Housing and its impact on the health and integrative abilities of refugees

A narrative literature review

Bachelor Thesis

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Abstract

In the ongoing refugee crisis in Europe, resettlement is an issue with which many Member States struggle. Vast amounts of individuals require shelter. This paper evaluates several sources, using a narrative literature review, to determine the issues in housing that have occurred in previous crises with the aim of being able to implement some of the findings into effectively providing housing in the current crisis. Limited by economical or social resources, countries have to find an effective way to house refugees while maintaining their health at an adequate level, both mental and physical. Housing also is a contributing factor to how well refugees are able to integrate into a new country. The results show that housing issues prevail in many transitional camps and their presence determines the health of the inhabitants. The research highlights the need for adequate mental health therapy due to some preventable housing factors and the possibilities to guide integration into the right direction.

Introduction

This thesis is concerned with the relevance that housing has on the health and on the integrative abilities of refugees. In the mid-2010 years, Europe has seen a steady rise in the number of people seeking refuge across all Member States, most of them originating from the Middle East. According to the UNHCR 2015 Mid-Year Report, the main contributing factor has been the war in the Syrian Arab Republic and several other armed geopolitical military conflicts in the Middle East, Central and North Africa and Ukraine. The economic and political instability of these regions has forced many individuals to be internally or externally displaced. Due to the vast destruction of infrastructure caused by the armed conflicts, UNHCR projects that many families will not be able to return to their home countries for years to come. For most, crossing borders has proven to be a deadly hardship, consuming thousands of lives in the process. After having arrived across the border, the resettlement process begins. Some being fortunate enough to immediately be granted temporary residence, provisions and care, others being placed in crowded makeshift camps, waiting to continue their journey. For those having reached their country of destination, housing is essential. It represents the family residing in it. The condition and other residents of the housing unit affect the health of people living in it, as prolonged amounts of time are being spent living close to each other. The location of the residence may impact the intrinsic and extrinsic motivation, as well as ability of refugees to integrate into their newfound society. Every refugee crisis is unique, and the current one in Europe is no exception. With the evidence gathered by researchers from refugee crisis situations all around the world, this paper aims at

evaluating literature concerning the topic of housing, possibly leading to conclusions that can be applied to aid in the current crisis and help numerous refugees in their transition to a life in a country completely different from their home.

Methodology

Sources for the Review

The search included the databases of Maastricht University Library, PubMed and Google Scholar. Our supervisor, Prof. Dr. Helmut Brand, gave some thought-provoking impulses and resources. These were mostly shared with our whole group, as we were all working on a topic connected to refugees. In some instances, pieces of literature specifically relevant to one thesis were handed out. In the course of writing the thesis, I have met with Dr. Karl-Heinz Feldhoff, the quality management executive of medical facilities in the county of Heinsberg, to gather information on the current local refugee situation and what measures were and will be taken to ensure that people receive an adequate welcome. Furthermore, I could rely on the experiences gathered while working alongside 'Hand in Hand' for more than a year. 'Hand in Hand' is an association founded by my parents (officially registered since September of 2015). We have accompanied more than 450 asylum seekers and refugees in the city of Übach-Palenberg since April of 2015, assisting them in acquiring and equipping their (sometimes temporary) residences, teaching them German together with interpreters and help them navigate through the abundance of paperwork which needed to be filled out. Finally, our group assisted Ms. Heidrun Schößler in vaccinating children at a local barrack transformed to a refugee camp. During that visit, we gained further insight into the daily life of refugees having to share little space with many people while awaiting their applications to be processed.

Data Extraction

The pieces of literature chosen for inclusion were written in English, with some articles from German sources, considering their outstanding role in the current refugee crisis. Mostly papers from the WHO European Region and EU-28 Member States were included. As literature on the housing of refugees itself was scarce, I partially relied on the housing experiences of previous refugee crises, even outside of Europe, such as in Palestine. There were several objectives applied for finding the most relevant papers:

- Physical and mental health status of refugees and asylum seekers
- Quality and condition of housing granted to refugees as a temporary residence
- Experiences in the process of resettlement and the issues encountered along the way, from previous refugee crises

Research Questions

This research aims to find an answer to the following main research questions:

1. What issues concerning housing are most prominent among refugees?
2. How does the housing of refugees have an impact on their health?
    a. What are the implications for their physical health?
    b. How does housing affect the social and mental health of refugees?
3. How can you encourage integration through housing?

