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Short communication

The persistence of predictors of wellbeing among refugee youth eight years after resettlement in Melbourne, Australia

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ABSTRACT

This short report assesses the predictors of subjective health and happiness among a cohort of refugee youth over their first eight years in Australia. Five waves of data collection were conducted between 2004 (n = 120) and 2012–13 (n = 51) using mixed methods. Previous schooling, self-esteem, moving house in the previous year, a supportive social environment, stronger ethnic identity and perceived discrimination were significant predictors of wellbeing after adjusting for demographic and pre-migration factors. When compared with a previous analysis of this cohort over their first three years of settlement, experiences of social exclusion still have a significant impact on wellbeing eight years after arriving in Australia. This study contributes to mounting evidence in support of policies that discourage discrimination and promote social inclusion and cultural diversity and which underpin the wellbeing of resettled refugee youth.

1. Introduction

In 2010, the predictors of wellbeing among a cohort of refugee youth (aged 11–19) over their first three years of settlement in Melbourne, Australia were reported (Correa-Velez et al., 2010). The authors concluded that predictors of wellbeing were "those that can be understood to promote a sense of belonging, becoming at home, being able to flourish and become part of the new host society" (Correa-Velez et al., 2010) (p.1406). The report stated, "settlement specific policies and programs can ultimately only be effective if embedded within a broader socially inclusive society (…) And this requires broader social reform relating to tackling issues of racism, discrimination, bullying, and increased flexibility in the ways these youth can access the social goods to which they are entitled" (p.1407).

Two additional waves of data collection were conducted in 2007–08 (wave four) and 2012–13 (wave five). Further analysis of the predictors of wellbeing is of value given the scarcity of research examining the longer term settlement experiences of refugees (RCOA, 2010; Smyth et al., 2010). International evidence on predictors of migrant health, including refugees, shows a strong and consistent association between social exclusion and poor mental health, subjective health and wellbeing (Beiser et al., 2015; Lecerof et al., 2015; Montgomery and Foldspang, 2008). Conversely, indicators of social inclusion and social participation are consistently associated with positive health and wellbeing (Edge et al., 2014; Lecerof et al., 2015; Sleijpen et al., 2015).

This short report asks whether the factors that predict wellbeing in the short term persist over time as these adolescents transition to young adults. It contributes to the evidence that social exclusion, including discrimination, has an adverse impact on the wellbeing of refugee youth not only in the early settlement period but over time.

2. Methods

2.1. Sampling

Immigrant youth typically spend 6–12 months at an English Language School (ELS) during their first year in Australia before

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entering mainstream schools. Participants were recruited through three ELSs that had high numbers of refugee students. 120 young people (55 female, 65 male) were recruited. Ethical clearance was obtained from La Trobe University and from partner organizations.

2.2. Data collection

Four annual waves of data collection were conducted between 2004 and 2008. The first three involved completion of a 'Settlement Journal' using standardised quantitative measurements of psychosocial health and settlement outcomes, and qualitative methods such as drawings, photos and open-ended questions (Gifford et al., 2007). Data collection was initially conducted in ELSs and facilitated by research assistants, bicultural aides and interpreters. Later waves were conducted by research assistants at participants' homes, schools or public libraries, and without need of interpreters. A fifth wave of data collection occurred in 2012–13, and included in-depth interviews and a short questionnaire which gathered data on settlement and wellbeing.

2.3. Measures

Similar to the previous analysis (Correa-Velez et al., 2010), a theoretical model of associations between the demographic/psychosocial factors and outcome measures was developed (Fig. 1). Table 1 shows the wellbeing and psychosocial measures used. Single items assessing subjective health status and happiness were used as outcome measures.

2.4. Statistical analysis

Chi-square tests for categorical variables and non-parametric Mann–Whitney test for continuous variables were used to estimate differences in demographic and pre-migration factors between males and females at first wave. Generalised Estimating Equations (GEE) (Diggle et al., 2002) were used to model the predictors of wellbeing outcomes over the first eight years of resettlement. GEE is a well-recognised method for longitudinal analysis (Gibbons et al., 2010) and is well suited to address our research question which is to provide an overall picture of the predictors of wellbeing among this cohort over their first eight years in Australia, rather than individual causal pathways or reciprocal relationships between variables included in the model which can be assessed using other statistical approaches (Robins et al., 2000).

