interpreter?

	Frequency	Percentage
Yes	4	12.1
No	29	87.9
Total	33	100.0

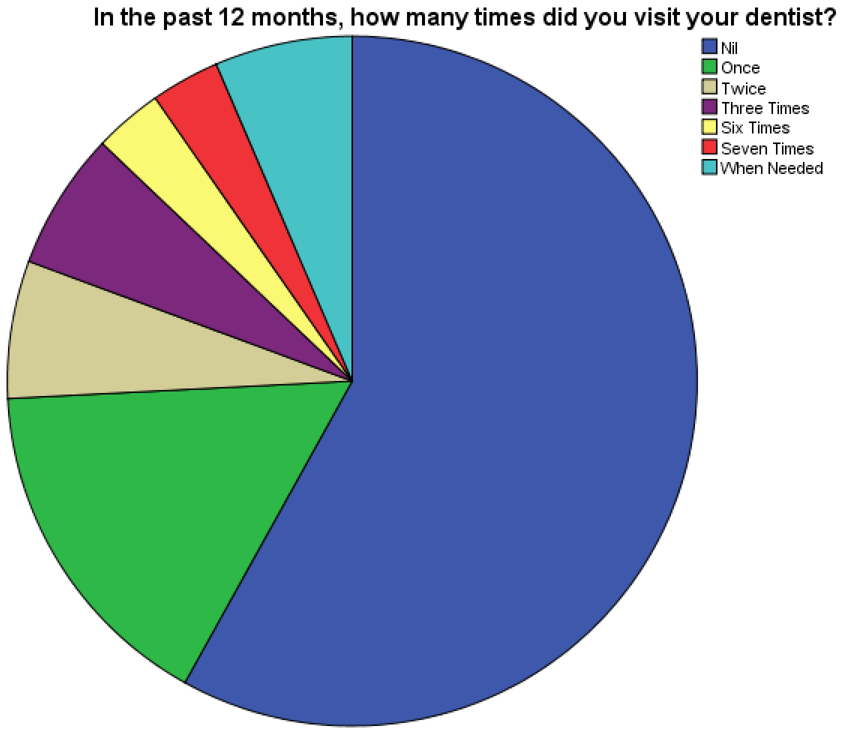
4.1.2.2 – Dentist:

The next element in the medical section of question dealt with the dentist, and the amount of times the participants had visited the dentist in the past 12 months. This question was included as it became very evident during my employment with ARC, that a large proportion of medical complaints required the assistance of a dentist. Table 10 and graph 3 illustrate the usage of a dentist by the participants.

Table 10. In the past 12 months, how many times did you visit your dentist?

	Frequency	Percentage
Nil	18	54.5
Once	5	15.2
Twice	2	6.1
Three Times	2	6.1
Six Times	1	3.0
Seven Times	1	3.0
When Needed	2	6.1
Missing	2	6.1
Total	33	100.0

Graph 3: In the past 12 months, how many times did you visit your dentist?



4.1.2.3 - General Medical:

The next part of the medical section of the questionnaire deals with the topic of hospitals. Firstly, the questionnaire asked the participants if they had been to a hospital in Australia. Note that while it is not expected that the Hazara community, or any refugee community per say, be high end users of hospital settings, as a minority group who have come from failed states, there may be a higher than usual requirement for the participants to access a hospital setting. Table 11 shows that 48.5% of participants (N = 16) had been to a hospital in Australia. This still leaves a significant number (51.5%, N = 17) who had chosen not to go to a hospital for treatment.

Table 11. Have you been to a Hospital in Australia?

	Frequency	Percentage
Yes	16	48.5
No	17	51.5
Total	33	100.0

Next, the questionnaire asked the participants if they felt safe when going to hospital. This question had a very high number of positive respondents, as shown in table 12.

Table 12. Do you feel safe when you have to go to a Hospital?

	Frequency	Percentage
Yes	32	97.0
Missing	1	3.0
Total	33	100.0

Next, participants were asked whether or not the participant would feel safe if they had to visit the Emergency Department. Again, this had a high percentage of positive respondents, with 81.8% saying that they would feel safe if they had to go to the Emergency Department.

Table 13. Would you feel safe if you had to go to the Emergency Department?

	Frequency	Percentage
Yes	27	81.8
Unsure	4	12.1
Missing	2	6.1
Total	33	100.0

Next in the medical section of the questionnaire, participants were asked if they would use an ambulance to go to hospital. While this too scored a moderately high positive response (66.7%, N = 22), 27.3% (N = 9) of respondents indicated that they would not use an ambulance to get to hospital.

Table 14. Would you call an Ambulance to go to hospital?

	Frequency	Percentage
Yes	22	66.7
No	9	27.3
Missing	2	6.1
Total	33	100.0

4.1.2.4 – Counselling:

The third section of the questionnaire dealt with counselling. Counselling is a service that is available to asylum seekers who are detained in Immigration Detention Centres (IDC), and is also available to the asylum seeker when they are living in the community awaiting an outcome of their PV application. The first question that was asked in this section was to ascertain whether the participant had seen a counsellor whilst in detention. Table 15 clearly indicates that this was not such a popular option for the participants to take part in, with 75.8% (N =25) saying that they did not see a counsellor when in detention.

Table 15. Did you see a Counsellor when in detention?

	Frequency	Percentage
Yes	4	12.1
No	25	75.8
Missing	4	12.1
Total	33	100.0

The second question in this section asked the participants if seeing a counsellor when in detention was a good thing for them to do. As can be se seen by Table 16, there is a mixed response to this question, with respondents providing a mixed response to the question, a response that is at odds with the results illustrated in Table 15. Reasons for this may include uncertainty and confusion about what the questions were asking in the questionnaire. This will be taken up further in the discussion section of this thesis.

Table 16. If yes, was seeing a counsellor in detention a good experience for you?

	Frequency	Percentage
Yes	3	9.1
No	7	21.2
Unsure	6	18.2
Missing	17	51.5
Total	33	100.0

Next participants were asked if they had seen a counsellor before that were granted a PV. This showed a high negative response of 78.8% (N = 26) indicating that they had not seen a counsellor before the granting of their PV.

Table 17. Did you see a counsellor before you were granted a Protection Visa?

	Frequency	Percentage
Yes	5	15.2
No	26	78.8
Missing	2	6.1
Total	33	100.0

4.1.2.5 - Trauma and Torture Issues:

Participants were also asked if they needed to talk to someone in detention about Trauma and Torture issues. This question provided a moderate amount of both positive, negative and missing responses. Table 18 illustrates this point in question.

Table 18. Did you need to talk to someone about Trauma and Torture issues in detention?

	Frequency	Percentage
Yes	10	30.3
No	13	39.4
Missing	10	30.3
Total	33	100.0

Building upon the above question, participants were also asked if they had spoken to someone regarding Trauma and Torture issues whilst living in the community. Table 19 illustrates that a small percentage (18.2%, N = 6) stated that they did attend some form of trauma and torture counselling when in the community. However, the results in this section show that 60.6% of participants (N

= 20) failed to answer in either the affirmative or the negative. This will be discussed further in the discussion section.

Table 19. Did you need to talk to someone about Trauma and Torture issues in the community?

	Frequency	Percentage
Yes	6	18.2
No	7	21.2
Missing	20	60.6
Total	33	100.0

In addition, participants were asked if they had seen someone for Trauma and Torture counselling after they had been granted a PV. This too had a small positive response, with 6.1% (N = 2) affirming, 21.2% (N = 7) in the negative, and a large 72.7% (N =24) missing from the useable data. See table 20 for further information.

Table 20. Did you need to talk to someone about Trauma and Torture issues after PV grant?

	Frequency	Percentage
Yes	2	6.1
No	7	21.2
Missing	24	72.7
Total	33	100.0

A large 72.7% (N = 24) of respondents felt that seeing a counsellor would help them to feel safe in Australia. So while the results so far have shown a low proportional response of participants seeing a counsellor in any of the above questions, many do believe that such a service is a positive and worthwhile endeavour in order to feel safe in their new country.

Table 21. Would seeing a counsellor help you feel safe in Australia?

	Frequency	Percentage
Yes	24	72.7
No	5	15.2
Missing	4	12.1
Total	33	100.0

Participants were asked if they had heard of a service in South Australia called STTARS (Survivors of Trauma and Torture and Rehabilitation Services). STTARS is a specialist service provider and part of the FASSTT (The Forum of Australian Services for Survivors of Torture and Trauma) network in Australia who are tasked with the job of providing counselling and like services to asylum seekers and refugees who have experienced some form of trauma or torture in their lives. 42.4% (N =14) of participants said that they had heard of STTARS, with 51.5% (N = 17) being in the negative.

Table 22. Do you know of a service called STTARS?

	Frequency	Percentage
Yes	14	42.4
No	17	51.5
Missing	2	6.1
Total	33	100.0

Of the 33 participants who took part in the study, only 18.2% (N=6) had used the services provided by STTARS, with 60.6% (N=20) of the participants saying that they had not used their services. See Table 23 for further output.

Table 23. Have you ever used STTARS?

	Frequency	Percentage
Yes	6	18.2
No	20	60.6
Unsure	5	15.2
Missing	2	6.1
Total	33	100.0

Next question that was asked of the participants dealt with Relationships Australia (RA). RA run a number of different programs and some of them do apply to counselling services for members of multicultural backgrounds. And it could be surmised that these services may appeal to newly arrived asylum seekers and refugee groups alike. From table 24, 33.3% (N = 11) of participants had heard of

RA, while 57.6% (N = 19) had not, and only 9.1% (N = 3) of respondents missed answering the question.

Table 24. Do you know of a service called Relationships Australia?

	Frequency	Percentage
Yes	11	33.3
No	19	57.6
Missing	3	9.1
Total	33	100.0

Finally, participants were asked if they had used the services of RA. In this question 33.3% (N = 11) of respondents had said that they had used the services of RA, while 60.6% (N = 20) had not used the services. Table 25 illustrates the use of RA services.

Table 25. Have you ever used Relationships Australia?

	Frequency	Percentage
Yes	11	33.3
No	20	60.6
Unsure	1	3.0
Missing	1	3.0
Total	33	100.0

4.1.2.6 - Sharing Personal Trauma:

It can be anticipated that participants might utilise informal relationships to discuss personal issues of trauma. So participants were asked a series of questions relating on who they talk to about bad things that had happened to them. In the first instance, participants were asked if they had talked to other people about bad things that had happened to them. This had a high response of 63.6% of respondents confirming that they had spoken to other third parties about things that had happened to them. See table 26 for more information.

Table 26. Do you talk to other people about bad things that may have happened to you?

	Frequency	Percentage
Yes	21	63.6
No	7	21.2
Missing	5	15.2
Total	33	100.0

Next in turn with the above question, participants were asked to identify more fully who they talk to about bad things that had happened to them. For example, family, people they live with, their Imam and other. See tables 27 – 30 for the results.

Table 27. Spoke to family about bad things that have happened to you?

	Frequency	Percentage
Yes	15	45.5
No	1	3.0
Missing	17	51.5
Total	33	100.0

Table 28. Spoke to people you live with about bad things that have happened to you?

	Frequency	Percentage
Yes	7	21.2
No	1	3.0
Missing	25	75.8
Total	33	100.0

Table 29. Spoke to the Imam about bad things that have happened to you?

	Frequency	Percentage
Yes	6	18.2
No	2	6.1
Missing	25	75.8
Total	33	100.0

Table 30. Spoke to other people about bad things that have happened to you?

	Frequency	Percentage
Yes	6	18.2
No	3	9.1
Missing	24	72.7
Total	33	100.0

As can be seen by the above tables (27 – 30), there were very low instances of positive responses to the questions asked. However, all did score high in the missing data component of the questions, perhaps indicating that participants had chosen not to complete this line of enquiry?

4.1.3 – Employment:

The fourth section of the questionnaire deals with employment. The first question asked the participants if they were working. Table 31 represent this initial question, showing that just over half of respondents were in fact employed (57.6%, N =19), with 39.4% (N = 13) not working, and the remaining 3.0% (N = 1) missing the question.

Table 31. Are you working?

	Frequency	Percentage
Yes	19	57.6
No	13	39.4
Missing	1	3.0
Total	33	100.0

Next in the employment line of questions, participants were asked what type of job the participants were doing. See table 32 illustrates the variety of jobs held by the respondents.

Table 32. If yes, what is your job?

	Frequency	Percentage
Missing	17	51.5
Builder	1	3.0
Carer	1	3.0
Community Worker	1	3.0
Farmer	1	3.0
Interpreter	1	3.0
Painter	1	3.0
Photographer	1	3.0
Service Deli Assistant at Woolworths	1	3.0
Shop Keeper	1	3.0
Tiling	4	12.1
Tiling and Paving	1	3.0
Worker	1	3.0
Yard Hand	1	3.0
Total	33	100.0

Next, participants were asked if the job identified above in table 33 was the same as the type of work they were doing overseas. Here the results indicate that 69.7% (N = 23) of respondents had done other forms of employment or at least done things differently overseas than what they are now doing as work in Australia.

Table 33. Is this the same sort of work you had done overseas?