Definitions

'Refugees' and 'Asylum-seekers (with 'pending cases')' according to the United Nations High Commissioner of Refugees' '2015 mid-year Report':

"Refugees include individuals recognized under the 1951 Convention relating to the Status of Refugees, its 1967 Protocol, the 1969 Organization of African Unity (OAU) Convention Governing the Specific Aspects of Refugee Problems in Africa, those recognized in accordance with the UNHCR Statute, individuals granted complementary forms of protection, and those enjoying temporary protection. The refugee population also includes persons in refugee-like situations."

"Asylum-seekers (with 'pending cases') are individuals who have sought international protection and whose claims for refugee status have not yet been determined."

Results

History of the Mid-2010's Refugee Crisis

To understand why Europe has been such a popular destination for many refugees and where that large influx is coming from, one has to look at the underlying reasons and how this situation which many call crisis, developed. At the beginning of the 2010 years, especially in 2011, the Arab Spring revolutions took place in the Middle East.

The Arab Spring was an accumulation of protests and discontent among citizens with a revolutionary intent. Beginning with the revolution of Tunisia, where the authoritarian government of Ben Ali was dissolved. This was caused following protests because of citizen's despair due to the failing economy and the unjust social structures in their country. Essentially a wake up call and hope for a new and modern era of revolutionized human rights. (Amnesty International, 2011) This continued with the toppling of Muammar al-Gaddafi's regime in Libya, with rebels being aided by NATO interventions (Aljazeera, 2011), subsequently spreading throughout many other Arabic nations. This culminated in the resignation of several other state leaders and ongoing protests as well as rebel fights. In Syria, however, the regime of the Assad family has refused to step down and has been reigning since 1971, with Baschar al-Assad being in power since 2000. The result of this has been an ongoing civil war between rebel and government forces, killing more than 149,000 people and counting. (Syrian National Council, 2016) This is considered to be a main contributing factor as to why so many Syrians seek refuge in neighboring countries and Europe.

Due to a limitation of resources for travel as well as proximity, the closest nations have become the biggest host countries for refugees. In 2014, Turkey and Pakistan were the largest refugee host countries, granting temporary residence to more than 1.5 million people. With more than a million people and counting, Lebanon and Iran were third and fourth largest host. (UNHCR Global Report, 2014)

Refugees in Europe

Plenty of these displaced individuals sought out their future in Europe, entering the continent by crossing the Mediterranean at various points from North Africa, or taking the Eastern Mediterranean or Western Balkan route, crossing through Turkey and the Balkan states respectively.

Using these routes, many have already lost their lives due to unsafe travel practices. The route across the Mediterranean Sea stands out, as in both 2014 and 2015, more than 7000 individuals have drowned trying to reach a new border. (UNHCR, 2016) Accompanied by the frequent media reporting of capsizing refugee boats and news reports of dead bodies being washed up on European beaches, 2016 is shaping up to be a particularly deadly year to embark on the route across the Mediterranean. As of late May 2016, based on the arrivals since early January 2016, more than 2800 people have lost their lives on this route. (UHNCR, 2016)