The two outcome variables were continuous and were modelled assuming a Normal distribution. SPSS (IBM v21) was used to run the statistical analyses. The analyses involved three stages. In stage one, all demographic and predictor factors shown in Fig. 1 were entered into a GEE model for each outcome variable. In stage two, a backwards elimination procedure was applied to the predictor factors leaving in the model only those with a p-value ≤ 0.05. Demographic and pre-migration factors were fixed into the model to control for the potential confounding effects of gender (females vs. males), region of birth (Africa vs. Other), age (in years), years of schooling before coming to Australia, time (months since arriving in Australia), and English language proficiency (good vs. poor). In stage three, interaction effects for gender were entered into the models. The R^2 statistic was used to estimate overall model fit.

Participants' retention into the study decreased from 109/120 (91%) in wave two to 100/120 (83%) in wave three, 80/120 (67%) in wave four, and 51/120 (43%) in wave five. When considering the number of participants at each wave, missing responses on individual wellbeing and psychosocial measures ranged from zero to 7.2% over the five waves of data collection.

3. Results

3.1. Participants' characteristics

Participants' characteristics at each wave are shown in Table 2. When comparing wave one data between respondents to wave five ($n = 51$) and those lost to follow-up ($n = 69$), there were no statistically significant differences in terms of gender ($p = 0.547$), region of birth ($p = 0.146$), age ($p = 0.705$), previous schooling ($p = 0.550$), time in Australia ($p = 0.052$), and English language proficiency ($p = 0.552$). Similarly, no statistically significant

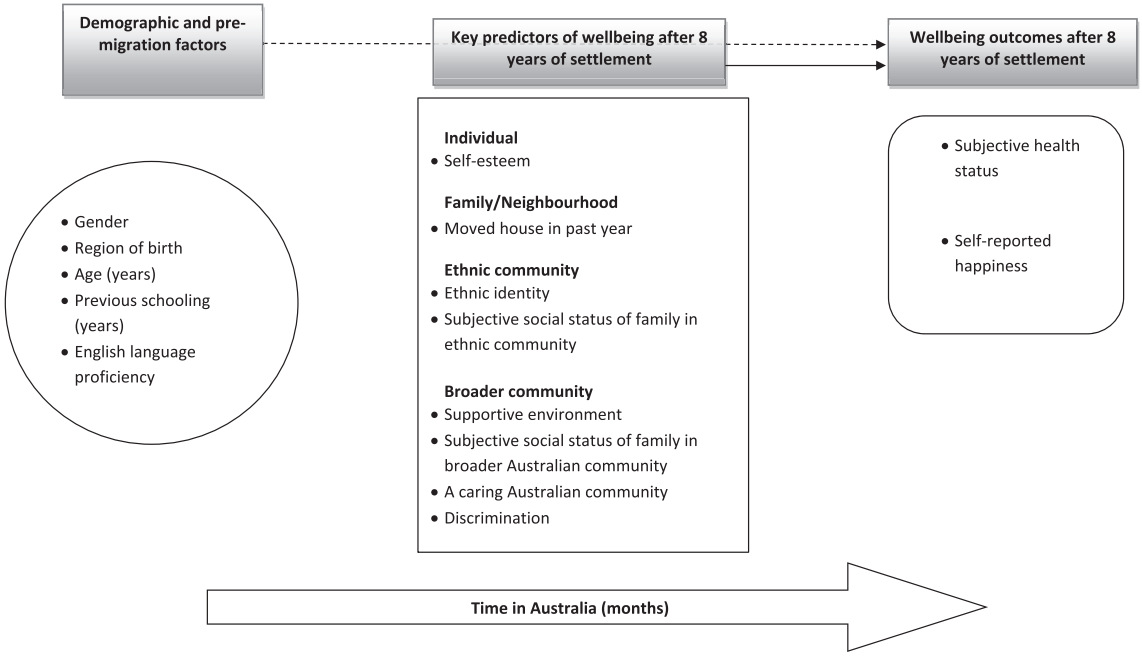

Fig. 1. Theoretical model of associations between demographic/psychosocial factors and wellbeing outcomes.