	Frequency	Percentage
Yes	5	15.2
No	23	69.7
Missing	5	15.2
Total	33	100.0

The next question asked, if the answer to the above question was no, what type of work were the participants doing overseas. Table 34 illustrates their responses. From their responses, the reader can get a fair idea that some of the types of employment carried out overseas with qualifications that are not recognised in Australia (electrician), or due to their nature, not viable in suburban life (farmer) for example.

Table 34. If no, what job did you do overseas?

	Frequency	Percentage
Missing	17	51.5
Car Wash and Care Sales	1	3.0
Commission Enquiry	1	3.0
Driver	1	3.0
Electrician	1	3.0
Farmer	4	12.1
Panel Beater	1	3.0
Shop Keeper	1	3.0
Student	5	15.2
Viewing and Cleaning Hand Carpets	1	3.0
Total	33	100.0

The next questions asked if the participants were receiving an income from Centrelink (the Commonwealth Governments Social Security branch). Table 35 shows that 54.5% (N = 18) of respondents were receiving a Centrelink payment at the time the questionnaire was completed. With 39.4% (N = 13) of respondents indicating that they were not on Centrelink benefits.

Table 35. Are you getting money from Centrelink?

	Frequency	Percentage
Yes	18	54.5
No	13	39.4
Missing	2	6.1
Total	33	100.0

Next participants were asked if they knew about the Commonwealth Governments job seeking arm, Job Services Australia (JSA). With a high percentage of respondents agreeing that they did know about the service (72.7%, N = 24) and 21.2% (N = 7) saying that they did not know about the service. See table 36 for an illustration of this question.

Table 36. Do you know about Job Services Australia?

	Frequency	Percentage
Yes	24	72.7
No	7	21.2
Missing	2	6.1
Total	33	100.0

The next question asked if the participants had been able to find employment with the help from the people at the various branches of the JSA agencies. With only 42.4% (N = 14) of respondents identifying that they were assisted to find employment through a JSA, this left 51.5% (N = 17) of respondents saying that they had not been assisted to find employment through a JSA. See table 37 for further information.

Table 37. Were you able to find a job with the help of people from Job Services Australia?

	Frequency	Percentage
Yes	14	42.4
No	17	51.5
Missing	2	6.1
Total	33	100.0

The following question asked if the participants had found employment by themselves. A high number of respondents, 72.7% (N = 24) indicating that they were able to find employment by their own means, and 21.2% (N = 7) identifying that they could not. See table 38 for an indicator of these numbers.

Table 38. Did you find a job by yourself?

	Frequency	Percentage
Yes	24	72.7
No	7	21.2
Missing	2	6.1
Total	33	100.0

The next element in the employment process of questions asked the participants if they had found employment through the Hazara community. With 33.3% (N = 11) identifying that they did find a job through the Hazara community. However, 60.6% (N = 20) identified that they did not find a job via the community. Table 39 illustrates this comparison.

Table 39. Did you find a job through the Hazara community?

	Frequency	Percentage
Yes	11	33.3
No	20	60.6
Missing	2	6.1
Total	33	100.0

Next, participants were asked if friends in the Hazara community assisted the participants in finding employment. Table 40 shows that 42.4% (N = 14) of participants were assisted to find employment through friends that they had in the Hazara community, with 48.5% (N = 16) being in the negative.

Table 40. Did you find a job through a friend in the in the Hazara community?

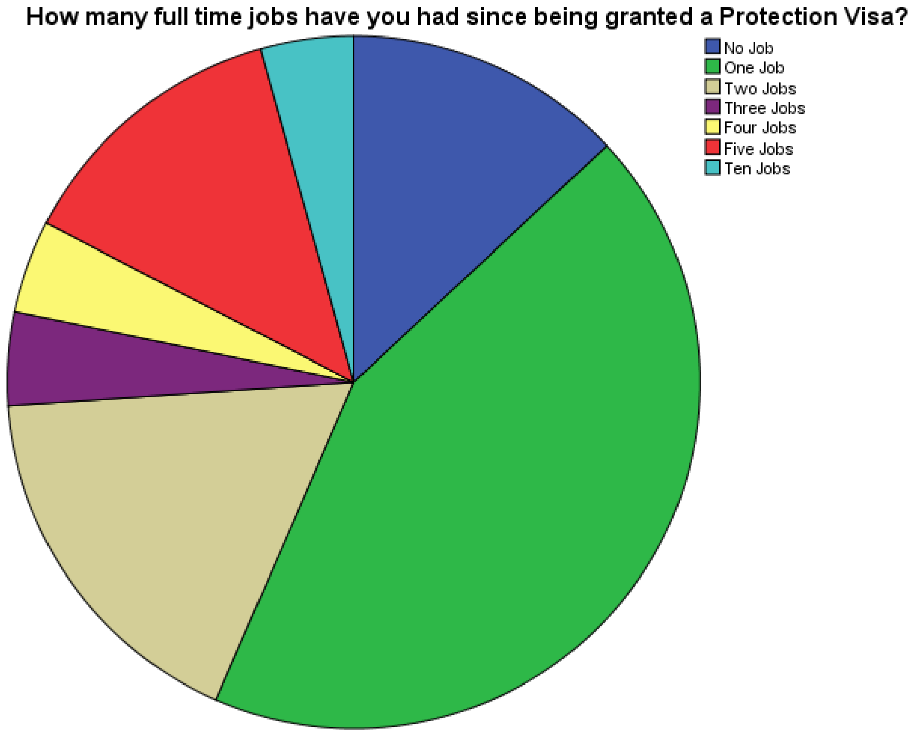
	Frequency	Percentage
Yes	14	42.4
No	16	48.5
Missing	3	9.1
Total	33	100.0

The final question in the employment section asked the participant how many full time jobs had they had since being granted a PV. Here table 41 and graph 4 present a myriad of job positions held by members of the Hazara community who participated in the questionnaire.

Table 41. Full time jobs since Protection Visa grant?

	Frequency	Percentage
No Job	3	9.1
One Job	10	31.3
Two Jobs	4	12.5
Three Jobs	1	3.1
Four Jobs	1	3.1
Five Jobs	3	9.4
Ten Jobs	1	3.1
Missing	9	28.1
Total	32	100.0

Graph 4: Full time jobs since Protection Visa grant?



4.1.4 – Education:

The fifth section of the questionnaire deals with education. The first question asked in this section was if the participant had gone to school before arriving in Australia. This question had a very high 84.8% (N = 28) confirming that they had attended some level of formal education prior to coming to Australia, as illustrated by table 42 below.

Table 42. Did you go to school before coming to Australia?

	Frequency	Percentage
Yes	28	84.8
No	4	12.1
Missing	1	3.0
Total	33	100.0

The second educational question asked if the participants can both read and write in their native language, Hazaragi. Again a very high 87.9% (N = 29) said that they could, with 2 participants saying no, and another 2 participants missing out on answering the question. See table 43 for these details.

Table 43. Can you read and write in Hazaragi?

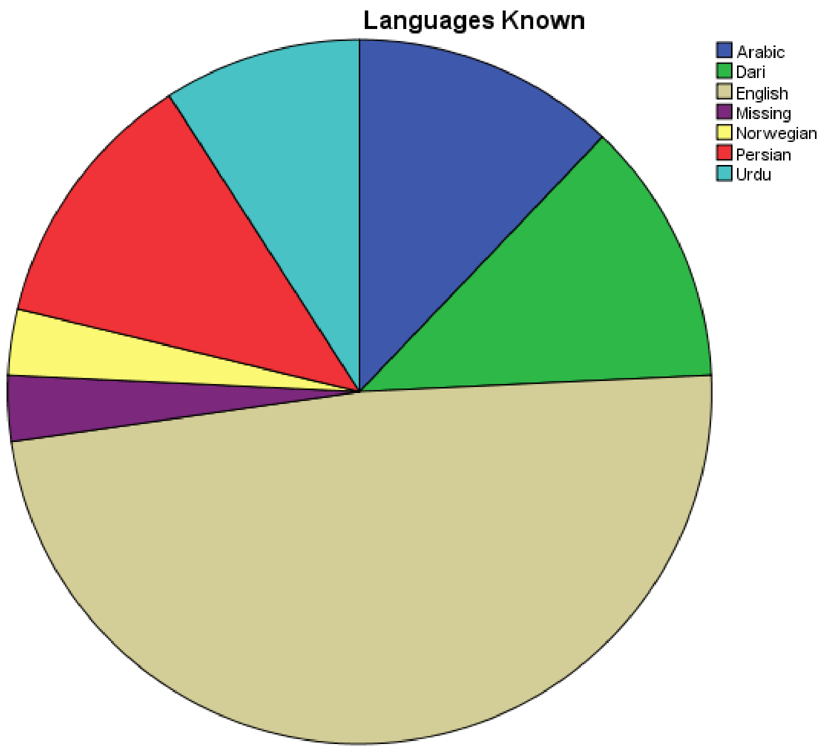
	Frequency	Percentage
Yes	29	87.9
No	2	6.1
Missing	2	6.1
Total	33	100.0

The next question asked the participants if they could read and write in another language. The following table 44 and graph 5 illustrate the variety of languages that the respondents stated that they were literate in. It must be noted that the languages of Dari and Persian are very similar in nature to Hazaragi as they are regional languages that exist in Afghanistan (especially Dari).

Table 44. Can you read and write in another language? If yes, please list the other languages.

	Frequency	Percentage
Arabic	4	8.9
Dari	6	13.3
English	19	42.2
Norwegian	1	2.2
Persian	6	13.3
Urdu	3	6.7
Missing	6	13.3
Total	45	100.0

Graph 5: Languages known



Next, participants were asked if they had learnt English before coming to Australia. Here both yes and no responses were at 48.5% (N = 16) as represented in table 45.

Table 45. Did you learn English before coming to Australia?

	Frequency	Percentage
Yes	16	48.5
No	16	48.5
Missing	1	3.0
Total	33	100.0

Following on from the question above, participants were asked if they had learnt English when in detention centres. Here 51.5% (N =17) said yes they did learn English in a detention centre, while 39.4% (N = 13) stated that they did not learn English in a detention centre. See table 46 for an illustration of this question.

Table 46. Did you learn English in detention centres?

	Frequency	Percentage
Yes	17	51.5
No	13	39.4
Missing	3	9.1
Total	33	100.0

The next question asked if the participants had learnt English when they started to live in the Australian community. Here a high 72.7% (N = 24) stated in the affirmative, and 15.2% (N = 5) stated that they did not learn English when in the community. Table 47 is illustrative of this point.

Table 47. Did you learn English when you started to live in the Australian community?

	Frequency	Percentage
Yes	24	72.7
No	5	15.2
Missing	4	12.1
Total	33	100.0

Next question asked in regards to education was if the participants had gone on to further education, and if so what that might have been. Table 48 illustrates the varied responses that were gathered with this question.

Table 48. Have you gone onto further study since being in Australia? If so, what?

	Frequency	Percentage
Yes	4	12.1
No	18	54.5
Bachelor of Architecture Studies	1	3.0
Completed Year 12	1	3.0
English Class at TAFE	1	3.0
Some	1	3.0
TAFE	1	3.0
University of South Australia	1	3.0
Missing	5	15.2
Total	33	100.0

4.1.5 – Accommodation:

The sixth section of the questionnaire asks the participants about where they live and who they may be living with. Unfortunately, there are no questions that asked about housing type, be it private rental, privately owned, or public rental etc. The first question asked in this section was whether or not the participant lived with their family. Nearly half (48.5%, N =16) indicated that they do live with other family members, as shown in table 49.

Table 49. Do you live with your family?

	Frequency	Percentage
Yes	16	48.5
No	12	36.4
Missing	5	15.2
Total	33	100.0

The second housing question was if the participant lived with friends of their family. This question was asked, as during my time with ARC, when asylum seekers were released into the community, many individuals went to live with people who they had a personal tie with and who could perhaps accommodate them for an initial period of time. Table 50 shows that 21.2% (N = 7) were living in this manner, while another 66.7% (N = 22) had other living arrangements.

Table 50. Do you live with friends of your family?

	Frequency	Percentage
Yes	7	21.2
No	22	66.7
Missing	4	12.1
Total	33	100.0

The next question asked was whether or not the individual was living with people they had met whilst in detention. Table 51 shows that only 18.2% (N = 6) fit into this category, with another 72.7% (N = 24) living under other circumstances.

Table 51. Do you live with people that you met when in detention?

	Frequency	Percentage
Yes	6	18.2
No	24	72.7
Missing	3	9.1
Total	33	100.0

The next housing question that the participants answered was whether or not the participant was living with people that they had met through the Hazara community. Here table 52 shows that only 30.3% (N = 10) of respondents were living with other people whom they had met through the Hazara community, with another 60.6% (N = 20) indicating that they had found accommodation through other means.

Table 52. Do you live with people that you have met through the Hazara community?

	Frequency	Percentage
Yes	10	30.3
No	20	60.6
Missing	3	9.1
Total	33	100.0

The next housing question asked the participants if they lived alone. Table 53 shows that only 9.1% (N = 3) of respondents lived by themselves, while 81.8% (N = 27) identifying that they live with other people.

Table 53. Do you live alone?