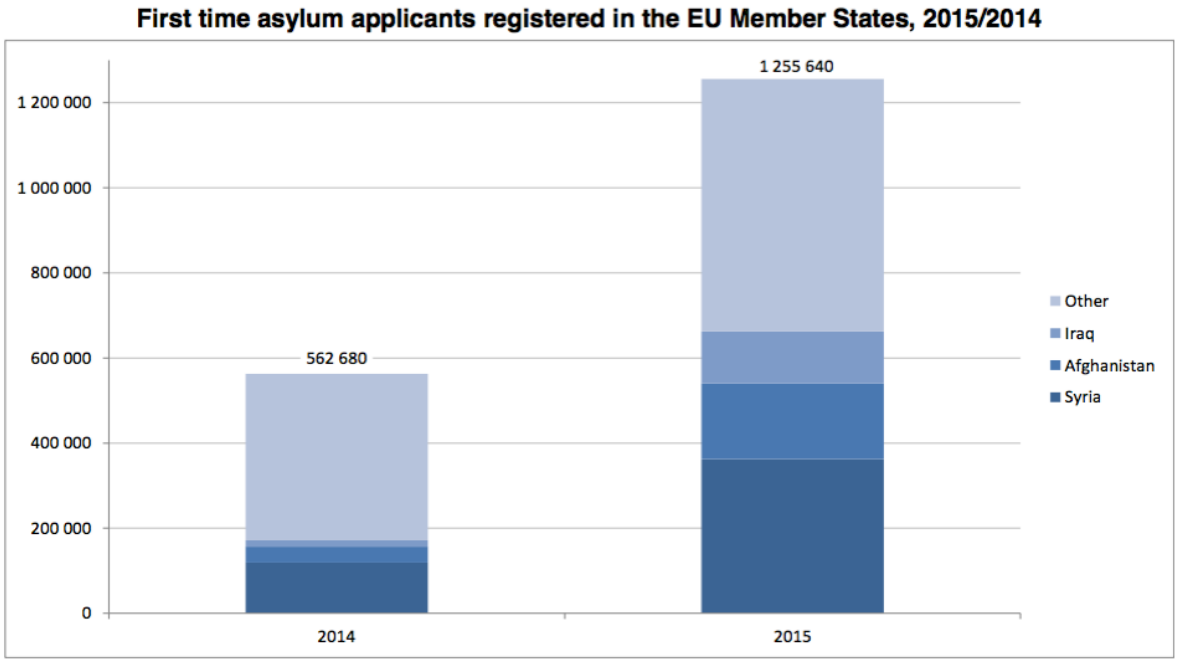

Fig. 1: First time asylum applicants registered in the EU Member States, 2015/2014; Source: Eurostat, 2016

Starting in 2014, the monthly first time asylum applicants across the EU-28 member states have increased swiftly.

Eurostat registered more than half a million first time asylum applicants in the whole year of 2014 and a little over 1.2 million in 2015. The biggest portion of refugees were people from Syria (equal to about 30%), followed by Afghani (14%) and Iraqi (10%) individuals. With more than one third of all applicants, Germany was made out to be a highly sought-after nation, followed by Hungary and Sweden (14% and 12% of all applications respectively). Hungary's large influx of refugees can be explained by the proximity to the ending tip of the Western Balkan route, but as the nation decided to tighten their border controls in the mid of 2015, essentially trying to block out any new refugee coming in, Sweden and Austria have taken the spots of more sought-after countries (Eurostat, 2016).

NON-EU	#	(%)
Germany	162 540	38
Sweden	87 885	21
Austria	30 805	7
Italy	24 710	6
France	23 475	6
Other	96 615	23

Fig. 2: First time asylum applicants by destination country in the EU 28, Q4 of 2015; Source: Eurostat, 2016

Many nations were arguably overwhelmed by the massive amount of asylum applications submitted in such a short time, as they lacked the resources to work through them efficiently. By the end of 2015, 922.800 asylum applications were still pending across all EU member states. As a response to this, and to allow faster processing of applications, several Member States released lists of countries, which they consider safe to return to. These are countries that show no current sign of political or military conflict and that do not single out and persecute ethnic or religious minorities. In Germany, for instance, this included nations such as Algeria, Bosnia and Herzegovina, Ghana or Senegal.