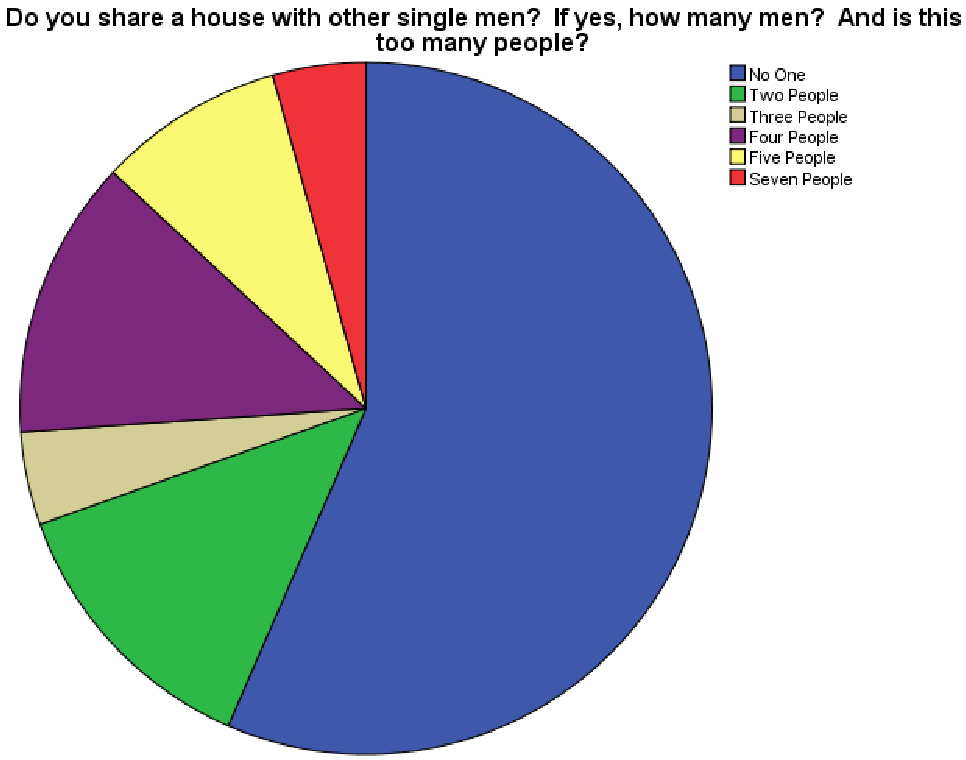
	Frequency	Percentage
Yes	3	9.1
No	27	81.8
Missing	3	9.1
Total	33	100.0

The final question in this section on housing asked the participants if they shared a house with other single men, and was this too many people. As both the table (54) and graph (6) below indicate, there is a variety of living arrangements for single men living in shared accommodation, with only one participant indicating that 7 men was too much for him to live with.

Table 54. Do you share a house with other single men? If so, how many men? And is this too many people?

	Frequency	Percentage
No One	13	39.4
Two People	3	9.1
Three People	1	3.0
Four People	3	9.1
Five People	2	6.1
Seven People	1	3.0
Missing	10	30.3
Total	33	100.0

Graph 6: Do you shared a house with other single men?



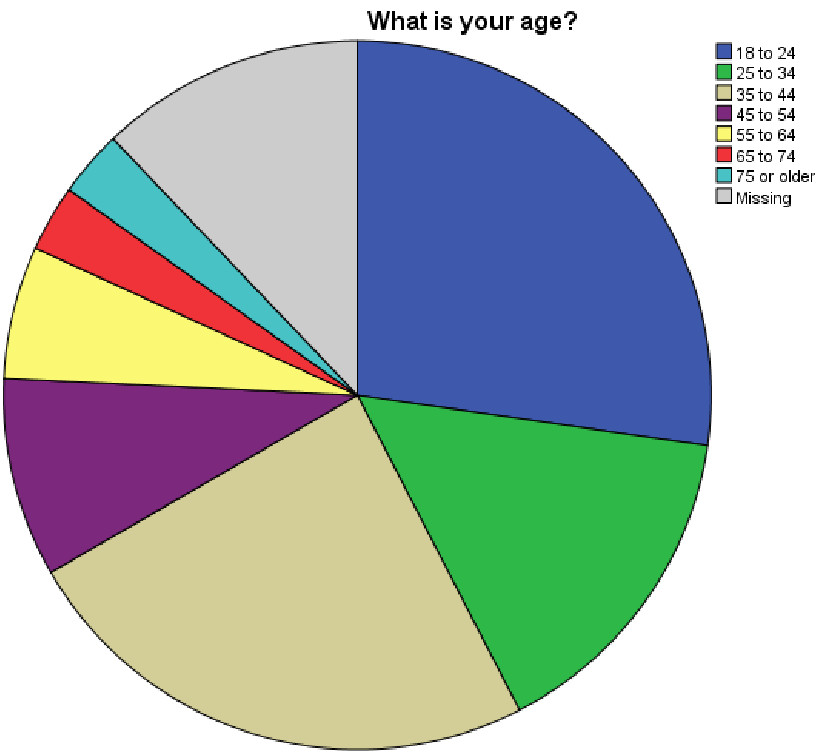
4.1.6 – Demographics:

The final section of the questionnaire dealt with the demographics of the participant population. First question asked was what age range the participant presented themselves. Table and graph 55 illustrate the age range for the participants who completed the questionnaire. There is a good spread of ages as presented in both table 55 and graph 7 below, which the author feels fairly represents the Hazara population, based on what was experienced whilst employed at ARC.

Table 55. What is your age?

	Frequency	Percentage
18 to 24	9	27.3
25 to 34	5	15.2
35 to 44	8	24.2
45 to 54	3	9.1
55 to 64	2	6.1
65 to 74	1	3.0
75 or older	1	3.0
Missing	4	12.1
Total	33	100.0

Graph 7: What is your age?



The second demographic question asked in which suburb the respondents lived. There was a wide spread of suburbs represented. The spread of suburbs included inner Northern, which was comprised of suburbs that lay between the Adelaide Central Business District to Grand Junction Road; Northern suburbs which go beyond Grand Junction Road; and North Eastern suburbs, which are found east of Hampstead and Bridge Roads. In this study, Inner Northern suburbs comprised of the following suburbs: Blair Athol, Kilburn, Kilkenny, and Prospect. Northern suburbs consisted of Burton, Craigmore, Elizabeth Park, Ingle Farm, Para Hills, Paralowie, and Smithfield. North Eastern suburbs consisted of Clearview, Greenacres and Northfield.

The next demographic question answered by the participants was in which country were the participants born. As expected, there was a very high proportion of participants born in Afghanistan (84.8%, N = 28), with one individual being born in Iran and one participant saying he was born in Hazara (Afghanistan). See table 56 for an illustration of this question.

Table 56. Which country were you born in?

	Frequency	Percentage
Afghanistan	28	84.8
Hazara	1	3.0
Iran	1	3.0
Missing	3	9.1
Total	33	100.0

The next question that was asked was whether or not someone helped the participant to complete the questionnaire. Table 57 shows that 36.4% (N = 12) of participants were assisted in completing the questionnaire, with 57.6% (N = 19) indicating that they completed the survey by themselves.

Table 57. Did someone help you complete this survey?

	Frequency	Percentage
Yes	12	36.4
No	19	57.6
Missing	2	6.1
Total	33	100.0

The next question that participants answered dealt with the prospects of the participant wanting to take part in another questionnaire, this time a face-to-face interview. Table 58 illustrated that a low 33.3% (N = 11) participants thought that they would like to participate in another questionnaire, with 63.6% (N = 21) indicating that they would not be interested in a follow up questionnaire.

Table 58. Would you be prepared to complete another survey, face-to-face?

	Frequency	Percentage
Yes	11	33.3
No	21	63.6
Missing	1	3.0
Total	33	100.0

4.2 - Qualitative results:

The qualitative side of this research comprised three face-to-face interviews carried out between the dates of the 1st September to the 5th September 2014. Initially eleven of the original participants had indicated that they would be interested in completing another survey, however, this number soon declined due to a number of different reasons, from employment to no contact phone number, for example. The qualitative results will be presented using a thematic approach. By using this approach, it is hoped that themes will appear in the data that were captured during the face-to-face interviews. The research question for the qualitative results was: to what degree do Hazara refugees utilise social services?

The first and perhaps the more essential element in the asylum seeker/refugee divide deals with visas. This section of the questionnaire showed that two of the participants stated that the initial visa that they were on when they arrived in Australia was a PV. Only one of the participants identified that he started off on a TPV. All three participants had been on this visa for three years. One participant identified that after three years he was granted a permanent visa, and another cited that he had been on a PV for two years. All three participants are now residents of Australia, with only one not being a citizen of Australia.

The second section of the questionnaire dealt with the medical side of the participant's life story. Two of the participants had a regular General Practitioner (GP), with two agreeing that they see their GP when needed and the other saying that he saw his GP every three months. Two of the participants had found a GP with whom they could communicate through the Persian language, and only one GP would sometimes use an interpreter. Only one of the participants had been to the dentist in the past twelve months. Two of the participants had been to hospital in Australia, and all stated that they did/would feel safe if they had to go to hospital.

All three participants said that they would feel safe if they had to go to the Emergency Department. Two of the participants were hesitant about whether they would call an ambulance to go to a hospital, with one saying that they would if it was an emergency, and the other stating that they would "get a friend to take them to the hospital".

The third section dealt with the use of counsellors. Two of the participants saw a counsellor whilst in detention, with one saying that it was "sometimes good and sometimes bad" experience. All thought that seeing a counsellor would help them feel safe in Australia. Two of the participants had used the services of STTARS or the affiliate organisation interstate. Only one of the participants had knowledge of the service provider Relationships Australia, and it had only been used by one participant (not the same participant). All of the participants agreed that they would prefer to talk about positive things, with two participants stating that they would talk about bad things to their family, or people they lived with. Not one of the participants indicated that they would seek spiritual guidance and talk with their Imam.

The fourth section dealt with employment. Only one participant was working at the time of the face-to-face survey, with the other two studying. When asked what type of job the participants were doing overseas, two were employed as either a farmer (who would like to be a farmer again), and the other as a grocery shop assistant. The third participant was studying Religious Studies. Only one of the participants was receiving a Centrelink payment. While all three participants knew about Job Services Australia (JSA), only one had been successful in finding employment through a JSA and one had indicated that he had never been helped by a JSA in finding employment. None of the participants had been assisted in their employment endeavours by the Hazara community.

The fifth section dealt with education. All three participants had attended school before arriving in Australia. One had completed the equivalent of year 6 and another year 12. All three indicated that they could read and write in their native Hazaragi language, and all could read and write in English and Persian (Farsi), with others adding Dari and Arabic. One of the participants stated that he learnt English when in High School in Afghanistan, another indicated that he had learnt a little English before coming to Australia and a little more when in a detention centre. Two of the participants stated that they learnt English when they began to live in the Australian community. Two of the participants had gone onto further studies. One had completed a Certificate 2 at TAFE in English, while another had gone on to complete a variety of Certificates in Community Services as well as a Degree in International Relations, and was also studying Migration Law at a Post Graduate Certificate level.

The sixth section dealt with housing. Two of the participants were living with their families including their wife and children. One of the participants was homeless and had been homeless for a total of two years. One of the participants had indicated that in the past he had stayed in a share house with 3 – 4 other single males, and concluded that this was not too many people to live with (as opposed to the seven men that one of the Quantitative respondents indicated as being too many men to live with).

The final section was the demographics. Two of the participants were aged between 35 to 44 and the other 45 to 54. All were born in Afghanistan and all lived in suburbs north of the Adelaide Central Business District.

Chapter 5: Discussion

This thesis presented a mixture of results in both the quantitative and qualitative form. At times there were many positive results intermixed with a sizeable array of missing data from the data set that perhaps skewed what was expected in the results section within the thesis. However, with the central question being 'social factors impacting on male Hazara refugees and their utilisation of social services in Adelaide, South Australia', being fundamental, two research questions were generated. The first question for the quantitative section was; how do male Hazara refugees in Adelaide utilise the following social services: health, employment, education and accommodation? The second question for the qualitative section was as follows; to what degree do Hazara refugees utilise social services?

Initially this thesis was to look at the social services that male Hazara refugees in metropolitan Adelaide were utilising, and of the social factors that may have hindered their social access to these services. The services that were chosen included health, education, employment and to a smaller degree accommodation. Although the initial aim has not changed, what has changed was the variety of visas that the male Hazara respondents presented with. It was expected that there would be a sizeable number of men who had previously held either a Temporary Protection Visa (TPV), or a Bridging Visa E (BVE). But what was not expected was that there would be a sizeable number of men who stated, via their response to the survey questionnaire, that their original visa was 'other'. And in discussion with several of the men, 'other' meant a Protection Visa (PV). This was something that the author had not expected, nor had initially planned for, and so was completely unexpected from a design and research point of view. Overall, the spread of visa typologies ranged from eight belonging to the TPV group, two for the BVE group, and 11 to the 'other' visa type. With the visa typology query resolved, the remainder of the survey went along with little complaint. For the purpose of the study, it was reported that nearly three quarters of the participants had become residents of Australia. Thereby this fitted into the crucial category of being a refugee, which is a central component to the overall thesis.

This research thesis was comprised of two sample groups for the quantitative results. These two groups consisted first of a sample comprised of Hazara volleyball players who met regularly on a Saturday night at a Primary School gym to play the game. The second sample was taken from a Thursday night meeting at a Mosque that the Hazara utilised and prayed at. The qualitative results consisted of the face-to-face interviews that took place between two and four months after the initial survey samples were conducted.

With the plight of refugees still very much relevant in Australia and across the globe, social access to key social services is essential for any community group, no matter how new or how established they may be. This thesis looked at the social access to services by male Hazara refugees, with the primary focus on health, education, employment and accommodation.

Health was included as a social service to analyse due to its importance as a core functionary to any society, and which fits in with the central question at hand, with barriers to adequate health care being a reality for many people in the Australian community. With health being a major contributor to the ongoing social fabric of any group, and/or demographic, this was broken up into four subsections. These subsections included: general health; counselling; trauma and torture; and sharing personal trauma.

5.1 - Health:

5.1.1 - General Health:

The section on general medical concerns was included due to the range of health concerns that may or may not exist in a refugee population. However, due to the high probability that many refugees and asylum seekers may have come from areas with limited health services and/or poor living conditions, the questions relating to access to a General Practitioner (GP), Dentist, even the hospital, are all relevant. For as Sheikh et al. inform us, “many refugees arrive with significant levels of poor health, exacerbated by trauma and resettlement difficulties, which may lead to acute conditions requiring medical attention” (2011, p. 74).

As a persecuted minority, and as a population in Afghanistan that primarily live in a rural setting, along with a number residing in larger cities for employment, the medical histories and expectations of the Hazara can be seen as quite rudimentary, with traditional medicine still being practised and endorsed by its members. As such, several medical questions and categories were devised. These categories were included in the questionnaire due to their high usage during my time as a caseworker when working for the Australian Red Cross (ARC) in its Migration Support Program, and, secondly, because the literature covered in chapter two makes note of the general poor condition that many asylum seekers who have become refugees present themselves when they arrive at a country of asylum like Australia.

Easily the largest section of the survey was devoted to healthcare, either directly or indirectly. Although asylum seekers were often treated for a variety of ailments during their time spent in the various Immigration Detention Centres (IDC), often this treatment was rudimentary in style. That is, for example, dental work, with ad hoc fillings and extractions were most common. This then resulted in further dental work being carried out once the individual was living in the community.

It was positive to note that a large number of participants noted that they had a regular doctor or GP, and that the majority of participants were prepared to go and see their GP when needed. This could be indicative of the Hazara practising the belief of seeing a GP instead of going to a hospital as noted by Sheikh et al. (2011) when discussing people from the Middle East who would prefer to be seen by their local doctor than go to a hospital for treatment. Or it could be attributed to the other practice noted by Lipson and Omidian (1997) who illustrated the Afghan practice of consumers again being reliant on doctors for quick service and medication. Or thirdly, this could also indicate the benefits of public service education programs by the Government in educating the public on when to go to the hospital for major conditions, and when to go to see one's GP for more common and/or minor ailments.

Also of note was the large number of respondents who had actually found a doctor who could speak a language that was natural to the participant. This could indicate that, throughout the years, more multicultural and therefore bilingual doctors have made it into the domain of General Practice, and have been successful in promoting their practice throughout the communities. It is most likely that the doctors being sourced speak Farsi or Urdu and therefore come from Iran or Pakistan respectively. This is because it is these two countries that Afghan Hazaras have most interaction with within their own sphere of operation back in Afghanistan and abroad. Unfortunately, as was reported in the results chapter, over half of respondents still faced the hurdle of having a doctor with whom they would have to communicate in a language such as English, a language in which they may not be completely competent as yet.

Language is a major point of conjecture within any emerging community group including their access to appropriate channels and means of involvement in the community such as accessing a GP. As noted above, this study found that a majority of participants were still having to speak in English when having to access their GP. This may be alright for those who have enough confidence to interact in this way, but it is often not the case and is something that has been noticed in earlier chapters. As such, language and the possibility of Western medicine may act as social barriers with which the Hazara cohort have to contend, as again noted in chapter two. The examination of doctors and the languages that they speak, as well as the languages spoken by their patients would be an area of future research if one could gain access to these two intertwined groups.

This brings in the notion of working with interpreters. Even as a caseworker at ARC, we were aware (anecdotally) that a sizeable number of GP's were not willing, or did not know about the interpreting service that they could access through the Translating and Interpreting Service (TIS National). As noted above in the literature review, a doctor's inability to use or fully utilise an interpreter, could often put doubt into the minds of the new arrival on points of diagnosis and with medication (Schweitzer et al, 2011, p. 308). The results from this current study, had a sizeable proportion of participants noting that their doctor would only speak to them in English (see Table 8), and only four respondents indicated that their doctor did in fact use an interpreter (see Table 9). The other possibility is that some of the respondents had found a doctor with whom they could communicate in an alternative, native language, as noted above. Moreover, with the Hazara cohort having secured themselves an important social member of the Australian community, as a means of treating their ailments, local GP referrals to more specialised services are now more easily made if required (i.e., the dentist).

As noted in the literature review by Lamb et al. (2009), the Hazara have traditionally had what would be considered by Western standards, a sub-standard level of dental care, with extractions being the primary avenue for dealing with tooth pain. This is still the case for asylum seekers who have only elementary dental services offered to them by the Department of Immigration and Border Protection (DIBP), with fillings being a rarity regardless of how healthy and saveable the tooth is. Even with the historical information on dental trends by the Hazara, the information gathered from the data still suggests that the Hazara cohort are still very much resistant to visiting a dentist, with over half of respondents indicating that they had not seen a Dentist in the past 12 months. This is especially true, in light of the generally large demand that such a service was warranted whilst at ARC, with dental services being more sourced than those of a GP. Perhaps they are not having any dental issues. Or perhaps, they still view the dentist as someone whom you visit when you cannot endure tooth pain anymore, as noted by Lamb et al. (2009). This could also be because of the degree of health services that the asylum seeker receives whilst in an IDC during their initial health checks, in that they do not have any residual tooth issues. Thus, although the current sample chose not to visit a dentist frequently, the findings may still confirm those of Lipson and Omidian, that their Afghan sample had major issues in regards to their dental care (1997, pp. 119-120).

Another medical based area found within the questionnaire dealt with hospitals, the Emergency Department, and the use of an ambulance. Access to these services was well supported by the participants who completed the questionnaire. In the results chapter, Table 11 illustrated that just under half of respondents had been to a hospital in Australia for one reason or another.   It could be surmised that either this remaining number are using their GP's for all of their medical needs, or that they have been fortunate in regards to their general health and wellbeing. That is not to say that everyone in the population requires hospitalisation. However, the majority of respondents did indicate that they feel safe when having to go to a hospital (as shown in Table 12). This may imply that either the previous question was misunderstood by half of the participants, or that, in general, the Hazara sample would indeed feel safe when or if they had to go to a hospital. Unfortunately, the design of the questionnaire did not allow for a more complete picture of what this demographic experiences when they access the social services as they present themselves to the male Hazara members of the community. That is to say, the study did not ask questions about length of time spent at the Emergency Department, or how the cohort felt about being in a Western hospital that deals only with the Western concepts of pain and injury and the lack of information in other languages, etc., as illustrated by Correa-Velez et al. (2005).

However, when it came to discuss safety at the Emergency Department, a sizeable number stated in the affirmative that they felt safe in accessing services at the Emergency Department. A possible explanation for negative responses could lie in what may be the result of a bad experience or perhaps not having their needs met by the Emergency Department staff in the past. This latter grouping, if perhaps replicated in a larger study, could allow for further analysis and dissection.

Following from the Emergency Department results, participants were next asked if they would call an ambulance in order to get to a hospital. While this did have nearly three quarters of the respondents answering affirmatively to this question (see Table 14), still a third of participants entered a negative response. Again this question could benefit from some further analysis, as it would be deemed a practical solution in an emergency to utilise an ambulance to get to a hospital for treatment. Possible explanations for such a division in the results for this question may include: the costs associated with either the ambulance cover, or if not covered, the very high cost of the bill that is sent after the visit to the hospital when an ambulance is used, or individuals making use of their own forms of transport, or the transport of a friend or neighbour being utilised. Or it may replicate the findings of Sheikh et al. (2011), who found that with Middle Eastern subjects, there was more reliance on their GP than going to a hospital. Alternatively, they may have had the experience of the Police arriving on the scene, with or without an ambulance, and then having to face some possible negative form of legal mistrust (2011, p. 75).

5.1.2 - Counselling:

As it was, there were a very high number of missing entries in the data set when it came to deal with counselling. This too is expected, as the literature paints a negative appraisal towards counselling by Islamic groups such as those from Afghanistan (see Omeri et al, 2004, pp. 27-28 and Mullins, 1990, p, 169). And, as is the case with medical treatment, Western treatments to ailments, be they physical or emotional, separate the religious and spiritual dimension from any form of treatment and/or therapy. And this, as noted above in the literature review by Rasool, is “inappropriate for Islamic populations” (Omeri et al, 2004, p. 24).

This concept of a duality between religion and spirituality, mixed with cultural beliefs in healing, was not explored to any great extent in the questionnaire. This therefore, limits the results by way of cultural blindness on behalf of the author. However, it must be stipulated that due to the Hazara being seen as a vulnerable group and/or community due to their refugee status and as new arrivals as a persecuted minority, to question the cohort about their religious beliefs, mixed with questions about their use of health professionals, may have been over-stepping the guidelines as they were presented in the ethics application and subsequent approval by Flinders University.

Counselling and the concept of mental illness and/or health, and the notions of trauma and torture are three areas that are common within the literature. That is to say it is recognised that many have come seeking a safer life in countries like Australia because they have experienced war and displacement, and may have even experienced or witnessed various forms of trauma and/or torture. Therefore, they may have to utilise medical as well as psychological means of treatment and rehabilitation in order to come to terms with the life they have previously left behind in their homeland.

The findings of this thesis in regards to counselling coincide with the general impression that for non-Western communities and their people, especially people who follow Islam, counselling is not seen as an appropriate method of addressing past events. And again, this is something that Afghan men themselves do not see themselves considering. The results of the study indicated that seeing a counsellor was not taken up by a large number of the respondents. This was in part also the case for many when they were asked if they had discussed notions of trauma and torture, be it when in detention or living in the community. Granted that for those who answered ‘other’ for visa may have never been in a detention facility, the prospect of discussing trauma and torture is remote.

Although counselling services are on offer at the IDCs, the pickup rate by the respondents to the questionnaire was not great when this question came up. Table 15 illustrated that only four of the participants saw a counsellor when in detention. This data was similar to the information that came through to us as caseworkers at ARC, whereby clients easily indicated that they did not utilise the counselling services that were on offer in the various IDCs around the country.

This is in contrast to what was seen in Table 16 in the results chapter. From these responses, it could be presumed that perhaps the participants to the questionnaire may have misinterpreted the question, or perhaps, as with the 17 missing responses, may have skipped the whole detention centre ordeal altogether as they may have been issued with PV's on arrival to Australia. However, there are still 13 (seven no answers, plus six unsure answers) that present themselves as an area for further examination and analysis.

When asked in the questionnaire if the participants had seen a counsellor before being granted a PV, a very high number indicated that they had not. This left only five saying that they had seen a counsellor before being allocated a PV. What does this mean or indicate? This could mean one of a few things. First, a large percentage of respondents may have avoided the IDC system where counselling services are provided, by means of being allocated a PV upon arrival to Australia as noted previously. Second, that the concept of counselling is a Western construct that might fail to attract the often damaged minds of the asylum seeker/refugee in that emotional hurt in many refugee groups is not thought of as having been brought about by various forms of trauma and/or torture, but as the result of some form of personal weakness that can be resolved through spiritual means or by going to see a herbalist or doctor (as noted in the literature review above). And perhaps, more importantly, that counselling does not fit in with the doctrine of Islam, as also noted in the literature review. It could also mean that the western construct we designate as 'counselling' was not understood by the Hazara and they could not see the point of talking to yet another person about their life experiences.

5.1.3 - Trauma and Torture:

While it should be acknowledged that refugees may come to new countries like Australia with various forms of trauma and/or torture histories associated with their past existence back in their homeland and from their flight to a better life, trauma has also been attributed to the time that asylum seekers spend in IDC's. This is an unfortunate result of the numbers of asylum seekers seeking protection, Government policy and confinement, all of which combine to create a negative experience for those involved, and thereby contribute to the trauma already experienced prior to arrival. Participants were asked a few questions relating to trauma and torture issues. Table 18 for example shows how respondents answered the question, 'Did you need to talk to someone about Trauma and Torture issues in detention'? It would be interesting to discuss with the participants who said that they saw a counsellor in detention, whether or not the experience was positive. However, as it has been acknowledged, both in the literature above, and in the results, trauma and torture issues remain very much relevant to the ongoing health care of emerging refugee groups. And as the data has indicated, there is a strong need for support services such as the FASST network and their South Australian agency STTARS to continue with their valuable work.