Even though as of now only limited data and literature concerning the influx of refugees in 2016 are available, predictions range from one million to several million new asylum applications. If the monthly Mediterranean Sea arrivals documented by the UNHCR are a predictor for the overall arrivals, the influx will steadily decline, as it did from the beginning of the year until April, then registering a small increase in May of 2016. Furthermore, one can expect a small share of people being willing to return to their home country as soon as the violent conflicts at home have been resolved. (UNHCR, 2016)

Considering that in 2015, more than 70% of all refugees were young men submitting their first asylum application in a EU Member State, 2016 might also see the arrival of the family of these men, including women, children and other relatives, presuming the men have been granted asylum. (Eurostat, 2016)

Taking all EU-28 Member States into account, less than 10% of processed first time non-EU asylum applications were accepted, e.g. the applicant was given refugee status. The final decision on more than 85% of applications in 2015 was a rejection. It is important to keep in mind that while many have been rejected, the applicants are still residing within the border of

the country of initial application, awaiting their deportation. It will take a considerable amount of time for these people to be brought out of the country.

Efforts on creating a common legal asylum framework

First enacted in the 1951 Geneva Convention on the protection of refugees, the fundamental right of asylum has constantly been adjusted and refined over the last decades. The Common European Asylum System (CEAS) is a joint cooperation of all EU Member States to create legislative measures on asylum, uniform and applicable to all Member States, ensuring the ability to efficiently resolve any asylum conflicts.

According to the Common European Asylum System: "Asylum is granted to people fleeing persecution or serious harm in their own country and therefore in need of international protection. Asylum is a fundamental right."

The initial establishment phase of the CEAS, up until 2005, aimed at creating and unifying standards for asylum across the European Member States. A common refugee fund was created to support resettlement processes and fund integrative activities, totaling 630 million Euros from 2008 to 2013.

This collective effort culminated in the 'Policy Plan on Asylum', presented in June 2008. This plan underlines the strengthening of three pillars to ensure the development of the CEAS:

- "Bringing more harmonization to standards of protection by further aligning the EU States' asylum legislation
- Effective and well-supported practical cooperation
- Increased solidarity and sense of responsibility among EU States, and between EU and non-EU countries" (Commission of the European Communities, 2008)

In theory, refugees are supposed to be granted protection upon crossing the border of their country of destination and submitting their application for asylum, which includes the delivery and access to health services, as well as shelter. In reality, however, many countries struggle to adhere to these policies.

Firstly, asylum seekers and people who have been granted asylum are distinguished between, the former having fewer rights in comparison to the person having been granted 'refugee status', including social benefits and health services. They remain in this 'lawless' state for the duration in which their application is processed, not knowing whether they will be allowed to stay. Due to a lack of education about their rights and the legal system of the

country they have entered, as well as language barriers, refugees may become agitated. (Cheng et al., 2015)

Theory

The community organization model is the theoretical angle from which this research will be approached. It is a decision-making process involving different stakeholders in a community with the goal of ultimately improving the health of the community, or parts of it. Public health workers are required to identify the physical and mental health problems present in the community, draft a plan or strategy, implement it and evaluate it if needed. In case of this study, the 'community' is made up of refugees of diverse agegroups, ethnicities and religions. The individuals may not share workplaces with each other, but the geographical space in which they spend their first weeks and months integrating into the newfound home and the experiences they gathered while escaping towards Europe. In this study, the physical and mental health problems concerning housing are focused on. It is a shared responsibility between the refugees, local citizens and authorities and the countries' government to create an adequate housing experience.

A closer look at migrant health

Physical health

The physical health of migrants is a concern for the migrants themselves, the people they share personal space with on a regular basis, as well as the general population. To further understand this, one has to take a look at the health status of the arriving refugee population. This includes the types of diseases commonly carried by certain demographics, the factors that encourage the incidence of disease and the conclusions that can be drawn from previous refugee crises concerning the types of health problems, which commonly arise.

Kühne and Gilsdorf (2016) have taken a closer look at the outbreak of infectious diseases in shared facilities for refugees in Germany. They have analyzed the outbreaks (two or more diagnosed cases which are epidemiologically connected) in several facilities from 2004 until 2014. The main findings include that the total number of outbreaks have increased alongside the number of refuge applications. In 2014, a spike in outbreaks bigger than all previous years combined was recorded, accounting for 1% of total outbreaks in Germany, but only among

0,2% of the total population. Half of the outbreaks were diseases preventable by vaccination. Furthermore, they concluded 87% of infections were contracted within Germany, pointing at migrants rather being 'at risk' instead of 'of risk'. The authors conclude that the outbreak is likely to be a public health problem caused by the exhaustion of public health resources. The public health system was seemingly not prepared for the sudden increase in migrants. Lack of sanitation and hygiene in housing facilities encouraged the spread of disease, as well as the low vaccination rate among migrants.