Subsequent to the above table, Table 19 asked if the participants needed to talk about trauma and torture issues in the community, and found that only six respondents still required additional support once housed in the community. While this is a small number, the fact remains that in the Hazara sample, trauma and torture issues are still relevant to the lives of those affected. As for seeing someone regarding trauma and torture issues after the granting of a PV, this had only two respondents agreeing to the question. It is again unclear as to why there would be such a large number of missing data. A possible answer is that this 24 had not yet felt the need to discuss any concerns they may have regarding trauma and torture. This group would be an interesting subsection to further analyse if they were to present themselves for the face-to-face interviews, which they perhaps failed to do. However, with that said, a majority of respondents did indicate that seeing a counsellor would help them feel safe in Australia (see Table 21). This may suggest that the Hazara sample, and perhaps the Hazara community itself, are aware of the benefit that seeing a counsellor can bring to their lives, but are at odds with sharing any emotional or psychological pain.

The concept of counselling and that of seeing a counsellor to make one feel safe in Australia was seen by many of the participants as a positive thing to do. This would in itself be grounds for further research as the cohort and the community become more acculturated to living in Australia. And while the participants in the study had knowledge of specialist counselling services like STTARS, less than a quarter of those surveyed had ever used its services. This adds further weight behind the findings of Omeri et al. (2004) and their suggestion that Afghan men do not like to share personal information and experiences.

Table 22 did ask the respondents if they were aware of the FASST organisation, STTARS, or of the organisation Relationships Australia (RA) for counselling. The data was mixed for both services. While the number for STTARS is almost half of the Hazara cohort sampled, only a small number had indicated that they had ever utilised its services (see Results chapter). As for RA, there was a more positive response with the same number of those who knew of its services also using its services. It would be most interesting to find out why there should be more of a reliance on RA than on a specialist service such as STTARS, whose role in dealing with Culturally and Linguistically Diverse (CALD) communities with histories of trauma and/or torture would be used so sparingly.

With both the data from STTARS and RA taken into account, it appears that the message that these service providers exist is out in the Hazara community to a reasonably large degree. However, according to the data at hand, still a large number have no knowledge of these providers and of the potential benefits that they could harness if they had better knowledge of these valuable social resources. However, with the general reluctance of those surveyed to participate in more professional and formal forms of counselling, talking to one's family about 'bad' things that had happened to them was greatly reported. This was something that was absent in the literature covered. This leads onto the sharing of personal trauma with a third party.

5.1.4 - Sharing Personal Trauma:

By asking in the questionnaire if the Hazara sample had spoken to a third party about 'bad things that had happened to them', it was thought that this would open up the sample to other possibilities or moments when they have shared personal and private details to others. By 'bad' things, this was meant by the author to include such things as to why they had to leave their homeland, through to their eventual arrival into the community in Australia.

This results highlight the importance of family and the possible closeness of the Hazara community in resolving matters that may be causing the individual distress and discomfort (see Tables 27 to 30). It could also be further surmised that the six 'other' people may have involved the inclusion of outside sources such as STTARS and/or RA. However, what was most noticeable about the data for this line of enquiry was the very high number of missing responses. This could indicate a number of possibilities. First, the questions themselves may have been inappropriate to ask the sample in that the questions may have been of a personal nature. Or secondly, perhaps the questions in themselves were poorly designed and were not understood properly by the participants.

As can be seen by the above sections, health and its sub headings encompassed a large array of possibilities and barriers for the Hazara cohort to traverse. From a quantitative point of view, the data supports the notion of the Hazara being able to work within the framework of the health system, with some possible exceptions in the fields of counselling and trauma and torture. That is, these two areas have not been fully utilised by the Hazara to any great extent. Again, possible reasons as to why this may be the case lay heavily on what is a Western framework for dealing with psychological pain and distress. As for those individuals in the study that reported that they have used counselling services in the past, it would be of interest to find out how long it took them to access these services after they had entered Australia, and for how long they undertook this form of therapy.

From a qualitative point of view, the three participants who attended the face-to-face interviews presented a similar picture to that of the quantitative respondents, with the field of general health being comparable to the former evidence. From a counselling point of view, there was a higher representation of usage amongst the participants to the utilisation of FASST services either in South Australia or interstate. In respect to the sharing of personal trauma, all agreed that they would speak with their families and all indicated that they would not seek spiritual guidance from their Imam.

5.2 - Education:

Education was chosen as a necessary field of enquiry for two reasons. First, from the experience of the author at ARC, most, if not all, new arrivals on a BVE, were very much interested in learning English as a second language. This was normally achieved through small groups in the community, through to more organised groups in the Adelaide Central Business District. However, asylum seekers on BVE's were not allowed to undertake formal English classes at TafeSA, for example, unless they paid international student costs. This, however, was soon changed to allow BVE holders to undertake a six week course from which they would receive a certificate of attainment upon completing the course. However, this still placed a direct obstacle in the pathway for the new arrivals to help them to acculturate to the Australian landscape. Second, also from my time as a caseworker at ARC, holders of a BVE were very keen to undertake training in the hope of gaining employment (when the Government permitted), and also to keep themselves busy. However, on most occasions, holders of a BVE were again restricted in taking part in any form of training unless they could afford to pay the international student fee for the course.

In the education section of the questionnaire it was positive to see that a large number of participants had attended some form of formal education prior to their arrival to Australia (see Table 42). This included a high number of participants saying that they were literate in their native tongue of Hazaragi. This information is important, as the Hazara have in the past been refused access to many educational rights, as explored in chapter two. And it was noted by the Queensland Government that many Hazara are illiterate (2011, p. 2)

Participants were asked if they could read and write in other languages, with Table 44 and Graph 5 illustrating the range of languages that the sample knew and were literate in. English was by far the most known by the Hazara sample. Of note here is the realisation that the majority of the sample could not read Dari. This then made some sense as to why the initial postings inviting participants to an online version of the questionnaire were not successful (not to mention the possible lack of English skills for other members of the community). As with any country that has its borders joined by another country, or where more than one ethnic group is located in or nearby the vicinity, the knowledge and necessity of learning more than one language becomes very useful, as people become bilingual in order to learn, trade, work and co-exist.

As for English, there was a clear divide on where the Hazara sample learnt English prior to their arrival to Australia with an equal number of participants saying yes, and the same saying no to learning English prior to coming to Australia (see Table 45). English was learnt in detention centres and within the Australian community (Table 47). As many asylum seekers, turned refugees, were unable to access the Government's Offshore Entrants English programs, various small community groups sprang up in response to teach English to these vulnerable groups.

The subject of education as a valid social service to include was based also in part on the notion of its universality, that education is a common right to all who reside here in Australia, and as such, should be offered to all who live within its borders. Quantitatively, the evidence supplied in this thesis supports the concept that education is a social service that is used amongst the Hazara sample. However, while the questionnaire did ask about levels of education attained by the participants, little more was grasped from what may have been a lucrative field of enquiry into understanding the educational rights of the Hazara in Afghanistan.

Qualitatively, the data indicated a mixture of educational backgrounds and histories. This in turn highlighted the degree in which the face-to-face sample had settled into the Australian educational system and under what circumstances that they learnt English. Again, the questions in this section of the questionnaire limit what can be gleaned from the results due to the limited number of possibilities that could have been chosen. With that said however, the qualitative question of ‘to what degree do Hazara refugees utilise social services’, is shown to be in the positive.

5.3 - Employment:

Employment is seen as the natural progression from education and/or the realities of living on a PV. Many refugees are eager to join the workforce and earn additional money. The fact that they can earn money, and more money than what they were receiving as asylum seekers, is great encouragement for the Hazara, and other refugee groups, to go out and seek employment. With social access to employment being a key inspiration to any community subgroup and/or demographic, the intention in this thesis was to see whether the Hazara have been able to source meaningful employment. The employment section also asks the question as to who is reliant on Centrelink, the Australian Government’s welfare arm.

This often highly sought after piece of social inclusion, vital for anyone wanting to access more of what society has to offer, is all too often a hard area to access for new arrivals, as will be discussed below. With employment comes more financial freedom through the increase of money into an individual’s pockets. With more money that an individual has, the more opportunities in the economic market they have.

At the time when the questionnaire was offered to the Hazara sample, 19 of the Hazara men were employed (see Table 31). The questionnaire did not ask the individuals if they were in full time, part time or casual employment.   However, Table 32 does illustrate the wide range of work carried out by the men in the samples. It was interesting to note that only five (see Table 33) of the participants were working in the same profession as they had worked overseas. This does highlight several factors which need to be illustrated. First, the recognition of foreign skills and/or trades is often a long, slow process and is often at times impossible to achieve due to the regulations and red tape that some individuals have to go through, even if they are lucky enough to have documented evidence supporting their claim (which many asylum seekers/refugees do not). Second, due to the socio-economic makeup of Afghanistan prior and during the Taliban rule and subsequent years afterwards, the Hazara have been reduced to performing lowly jobs in order to find employment, with many travelling abroad to find a job in which to support themselves and their families back home.

Table 33 further supports the employment hardship faced by the Hazara back in Afghanistan, with over half indicating (by failing to answer the question) that they may not have had any employment prior to them leaving for a new life in Australia. This table also shows that the two highest forms of occupation for the group were farming or being a student. The table shows a variety of general forms of employment being made possible, except for one position of ‘commission enquiry’ and electrician being representative of possible higher learning.

The survey found that a total of 18 participants were accessing some form of Government financial assistance through Centrelink. While this is just over the 50% mark and may seem high, it should be remembered that these participants could include pensioners, students and people working part time or casually, whereby they may be supplementing any earned income with a portion of welfare assistance from Centrelink.

Next participants were asked if they knew about Job Services Australia (JSA), the then Commonwealth Government’s job seeking arm. Here the study found a high number of participants had knowledge of the service, from which only

14 had been able to find employment with the assistance of their JSA provider (see Tables 36 and 37). Furthermore, participants were asked if they were able to find a job by themselves, resulting in a high proportion of participants saying that they had (Table 38). A third of the participants had found employment from within the Hazara community. This is followed by another 14 participants who found employment through a friend within the Hazara community. This thereby illustrates that the networks within the Hazara community are beginning to be well established within this growing demographic.

In terms of the JSAs mentioned in the above paragraph as the Government's preferred model for jobseekers wishing to enter the job market, the evidence shows that they are perhaps not the best apparatus for ethnically diverse groups such as the Hazara. And this adds further to the call for specialist JSA providers who can better match the skills and qualifications of minority groups that are just not being supported or supplied via mainstream JSA providers in the community. Such use of mainstream JSA's may further alienate people from CALD groups from fully participating in the social sphere and therefore deny them social access to what is often a highly sought after piece of social interaction as indicated in the literature review through RCOA (2012).

A final note on the employment section was the reporting of how many full time jobs the participants have had since obtaining their PV. Table 41 and Graph 4 highlights the very chaotic nature of employment that is currently taking place in Australia (and perhaps in other industrialised nations in the world), where there is a move away from full time work, to more part time and/or casual forms of employment.

From the perspective of the research questions noted at the start of this chapter, employment is one social service that, like education, is foremost in the interests of newly emerging refugee groups. As has been stated earlier, with the prospect of attaining employment and therefore more money for financial support for their families either here in Australia, or overseas, employment is one social service that, despite the barriers of language, transportation, and recognition of trade qualifications, is a reality that can bring about so much positive change to the individual.

Quantitatively, the results indicated a variety of responses to the social services which can be encapsulated in the field of employment. It is unfortunate that the Government's JSA program is possibly the weakest platform available to CALD communities when seeking employment. The fact that the data highlighted the success of the Hazara cohort in attaining employment either on their own or via the Hazara community, speaks loudly about the inadequacies of formal job placement agencies and their one size fits all approach.

Qualitatively, the results varied quite dramatically, with only one of the respondents being employed at the time of the survey. Attainment of a job via a JSA was only successful for one of the participants, thus still illustrating (to a degree) the inappropriateness of this instrument of social access in finding employment for CALD groups. This section of the results does not strongly support the second research question, as two of the participants were studying, and only one was receiving a Centrelink payment. Therefore, it can be surmised that for the employment section on social services, the evidence to support the second hypothesis is lacking in its scope of possible responses to the line of enquiry to which the participants were subjected.

5.4 - Accommodation:

Accommodation of asylum seekers and therefore refugees was not something that was well represented in the literature. This may be because the author failed to find an adequate number of articles relating to the housing needs and therefore, responses to housing of individual refugee men in Australia, let alone elsewhere in the world. Whether this is due to the presumption that refugees are living in family units or just that this area of concern has failed to attract any research at the present is unknown.

It should first be acknowledged that there were no questions relating to housing type (i.e., flat, unit, house etc.), or whether the participants were renting (public or private), buying, or if they have already purchased their home, as may be the case. With that said, the results in the accommodation section of the thesis did show that just under half of individuals surveyed were living with their family. This left 12 indicating that they were living in alternative accommodation (see Table 49). This question opens up the debate on housing size and structure, and whether there exists a demand from within the Hazara community for individuals to find more alternative accommodation as highlighted in the questions that follow. This is an area ripe for further analysis.

Table 50 asked the participants if they lived with friends of their family. This question was asked as it was thought by the author during his time at ARC, that when the asylum seekers on their BVE's first arrived at the Adelaide Airport, often they would be met by either their relatives, or people who they knew some way or another. Out of the 33 participants, only seven indicated that they were living with friends of their family. It could be suggested however, that the friends of the family may have included people that they have befriended after spending time living within the confines of their family, and not people who they have just met at the airport, for example.