This does not dismiss the notion that the refugee population is seemingly as healthy as the local population. In a cross-sectional study among six initial reception facilities in Germany, Hamel et al. (2016) examined the vaccination status and prevalence of viral hepatitis B among refugees, which arrived in Germany. In a population composed of 76.7% males with a median age of 29 years. The prevalence of hepatitis B was 2.3% and 1.2% for men and women respectively. 18,2% of the population was vaccinated, while half of all children up to the age of 15 were vaccinated as well.

Literature of previous refugee crises can grant us a better understanding on the types of health issues that have been dealt with before.

For instance, in the Al-Ama'ri camp in Palestine, 4,046 individuals are located, divided into 760 households. Research to identify a relationship between upper respiratory tract disease incidence and the condition of housing was carried out by Al-Khatib et al. (2010). In this camp, the authors found the overall prevalence of major respiratory diseases (asthma, bronchitis) to be 2.9%. Fast-spreading, minor respiratory diseases like a common cough, influenza and pharyngitis were quite a bit more prevalent at roughly 25% for each disease. The common cold stood out, as its' symptoms were found in close to 43% of the tested population. It is important to note that the camps population was overly youthful, with 44.7% of residents being 14 years old or younger. These children might not have the same resilience to diseases as their adult counterparts, as their immune systems were not fully developed. A mere 25% of the population aged 15 and above were smokers.

In a 10.000 participant survey in 2005, representing the 4+ million Palestinian refugees registered by the United Nations Relief and Works Agency for Palestine Refugees in the Near East (UNRWA), health and safety were one of the four main concerns with the housing conditions. The refugees reported that some materials used to construct the dwellings were encouraging structural defects. These defects have an impact on the flexibility of temperature inside the house and thus, their inhabitant's health. Moreover, as the camps were not connected to the local power grid, fuels were combusted for cooking and heating. Their fumes

were reported to cause respiratory problems, paired with the humidity encouraging mold and weak ventilation, in some cases caused by the aforementioned structural defects. (Rueff et al., 2009)
From these two studies, one can conclude that assessment of diseases has to be a priority upon arrival of new refugees. In the case of initial reception facilities, special attention needs to be paid to rapidly spreading diseases. It seems that respiratory diseases are most commonly found and also preventable.

In Germany, the public health institute of Niedersachsen has published several guidelines, which deal with the management of diseases and hygiene in emergency housing solutions. They have put out a checklist on how to manage different types of hygiene, e.g. regular cleaning of living and sanitary spaces, cloth, tips on proper handling of food and personal hygiene, all as preventive measures. The hygiene plan also has a section on how to deal with diseased inhabitants and what authorities to get in contact with in case of an emergency. (Gesundheitsamt Niedersachsen, 2016)
Bradby et al.s: 'Public health aspects of migrant health: A review of the evidence on health status for refugees and asylum seekers in the European Region" (2015) investigates the question which interventions and policies could be implemented to grant asylum seekers a better and more efficient access to health care services. They reviewed 72 pieces of literature where refugees and asylum seekers made up the study population in order to gain an overview of their general health status. Their main findings include that maternity health issues and mental health were topics broadly covered by many literature sources, suggesting an increased need to treat these diseases. Special attention should be paid to pregnant women and the mental health of refugees shall be assessed and treated. Even though these findings stood out, they could not be generalized for all groups.
Habib et al.s 'Health and living conditions of Palestinian refugees residing in camps and gatherings in Lebanon: a cross sectional survey' (2012) presented findings that showed more than half (52%) of the surveyed refugee population reported suffering from a chronic illness.