Table 51 asked the question of ‘do you live with people that you met in detention’? This question relates to the study by Hartley and Fleay (2012) and their look into asylum seekers on a BVE who were communally housed for a period of six weeks. During this time they were expected to find alternative long-term accommodation. This is more easily attained when pooling resources and finding shared accommodation in pairs or groups as was often the case. From this question, only six of the participants said that they do live with people whom they met whilst in detention.

The next question based on accommodation was to ask ‘do you live with people that you have met through the Hazara community’. Like employment, the networking within the Hazara community was rationalised to include the search for stable accommodation (see Table 52). This line of questioning may indicate the success of a majority of former TPV holders and the ‘other’ visa holders and their families in obtaining stable long term accommodation, thus leaving a small number of Hazara members to rely on their connections that they have formed since arriving in Adelaide. Again, there does not appear to be any other studies reporting on the success of finding accommodation from within singular refugee community groups.

The next accommodation question asked if the individual lives alone. This question resulted in three affirming that they do live by themselves. The individuals who selected yes to this question may have included people who are homeless, as identified by one participant in the face-to-face interviews, and who was living in his car.

The final question for the section on accommodation asked the participant if they were living in shared accommodation with other single men, how many men, and whether this number was too many (see Table 54). This question was included as it became common knowledge at ARC, that sharing of accommodation within the Hazara community was occurring, and that often many more people were living under a single lease than what was initially reported to the real-estate agent.

Quantitatively, this section of accommodation illustrated that the Hazara cohort are well represented in being housed, with the exception of one participant who has been living in his car for two years. Even though the research did not look at housing stock, the possibilities of housing arrangements are plentiful, with families and singles being housed, along with people living in shared accommodation. From a qualitative point of view, there were two families and one single (homeless) group represented. And again, all aspects of housing had been used at various points in time by the three Hazara men who took part in the face-to-face sessions, with shared accommodation also being used. It is again disappointing that there has not been much in the means of research into the housing arrangements of asylum seekers and refugees as they make their way into the community to live out their new peaceful lives. However, what can be said about the accommodation requirements of the Hazara are that they require adequate and affordable housing in areas that suit their daily living requirements, be they shopping, employment, health, or religious obligations. For some of the sample, housing affordability is something that is out of reach to them, as it is the case for many other housing consumers in Australia, thereby forcing some to live in share house accommodation, or in one case, in a car.

5.5 - Demographics:

The final section covered in the results chapter for the quantitative data was demographics. Demographics included: age, suburb, and country of birth. This was followed by questions asking if someone had assisted the participant in completing the survey, and then whether or not the participant would be willing to participate in a face-to-face interview.

The spread of ages ranged from 18 to 75 or older (see Table 55), and this presented a good representation of the Hazara community as evidenced by my time spent at ARC. Although there were more participants aged near the beginning, this represented a true appraisal of asylum seekers coming through into the community on their BVE's as observed during my time at ARC.

The spread of suburbs inhabited by the Hazara cohort in this thesis were all north of the Adelaide Central Business District. Reasons for this may include the affordability of rental properties as well as properties for sale. The possible inclusion of shops and businesses that serve the Hazara community well may be present. Also located in this region is the Imam Ali Mosque at Pooraka and a Hazara Community Centre in Elizabeth. As it was, the identified suburbs were also highly representative of the suburbs in which the asylum seekers on the BVE's chose to reside, further supporting the ideas behind a strong growing community network.

The next demographic question asked the participants which country they were born in. This question was included as there are three possible responses that can be made, these being Afghanistan, Iran or Pakistan. Table 56 highlighted that the majority of participants were born in Afghanistan, with one from Iran and another from Hazara (Afghanistan). There were three participants who did not complete this question.

Table 57 illustrated the question 'did someone help you complete the survey?' Responses indicated 12 in the affirmative. It could be suggested that some of the 12 affirmative participants may have belonged to the sample from the Mosque, as the questions were read out in a language that the participants held in common with one another and during which the author had no control over what was being spoken aloud to the audience. It would be interesting to undertake further analysis of this question with regards to age, and visa held, or with languages in which the individuals were literate. This is because the group indicating that someone assisted them may have been in Australia for some time and yet were still apprehensive with answering the survey on their own.

The final question in the questionnaire asked if the participants would like to participate in a face-to-face interview with the author. This resulted in 11 participants indicating that they would be willing to meet with the author (see Table 58). As it was, only three were prepared to undergo a face-to-face interview with the author. This may suggest a reluctance of those surveyed to relate additional information that may be considered personal. Or that like a lot of people in society, they may just not have had the time or ability to meet for a more formal interview.

5.6 - Limitations:

Possible limitations to the research component of the thesis may include the following: First, the questionnaire does not fully capture what was initially hoped for in the proposal. That is, there are some possible areas of enquiry that could have been adhered to, including finding out about the English ability of the respondents, for example. Second, as the author of this thesis, I come from a privileged position of being white, educated, and coming from mainstream society. All of this could negatively place me in a position of authority that far exceeds my actual position in society. This was also illustrated by Sparrow (2005) in which he found it difficult to obtain the trust of the Hazara community in which he was involved. Third, I overestimated the role, or the lack of, electronic media in that the initial online survey failed to gain a single respondent. Possible reasons for this can include that the information that was left and displayed at the shops, Mosque and community centre failed in its task of being able to capture the attention of the social group in question. Also, the information may have had a short life span of being exposed to the community, as the information could have been covered up, or even removed to make way for something else, as the thesis information sheets did to other people's information.

Fourth, the written expression on the information sheets also came from a place of power that may have inadvertently discouraged the Hazara from responding. For example, one of the information sheets (Information sheet – see appendix) spoke of the researcher being the 'investigator'. This term may be disadvantageous to the thesis as it might remind the potential respondents of their place in detention and having to respond to the various questions of the Department of Immigration, as well as their place in the Afghan hierarchy. A fifth limitation in this study came when the author visited the Mosque one Thursday night and handed out questionnaires to the remaining members who had stayed behind at the Mosque. Here a Hazara gentleman read out the questions to those remaining, and may have also hinted at possible answers for those who were left. This is a potential limitation, as the author has no way of knowing.

Another limitation and as seen in the previous Results chapter, there were three visa types that the Hazara themselves noted that they had once held. Thus 19 respondents identified their visa type, leaving a sizeable 14 unidentified visa holders. Noticeably there was some confusion stemming from what the questionnaire was asking when the actual responses were taken into account. For example, all of the ‘missing’ responses were unexpected, especially with some of the high ‘missing’ scores. However, there were in total 33 participants who willingly gave up their time to complete the questionnaire when it was presented to them.

An aspect of refugee life that was not explored in the questionnaire, but which was prevalent in the literature, is transportation. Transportation costs affect the whole of society in one form or another, and were a high priority for many asylum seekers whom I saw when I was working at ARC. Access to a vehicle and therefore, holding a valid driver’s license are important elements in a modern Western society like Australia. Correa-Velez et al. (2005) highlighted some of the obstacles faced by new arrivals in obtaining a driver’s license/permit (see also Abdelkerim and Grace, 2012, p. 112). Since obtaining a driver’s license was common place amongst the asylum seekers who were clients of ARC, questions about this area should have been included in the questionnaire, even if it was in the demographics section. As such, the author believes that an important element of social service usage was ignored. Accessing the correct type of transport, be it public or private, is essential knowledge that is utilised within the sub-sections of health, employment, education, and accommodation. Without adequate transportation, linkages with these four groupings may fail, or may face greater challenges than noted within this thesis.

Social access to accommodation, while very important, was to a large extent inadequately surveyed in the questionnaire. This was primarily due to the large number of permanent family type clusters that existed amongst the respondents. That is, it was hoped that there would be more individuals taking part who did not have established families living with them here in metropolitan Adelaide. However, with that said, the results were positive and in line with a population making the most of their new found safety in a new country.

5.7 - Summary Thoughts:

What does all this say about the ability of the Hazara cohort in traversing their way through the often myriad possibilities of accessing social services and of the social factors that may act as potential barriers to these services? Without a doubt, the first thing that should be commented upon is the fact that as far as the general health system goes, the Hazara have within their ability, the belief and capacity to access a GP when the need requires, as well as other essential elements of the health system. There are a few pieces of the health system that have been shown to act as barriers, be they the dentist, catching an ambulance to get to hospital, or as the evidence shows, accessing counselling services for the potential loss, grief and trauma experienced by the Hazara as they were forced to leave their homeland.

As far as education and employment go, these two interlinked domains share similar boundaries in that for a lot of the Hazara sampled in this thesis, education and employment are seen as social services in which access has been granted, either here in Australia, or if lucky enough, back in Afghanistan as was the case for some of the participants. While English as a Second Language (ESL) teaching is still required by many who come to Australia, this study showed that for many, knowing English was something that they could lay claim to. Employment on the other hand has been something that has been haphazard in its appearance and undertaking. This is because a key element of the Australian Government's employment arm, the JSA, has been unable to do what it is intended to do with marginalised CALD background groups or individuals. However, with that said, there was a number of Hazara from the study who were either educating themselves, or being employed for the first time in their lives due to the availability of the social services and the social accessibility of those services to new arrivals.

Accommodation is something that is hard to measure in this thesis, as there was no reporting on the typology of housing stock that is being occupied by the Hazara in Adelaide, or of the ownership or rental capacity of the participants.

This thesis has shown the Hazara who participated in the questionnaire and face-to-face interviews to be resilient and that they have shown considerable fortitude in adjusting to Australian society despite the difficulties and/or uncertainties encountered with accessing social services. Having endured the hostile journey to Australia, through to being granted residency and citizenship to a new country, the Hazara have shown that a new life is possible after all of the war and conflict that existed back in Afghanistan and surrounding countries. This study has shown that many things are possible in accessing social services in Australia despite the hurdles often encountered. For example, as noted above, not using interpreters when interpreters are available, and relying on the JSA to find employment to CALD groups are just some of the examples of how some services are not being utilised to their fullest potential.

Chapter 6: Conclusion

This thesis has looked at the social factors that impact on a new and vulnerable group within Australian society, the Hazara, and of their use of social services. At the outset of this thesis, there were two distinct research questions. First for the quantitative element, how do male Hazara refugees in Adelaide utilise the following social services: health, employment, education and accommodation? The second question for the qualitative section was; to what degree do Hazara refugees utilise social services? While the questionnaire and subsequent face-to-face interviews only comprised relatively small numbers, inferences can be made that the Hazara cohort within this thesis are making the best of their time in metropolitan Adelaide and their social access to social services. The social services that were the focus of this thesis included access to the areas of health, education, employment and accommodation.

6.1 - Recommendations:

Recommendations for working with the Hazara population as an emerging and growing demographic can be summarised in the following few paragraphs.

6.1.1 - Health:

First, attempts should be made by the Health sector to be better informed on the growing needs of emerging refugee groups and of the ailments, be they physical, emotional, and even spiritual in nature, and what can be done to best remedy the patient and/or the community. As it has been noted, health areas of concern include GP's and their reliance on English speaking patients, and not on the doctor's ability to use resources such as the Translating and Interpreting Service (TIS National) for those individuals who cannot rely on their English skills or who cannot find a trustworthy, objective, associate to interpret for them. In addition to the role of the GP, other allied health service providers such as those who provide counselling services on areas such as trauma and torture need to be prepared to advise the primary health providers of their services and how agencies like STTARS can be of benefit in the care and rehabilitation of troubled individuals impacted by issues that can be of a disturbing nature.

Dental care is another allied health service that needs refinement if it is to offer the growing numbers of refugees and asylum seekers any form of benefit. As for the costs, visits to a dentist can often be seen as forming an obstacle in front of those individuals who cannot afford private health cover, let alone the costs for a standard visit. Waiting lists are long and the public dental system is over stretched in its ability to cope with the demand of those requiring dental care, even when in acute pain. Universal dental coverage is one solution that has been often suggested by means of merging dental care within the Medicare system. There is in existence a dental plan of $1,000.00 over two years per individual that can be accessed within Australia. This dental plan is currently under review however, due to its limited take up within the community.

While hospital care was well supported, it was the utilisation of the ambulance that was to a degree less regarded, with many of the sample opting to rely on other means to get to a hospital in an emergency. One possible solution to the absence of the probable use of an ambulance would be a universal form of ambulance cover for all people who reside in Australia. Universal coverage would allow individuals to use the ambulance service without having to worry about the high costs associated with the bill that follows the transportation and acute medical attention. It is acknowledged that the costs for such a service would have to be absorbed by other means, be it via Medicare or alternatively another levy might be required.

6.1.2 - Education:

It could be suggested that perhaps the best way to solve the issue of refugees and asylum seekers not having the ability to speak English at any basic level, would be to have formal English classes for all of those who fit in this category, not just those 18 years or younger. As with the compulsory English lessons that are provided to entrants on Humanitarian visas, the inclusion of asylum seekers and refugees into this program can only be beneficial to the community and society at large. But for some reason, even now, adult asylum seekers who are on BVE's and who are living in the community are restricted in their choice of English that they can learn, while their children can learn English and attend school as per the rest of the population. Is compulsory English lessons appropriate for new arrivals? The evidence suggests that it is, and that it should be made easier to access as it improves many associated benefits to the individual as well as society through employment outcomes and greater self-esteem to name just a few.

6.1.3 - Employment:

Recommendations for the field of employment can first be seen in the process of gaining recognisable qualifications in the refugee's chosen field. This can often be a long drawn out process that is often hampered by lack of trade qualifications and poor English skills. While it is acknowledged that instruments must already be in place to address this first barrier to employment, bureaucratic restrictions place pressure on individuals and their ability to work. Second, as noted in the Discussion section, JSAs and their successors need to be better able to respond to the needs of a mixed and diverse population which the CALD communities and refugee groups represent, and not just provide lip service to a population that they do not understand. The creation of job clubs that are the focus of interest groups within the refugee communities would be a great step forward, as these agencies would be prepared to talk to their clients and better match them to particular employers based on skills and ability.

6.1.4 - Accommodation:

As with the bulk of low income earners, the ability to find affordable accommodation is something that is often difficult. As refugees, who may or may not be employed, or who must live in cramped overcrowded accommodation, the costs associated with finding reasonable, safe and secure accommodation can be hard to attain. While the sharing of accommodation is common for many single people in the community, landlords and real estate agents are not often of the persuasion to allow multiple persons to reside in units or houses that are designed with a certain number of residents in mind. Therefore, it is recommended that there be a more assertive push by the public and private sectors to build more affordable forms of housing in locations that are centres of association for refugee groups and of their businesses.

6.2 - Further Research:

In terms of future research into the lives of the Hazara and of their utilisation of social services as covered in this thesis, it would be highly desirable for a more thought out questionnaire or survey tool, one which is capable of more fully encapsulating the areas discussed. This is more intended for the area on accommodation, as it may have failed to adequately collect the desired information required to do justice to the research questions posed at the start of the thesis. In addition, if this study was to be replicated in any such form, it is envisioned that more participants be selected in the process, especially in the qualitative dimension.

Another aspect to consider for future research lies in the number of missing results captured during the time that the questionnaire was posed to the participants. As can be seen in the results section, there exists quite a number of missing entries which as noted earlier in the discussion section, may have acted in such a way as to suggest that the questionnaire may need to be trialled on a small sample before being offered to a much larger population. Finally, the accommodation requirements of single refugees after they are granted refugee status does require further analysis, as this study noted a limited array of such literature. As there is only so much time shared accommodation and living with family and family friends, etc., can be tolerated by an individual whose needs may very well change as time goes by.

It is envisioned that the results of this research will be able to be directed at the future needs of refugees and asylum seekers equally. The purpose of this is that future generations will be able to benefit from the knowledge that is gained from this research. This knowledge may also assist policy makers in directing future decisions around the area of refugees in Australia. Also, agencies and Government departments may very well utilise information from this thesis to better equip their own activities to better suit the needs of refugee and asylum seekers, including the Hazara population of metropolitan Adelaide.

6.3 - In Summary:

In summary, the Hazara of metropolitan Adelaide are a resilient and resourceful community. They have survived the horrors associated with war and persecution within their homeland of Afghanistan, and have survived the arduous journey across land and sea, to find themselves a safe place to re-establish their lives and the lives of their families. While there exists certain situations that, for one reason or another, mean that the take-up of social services have been limited by way of usage or identified by means of the missing data, this research creates a picture of a refugee demographic settling into life in contemporary Australian society.

With the two research questions in mind, this thesis has, by way of the questionnaire and then by implementation of three face-to-face interviews, shown that the Hazara refugees are utilising the majority of services that are open to them. The reason for saying a majority lies in the knowledge that certain services, for example, saying no to counselling, not using an ambulance, and the under representation of the JSA network in finding employment for elements of this demographic, all indicate that some services are either not warranted by the Hazara, or at the very least undervalued. However, the remaining services discussed in this thesis do have positive appeal to the cohort, therefore allowing for the first research question to have a positive conclusion.

The second research question, to what degree do Hazara refugees utilise social services, is a little bit different in making a possible conclusive response. This is because there were only three participants who took part in this section of the thesis. Nonetheless, the three face-to-face participants did reflect quite closely in their responses as they had done so in the initial questionnaire. Indeed, deeper analysis during the time of the interviews may have opened up the respondents to additional questions which in turn may have helped to get down to the absolute knowledge and feelings of this group in their use of social services. For example, the homeless gentleman was never asked if he was taking up services designed for the homelessness sector in South Australia. Needless to say however, is the fact that these three gentlemen were possibly older than the majority of participants. Therefore, this highlights the possible reluctance of younger Hazara members to contribute to face-to-face interviews. But this is just speculation on behalf of the author.

Yet, to pose an answer to the second research question, one just has to acknowledge the fact that from such a small and limited sample, a lot of interesting and important information was made available, to which point one has to say that a positive conclusion can be drawn from the question: to what degree do Hazara refugees utilise social services?

As for the role of social workers when working with marginalised groups such as those represented in this thesis, by continuing with our mandate as a profession whose role in society is to represent the needs and demands of those at the boundary of society, and working within the confines of employment directives, the lives of those impacted should be better off. Through advocacy and the pursuit of additional professional knowledge, linked within a framework of linked theories and methods, will allow for a greater understanding of the many distinct and competing groups that require the assistance of social work in our society as the Hazara themselves represent.

Word count: 31788

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APPENDICIES

1. Flinders University Advertisement for Research – in English
2. Flinders University Advertisement for Research – in Dari
3. Flinders University Research Information Sheet – in English
4. Flinders University Research Information Sheet – in Dari
5. Flinders University Letter of Introduction – in English
6. Flinders University Letter of Introduction – in Dari
7. Flinders University Research Consent Form – in English
8. Flinders University Research Consent Form – in Dari
9. Flinders University Letter for Permission
10. Questionnaire

NB: Please note that due to formatting restrictions, the Flinders University Crest and logo do not appear on the designated documents as outlined above. As such, I have added them to this page as representation of what they look like.

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1. Flinders University Advertisement for Research – in English

Wanted, Hazara adult men, to participate in a social survey asking what social services are used, or not used, by yourself.

The survey needs Hazara men who were either on a Temporary Protection Visa (TPV) before August 2008, or who were granted a Bridging Visa E (BVE) prior to August 13th 2012 and all have been granted a Protection Visa.

Social services include such things as: housing, education, health, employment services.
This survey is will be available on the internet at the following address
https://www.surveymonkey.com/s/boot0038

The survey is available from January to the end of April 2014

Once the online survey has been completed, you may be asked to participate in a face-to-face interview with the Master of Arts student, Doug Boothey.

If you do not have internet at home, please visit your local community library to access the survey from there. If you need help to complete the survey, please ask a friend to help.

If you have any questions, please either email boot0038@flinders.edu.au or ph. 0426 117 394

Thank you,
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South Australia 5001

یا استفاده کرده نمیتوانند.

این مطالعه به مردان هزاره که دارنده ویزای محافظوی مؤقت یا) TPV (قبل از آگست 8002 بودند، یا کسانی بودند که به آنها ویزای بریجنگ) BVE(قبل از سیزدهم آگست 8008 داده شده بود و به همه آنان ویزای محافظوی صادر شده است ضرورت دارد.

خدمات اجتماعی شامل است به موارد ذیل: مسکن، تعلیم و تربیه، صحت، خدمات کاریابی.
این مطالعه در آدرس انترنتی ذیل مورد دسترس خواهد بود:
https://www.surveymonkey.com/s/boot0038

این مطالعه از ماه جنوری الی اخیر ماه مارچ 8002 مورد دسترس است.

همینکه مطالعه انترنتی تکمیل شد، شاید از شما تقاضا شود که در یک مصاحبه همراه با شاگرد برنامه ماستری،
Doug Boothey اشتراک نمایید.

اگر شما در منزل تان انترنت ندارید، لطفا به کتابخانه محلی تان مراجعه کنید تا از آنجا به این مطالعه دسترسی یابید. اگر شما برای تکمیل
کردن این مطالعه به کمک ضرورت دارید، لطفًا از یک دوست تان تقاضای کمک کنید.

اگر شما کدام سوالی دارید، لطفًا به آدرس ذیل ایمیل بفرستید
boot0038@flinders.edu.au یا به شماره ذیل تماس بگیرید:
394 117 0426

تشکر از شما،

Doug Boothey
Research Student
Flinders University
School of Social and Policy Studies
Social Sciences South
GPO Box 2100, Adelaide
South Australia 5001

3. Flinders University Research Information Sheet – in English

Department of Social Work and Social Planning

School of Social and Policy Studies

Faculty of Social and Behavioural Sciences

Sturt Road, Bedford Park SA 5042
GPO Box 2100

Adelaide SA 5001
Tel: 08 8201 2206

Fax: 08 8201 3760

INFORMATION SHEET

Title: Social factors impacting on Hazara community members as they engage in the task of settling into mainstream Australia, and their utilisation of social services.

Investigators:

Mr Doug Boothey

School of Social and Policy Studies

Flinders University

Ph: 08 8201 5619

Supervisor:

Keith Miller

School of Social and Policy Studies

Flinders University

Ph: 08 8201 5619

Description of the study:

This study is part of the project entitled ‘Social factors impacting on Hazara community members as they engage in the task of settling into mainstream Australia, and their utilisation of social services’. This project will investigate members of the Hazara community in Adelaide. This project is supported by Flinders University Department of Social Work.

Purpose of the study:

This project aims to find out what social services male Hazara members have used whilst setting up a life in Adelaide

- increase knowledge on what services are accessed by Hazara men:
- to identify any blockages as to why some services are not utilised.

What will I be asked to do?

You are invited to participate in an online survey that will ask you several questions about what social services you use, or have used. The online survey should take about 30 minutes to complete. At the end of the online survey, you will be asked if you would like to participate in a face-to-face interview with the student researcher. This interview should take between 30 and 45 minutes to complete. An interpreter can be made available if requested. Once recorded, the interview will be transcribed (typed-up) and stored as a computer file and then destroyed once the results have been finalised. This is voluntary.

What benefit will I gain from being involved in this study?

The sharing of your experiences will improve the planning and delivery of future programs.

Will I be identifiable by being involved in this study?

We do not need your name and you will be anonymous. Once the interview has been typed-up and saved as a file, any identifying information will be removed and the typed-up file stored on a password protected computer that only the coordinator (Dr Keith Miller) will have access to. Your comments will not be linked directly to you.

Are there any risks or discomforts if I am involved?

The investigator anticipates few risks from your involvement in this study. If you have any concerns regarding anticipated or actual risks or discomforts, please raise them with the investigator.

How do I agree to participate?

Participation is voluntary. You may answer ‘no comment’ or refuse to answer any questions and you are free to withdraw from the focus group at any time without effect or consequences. A consent form accompanies this information sheet. By starting the online survey, you have agreed to participate in the survey.

How will I receive feedback?

Outcomes from the project will be made available through the final published thesis that will be available from the Flinders University Library.

Thank you for taking the time to read this information sheet and we hope that you will accept our invitation to be involved.

This research project has been approved by the Flinders University Social and Behavioural Research Ethics Committee (Project number 6257). For more information regarding ethical approval of the project the Executive Officer of the Committee can be contacted by telephone on 8201 3116, by fax on 8201 2035 or by email human.researchethics@flinders.edu.au

هدف این نامه اینست تا آقای دوگ بوتی) **Doug Boothey**(را که محصل مکتب مطالعات اجتماعی و سیاسی در دانشگاه فلندرز است معرفی بدارم. او کارت محصلی خویشرا که دارای یک عکس است منحیث ثبوت هویت ارایه خواهد کرد.

او یک تحقیقی را بعهده گرفته است که در اخیر به نوشتن پایان نامه تحصیلی اش تحت عنوان "عوامل اجتماعی اثرکننده بالای افراد هزاره در اجتماع زمانیکه آنها در آسترالیا مسکن میگزینند" می انجامد. او خیلی ممنون خواهد شد اگر شما منحیث داوطلب در این پروژه کمک نمایید البته توسط اشتراک در مصاحبه و تکمیل نمودن سوالنامه که برخی از جوانب این عنوان را تحت پوشش قرار میدهد. اضافه تر از نیم ساعت در دو جلسه ضرورت نخواهد بود.

مطمین باشید که با هر نوع معلومات ارایه شده با نهایت رازداری رفتار خواهد شد و در پایان نامه تحصیلی، گزارش ها یا دیگر نشریه ها هیچ یکی از اشتراک کنندگان بصورت فردی قابل شناخت نخواهند بود. البته شما کاملاً آزاد هستید که در هر زمانی اشتراک تان را قطع نمایید یا از پاسخ گفتن به بعضی سوالات انکار نمایید.

هر سوالی را که شما در مورد این پروژه دارید یا از طریق آدرس بالا یا از طریق شماره تیلیفون 1026 9165 21 یا به ایمیل آدرس:
keith.miller@flinders.edu.au باید با من در میان بگذارید.

تشکر از توجه و همکاری شما.