Mental health

The mental health of arriving refugees is an issue that deserves special attention.
In 1998, Ajdukovic et al. investigated the effects of the stresses of war and seeking refuge in a different country on the mental health of refugee children in Croatia. Published in 2009, 'Impact of displacement on the psychological well-being of refugee children' highlights

several aspects of displacement in times of war. The authors found various stress-related symptoms to be present in the study population of 52 children. The presence of eating disorders in 31.8% of children, hyperactivity in 29.1% and nightmares in 22.7% show that symptoms can arise, which can further negatively impact health, e.g. eating disorders. Furthermore, an emotional impact could be observed. Fear was greatly increased. Separation fear was shown in 25.5% of children, despondency in 22.7%, weeping and general fearfulness being reported both in close to 20% of the children population. Nonetheless, the children showed impressive resilience and regenerative capabilities to the stress-related symptoms. After two years, the amount of symptoms significantly decreased, in some even to pre-war levels. Even though there is a decline in symptoms, no further research as to how the children now cope with the stress has been conducted. Connecting this to the European refugee crisis, one has to keep in mind that only a fraction of the arriving children were exposed to traumatic experiences in war. Adjukovic et al. (2009) further recommend that special attention needs to be paid to the children having suffered a loss of their parents or other immediate social support structure.

Habib et al. (2012) further demonstrate that crowding is an important issue affecting mental health. Their survey found out that refugees who demonstrated symptoms of bad mental health were statistically more likely to live in crowded homes than their counterparts with good mental health. Furthermore, residents with poor mental health had more acute as well as chronic illnesses.

In von Lersner et al.s 'Mental health of refugees following state-sponsored repatriation from Germany' (2008) presents findings on the bad mental health status of refugees in Germany. Using interviews prior and after returning to their home country from Germany, the refugees showed a staggering worsening of their mental health status. 53% of the study population were, according to DSM-IV criteria, suffering from one psychiatric disorder, most frequently depression. Returning to their country of origin but living in crowded, makeshift shelters, the 88% of the refugees could be diagnosed with at least one disorder. PTSD seems to have reoccurred in many upon returning.

Arku et al. (2011) report on the mental health issues that arise in shelters with crowded conditions. Firstly, the shared hygiene facilities were found to lead to a lack of satisfaction with sanitation, thus influencing the refugees' own perceived health negatively. Secondly, the crowdedness led to a clash of many different personal opinions and world views, which in turn led to confrontation, frustration, in rare cases even violence. Most importantly, these clashes negatively influenced the individuals perception of their immediate surroundings and

their living environment. This further underlines the need for privacy to mitigate mental health risks. Finally, the noise arising from either neighbors or the lively city surroundings was perceived to be a nuisance, affecting quality of sleep and mental health outcomes.

Anecdotal evidence of refugees' health in Germany

While working with over 450 refugees for more than a year in our small town community of Übach-Palenberg, I could gain some insight into the most prominent health issues. The two most emerging themes in health issues were one in physical and mental health respectively. Physically, bad teeth could be found in a large portion of the refugees. Caries and advanced staining of teeth was quite prominent. This could be linked to the lack of health services back home and the lack of access to basic dental hygiene tools home as well as on the search for refuge. If nothing is taught on how to establish a good dental hygiene routine, symptoms of bad teeth can flourish and no knowledge concerning this is passed down from the parental generation to their children. It was quite striking that when eating meals together, the refugee's sugar intake was incredibly high, with people using 6 sugar cubes to sweeten their drinks and children having an insatiable appetite for candy or just raw sugar. This high sugar intake is a common denominator found in many people reporting teeth issues. (Mumghamba et al., 2006)

Furthermore, we could record mental health issues being present in a majority of refugees. Most likely shaken from the journey, war back home and the ongoing resettlement process, symptoms of lethargy, despondence, sadness and hopelessness were present. Similar to the research of Adjukovic et al. (2009), some children were expressing stress and PTSD related symptoms of despondency or eating disorders.

Surprisingly, close to 50% of the 16 year plus refugee population were regular smokers. The vaccination rate of the refugee population was unsatisfactory upon entering Germany, but in a short amount of time and with the help of primary care facilities, they were given the relevant vaccinations or refreshed outdated ones.