ارادتمند شما

داکتر کیث میلر (Dr Keith Miller)

پروفیسور بلند رتبه مکتب مطالعات اجتماعی و سیاسی

این مطالعه تحقیقی توسط کمیته اخلاق تحقیق اجتماعی و سلوک دانشگاه فلندرز) *Social and Behavioural Research Ethics Committee*(
تصویب گردیده است. جهت معلومات بیشتر در مورد تصویب اخلاقی این مطالعه میتوانید با سکرتر کمیته به شماره تیلیفون 1628 9526 یا به شماره

یا به ایمیل آدرس1628 6209فکس *human.researchethics@flinders.edu.au* به تماس شوید.

Department of Social Work and Social Planning

School of Social and Policy Studies

Faculty of Social and Behavioural Sciences

Sturt Road, Bedford Park SA 5042
GPO Box 2100

Adelaide SA 5001
Tel: 08 8201 2206

Fax: 08 8201 3760

5. Flinders University Letter of Introduction – in English

Dear Sir

This letter is to introduce Mr Doug Boothey who is a Masters student in the School of Social and Policy Studies at Flinders University. He will produce his student card, which carries a photograph, as proof of identity.

He is undertaking research leading to the production of a thesis on the subject of Social factors that impact on Hazara men during their settling into life in Australia. He would be most grateful if you would volunteer to assist in this project, by granting an interview, and completing a questionnaire which covers certain aspects of this topic. No more than half an hour on 2 occasion(s) would be required.

Be assured that any information provided will be treated in the strictest confidence and none of the participants will be individually identifiable in the resulting thesis, report or other publications. You are, of course, entirely free to discontinue your participation at any time or to decline to answer particular questions.

Any enquiries you may have concerning this project should be directed to me at the address given above or by telephone on 08 8201 5619 or e-mail keith.miller@flinders.edu.au

Thank you for your attention and assistance.

Yours sincerely

Dr Keith Miller

Senior Lecturer,

School of Social and Policy Studies

This research project has been approved by the Flinders University Social and Behavioural Research Ethics Committee. For more information regarding ethical approval of the project the Secretary of the Committee can be contacted by telephone on 8201 5962, by fax on 8201 2035 or by email human.researchethics@flinders.edu.au

6. Flinders University Letter of Introduction – in Dari

محترما

هدف این نامه اینست تا آقای دوگ بوتی(**Doug Boothey**(را که محصل مکتب مطالعات اجتماعی و سیاسی در دانشگاه فلندرز است معرفی بدارم. او کارت محصلی خویشرا که دارای یک عکس است منحیث ثبوت هویت ارایه خواهد کرد.

او یک تحقیقی را بعهده گرفته است که در اخیر به نوشتن پایان نامه تحصیلی اش تحت عنوان "عوامل اجتماعی اثرکننده بالای افراد هزاره در اجتماع زمانیکه آنها در آسترالیا مسکن میگزینند" می انجامد. او خیلی ممنون خواهد شد اگر شما منحیث داوطلب در این پروژه کمک نمایید البته توسط اشتراک در مصاحبه و تکمیل نمودن سوالنامه که برخی از جوانب این عنوان را تحت پوشش قرار میدهد. اضافه تر از نیم ساعت در دو جلسه ضرورت نخواهد بود.

مطمین باشید که با هر نوع معلومات ارایه شده با نهایت رازداری رفتار خواهد شد و در پایان نامه تحصیلی، گزارش ها یا دیگر نشریه ها هیچ یکی از اشتراک کنندگان بصورت فردی قابل شناخت نخواهند بود. البته شما کاملاً آزاد هستید که در هر زمانی اشتراک تان را قطع نمایید یا از پاسخ گفتن به بعضی سوالات انکار نمایید.

هر سوالی را که شما در مورد این پروژه دارید یا از طریق آدرس بالا یا از طریق شماره تیلیفون 1026 9165 21 یا به ایمیل آدرس:

keith.miller@flinders.edu.au باید با من در میان بگذارید.

تشکر از توجه و همکاری شما.

ارادتمند شما

داکتر کیث میلر (Dr Keith Miller)

پروفیسور بلند رتبه مکتب مطالعات اجتماعی و سیاسی

این مطالعه تحقیقی توسط کمیته اخلاق تحقیق اجتماعی و سلوک دانشگاه فلندرز) *Social and Behavioural Research Ethics Committee*)
تصویب گردیده است. جهت معلومات بیشتر در مورد تصویب اخلاقی این مطالعه میتوانید با سکرتر کمیته به شماره تیلیفون 1628 9526 یا به شماره

یا به ایمیل آدرس6209 1628فکس *human.researchethics@flinders.edu.au* به تماس شوید.

7. Flinders University Research Consent Form – in English

CONSENT FORM FOR PARTICIPATION IN RESEARCH
(by interview)

Social factors impacting on Hazara community members as they engage in the task of settling into mainstream Australia, and their utilisation of social services.

I …..

being over the age of 18 years hereby consent to participate as requested in the interview for the research project on Social Factors that impact on Hazara men during their settling into life in Australia.

1. I have read the information provided.
2. Details of procedures and any risks have been explained to my satisfaction.
3. I am aware that I should retain a copy of the Information Sheet and Consent Form for future reference.
4. I understand that:
   - I may not directly benefit from taking part in this research.
   - I am free to withdraw from the project at any time and am free to decline to answer particular questions.
   - While the information gained in this study will be published as explained, I will not be identified, and individual information will remain confidential.
   - I may ask that the recording/observation be stopped at any time, and that I may withdraw at any time from the session or the research without disadvantage.
5. I have had the opportunity to discuss taking part in this research with a family member or friend.

Participant's signature……………………………………Date…………………...

I certify that I have explained the study to the volunteer and consider that she/he understands what is involved and freely consents to participation.

Researcher's name Doug Boothey………………….……………………................

Researcher's signature…………………………………..Date…………………….

8. Flinders University Research Consent Form – in Dari

فورمه رضایت برای اشتراک در تحقیق

)توسط مصاحبه(

عوامل اجتماعی اثرکننده بالای افراد هزاره در اجتماع زمانیکه آنها در آستر الیا مسکن میگزینند، و چگونگی بهره گیری آنها از خدمات اجتماعی.

من...
....

که از سن هژده بالاتر هستم، بدینوسیله رضایت میدهم که آنچنانیکه تقاضا شده است در پروژه تحقیقی تحت عنوان "عوامل اجتماعی اثرکننده بالای افراد هزاره در اجتماع زمانیکه آنها در آستر الیا مسکن میگزینند" اشتراک کنم.

1. من معلومات ارایه شده را مطالعه کرده ام.
2. جزییات پروسه تحقیق و هرنوع خطرات آن طبق رضایتم برایم تشریح شده است.
3. من مطلع هستم که باید یک نسخه ورقه معلومات و فورمه رضایت را منحیث مدرکی برای آینده نگهداری کنم.
4. من میدانم که:
   - من شاید از اشتراک در این تحقیق بصورت مستقیم نفع نبرم.
   - من آزاد هستم که در هرزمانی از این پروژه خارج شوم و آزاد هستم که از پاسخ گفتن به بعضی سوال ها انکار کنم.
   - حالانکه معلومات بدست آمده از این تحقیق به نشر خواهد رسید، من شناسایی نخواهم شد، و همه معلومات فردی محرم باقی خواهد ماند.
   - من در هرزمانی میتوانم تقاضا کنم که ثبت کردن/ مشاهده متوقف گردد، و من میتوانم بدون کدام نقصان، هر زمانی از جلسه تحقیقی خارج شوم.
5. من موقع این را داشتم که در مورد حصه گرفتن در این تحقیق با یکی از اعضای فامیل یا دوستم صحبت نمایم.

امضای اشتراک کننده ....
تاریخ...

من تصدیق میدارم که این مطالعه را برای اشتراک کننده رضاکار تشریح نموده ام و او میداند که چه چیزی شامل پروسه است و آزادانه به اشتراک رضایت داده است.

اسم محقق: دوگ بوتی) Doug Boothey(....

امضای محقق................................ .... تاریخ...

O:\Translations\ORBITS CLIENTS\FLINDERS UNIVERSITY - SCHOOL OF SOCIAL AND POLICY STUDIES\PTNY0086_Docs into Dari\CompletedTranslations\Consent Form final_Dari.doc Updated 28 June 2006

9. Flinders University Letter for Permission

I/We____
Hereby give permission for Douglas Boothey, who is a Research student of Flinders University, and who has shown his student ID card as evidence of his identity, to advertise at

____

____

____

____

For the purpose of gathering information for an online survey that will look at the utilisation of social services by Hazara men.

Signature

Date.

10. Questionnaire

Thank you for taking part in this online survey – it should take around 30 minutes to complete.

This survey will be used to gather information on what social services Hazara men have and do use. The survey is to be completed by Hazara men who were either on a Temporary Protection Visa (TPV) from 1999 to 2008, or by Hazara men who were on a Bridging Visa E (BVE) from November 2011 to August 13 2012.

You may need to scroll down the page to view all of the questions.

Please read each question and follow the instructions to record your replies. Some questions may also ask you to type in a comment.

All of the answers you provide will be held in confidence, and will only be used in combination with other responses to the survey

By clicking on next you agree to participate in this survey.

What visa did you have?

Temporary Protection Visa (TPV) __

Bridging Visa E (BVE) __

Other __

How long were you on your TPV BVE or Other? __

How long have you been on a Protection Visa? ___ year's ___ months

Are you wanting to be an Australian resident? Yes or No __

Have you become an Australian citizen? Yes or No __

This questionnaire has been broken into 6 sections, 5 of which representing different social services.

MEDICAL

These questions are about you seeing a Doctor or General Practitioner (GP) – NOT a specialist. And asks questions relating to your visits to a hospital.

Do you have a regular doctor or GP? __

How often to you see a Doctor? Weekly __

2 weekly __

Monthly__

More often __

Less often __

When needed __

Does your Doctor speak a language that is natural to you? __

Does your Doctor only speak English? __

Does your Doctor use an interpreter? __

Hospital

Have you been to a hospital in Australia? Yes or No __

Do you feel safe if when you had to go to a hospital? Yes or N o __

Would you feel safe if you had to go to the Emergency Department? Yes or No __

Would you call an ambulance to go to the hospital? Yes or No __

Counselling

These questions are about talking about negative things that you may have seen or experienced on your way to Australia.

Did you see a counsellor when in detention? __

Was seeing a counsellor in detention good experience for you? Yes or No __

Did you see a Counsellor before you were granted a Protection Visa? Yes or No __

Did you need to talk to someone about Trauma or Torture issues? Yes or No __

In detention? Yes or No __

Living in the community? Yes or No __

After being granted a Protection Visa? Yes or No __

Would seeing a counsellor help you to feel safe in Australia? Yes or No __

Do you know of a service called STTARS? Yes or No __

Do you know of a service called Relationships Australia? Yes or No __

Have you ever used STARRS? Yes or No __

Have you ever used Relationships Australia? Yes or No __

Do you speak to other people about bad things that may have happened on your way to Australia?

Yes or No __

If so, who; family? Yes or No __

People you live with? Yes or No __

Imam? Yes or No __

Other people? Yes or No __

Employment

These questions are about working and finding a job.

Are you working? Yes or No __

If so, what is your job? ____________

Is this job the same sort of work you had done overseas? Yes or No __

Are you getting money from Centrelink? Yes or No __

Do you know about Employment Services Australia (ESA)? Yes or No __

Were you able to find a job with the help of people from Employment Services Australia?

Yes or No __

If no, did you find a job by yourself? Yes or No __

Did you find a job through friends in the Hazara community? Yes or No __

Did you find a job through the Hazara community itself? Yes or No __

How many full time jobs have you had since being granted a Protection Visa? __

Education

These questions relate to your education.

Did you go to school when you lived back in your homeland? Yes or No __

Can you read and write in Hazaragi? Yes or No __

Can you read and write in another language? Yes or No __

If yes, please list other languages;____

Did you learn English before coming to Australia? Yes or No __

Did you learn English in detention centres? Yes or No __

Did you learn English when you started to live in the community on a visa? Yes or No __

Have you gone on to further study since being in Australia (including university, trade, other)?

Yes or No __

If so, what; ____

Accommodation

These questions relate to how you live.

Do you live with your family? Yes or No __

Do you live with friends of your family? Yes or No __

Do you live with people that you met in detention? Yes or No __

Do you live with people that you have met through the Hazara community? Yes or No __

Do you live alone? Yes or No __

Do you share a house with other single men? Yes or No __

If yes, how many people? __

Do feel that this is a lot of people? Yes or No __

General questions

What is your age? __

What suburb do you live in? __

Which Country you were born in?

Afghanistan __

Pakistan __

Other, where ____________

Did someone help you with this questionnaire? Yes or No __

Would you be prepared to complete another survey face-to-face? Yes or No __

If yes, please leave your first name, phone number, and whether you need an interpreter;

The Face-to-face survey will be conducted using a Farsi speaking interpreter if required, in order to avoid contact with members from within the Hazara community.

If this questionnaire has made you uncomfortable, please contact the following;

Your Imam

Lifeline 13 1114

Relationships Australia – Adelaide 8223 4566

Northern Adelaide 8250 6600

Western Adelaide 8340 2022

STTARS 8206 8900

Thank you for your participation.

The results of this research can be accessed from the Central Library at Flinders University upon completion of the researcher's candidacy as a Research Student.