Concerning health and housing, two relevant examples come to mind. One instance of rodent infestation was recorded; A concern for diseases, which can be carried by rodents, but this issue, could be resolved quickly. Secondly, the municipality only provides a minimum of linen for bedding and personal hygiene to the refugees. For hygiene purposes, constant washing is required but can become a hassle with only one variety of towels available. We have recorded one instance of scabies and one of cooties, respectively. It is especially important for these people to be able to interchange bedclothes frequently to prevent the

spread of disease. This is especially important as they were residing in housing units were bedrooms and common rooms were shared.
Maybe linked to housing issues, respiratory infections were a common sight. Many showed symptoms of the common cold, but this was recorded mostly in the autumn and winter months of 2015 / early 2016, when many were making their journey to Germany through the cold of winter. The respiratory issues were resolved and were not linked to dangerous infectious diseases, e.g. tuberculosis.

Bradby et al. (2015) investigated the barriers in the legal framework to gain access to health services which refugees face. Several notions struck the author's attention. Firstly, many refugees encountered problems having legal access to the health services they were entitled to, due to the area they were resettled to not being able to correctly anticipate the amount of people in need of care. Secondly, the legal framework establishing who is entitled to which service differs substantially among European Member States, ultimately leading to confusion.

Housing in a new country

The housing situation of refugees when they have entered their country of destination can be split up into two phases. Firstly, the initial entry phase, in which applicants are given shelter in initial reception facilities and secondly, the settle-in phase in which the refugees' application for asylum has been accepted and they are given access to a more permanent housing solution and all the rights and responsibilities that come with the 'refugee status'.
In the initial entry phase, the asylum applicants are usually put into initial reception facilities. These facilities provide housing to many families on a small amount of space. Their shape and size vary depending on the host countries' available resources and organizational skills. They range from unused military barracks to greater areas of land filled up with family tents. These facilities have several organizational benefits. Due to the high population density, many people can be provided with resources at once. Even when translators are scarce, their abilities can be effectively utilized for a great amount of families, to work through the necessary application paperwork and resolve language barriers. When asylum has been granted, refugees are resettled into another temporary residence, usually outside of an initial reception facility, where it is expected of them to start integrating into society.

Camps

Refugee camps have been a temporary solution to house refugees for crises even decades ago. They are characterized by their makeshift design, the amount of people they can hold, and their development over time, which is influenced by its' organizers and the dynamics of the residing population.

Camps are supposed to be a temporary housing solution. Having such a great amount of people housed in just a small area creates a high population density. This has a negative and positive side to it. Initially, if people are living so closely together, asylum applications can be processed quickly. According to the European Commission's "On the frontline: the hotspot approach to managing migration" (2016): " … hotspots are designed to inject greater order into migration management by ensuring that all those arriving are identified, registered and properly processed" Though this sounds efficient in theory, countries which register a lot of arrivals are put under a lot of strain and often are behind on managing migrants as a large part of their resources have to be dedicated to simply providing basic living necessities to the refugees.

In case of large refugee camps in Europe, such as in Idomeni, Greece, existing law and regulation often meets a lack of preparation and resources. Even though laws exist which grant an asylum seeker a dignified welcome into a new country, with living essentials like adequate housing and a limited access to social benefits, reality looks different. In Idomeni, which is located between Greece and Macedonia, a central crossing point for many choosing the Western Balkan route, authorities are overwhelmed with the quantity of people requiring sanctuary, catering, or even just a temporary residence on their way to a different European country. Due to this lack of resources colliding with the refugees desire to move, but essentially being trapped until their cases are processed, discontent spread amongst the inhabitants. Later on, this resulted in riots, destruction of property and ultimately, the eviction of the people and clearance of the camp. (Aljazeera, 2016; Zeit, 2016) Idomeni is only one of the many camps relevant in the current European refugee crisis, as similar attempts to provide temporary residence have been made in Calais or Sicily. To reduce this burden put onto the frontline states, the European Commission calls for sharing the responsibility by distributing refugees equally among EU Member States as well as create a EU-wide, uniform legal instrument to provide legal certainty. (European Commission, 2016) This is referring to the clear distribution of responsibilities among specialized agencies and government authorities to create seamless cooperation. Resources are supposed to reach their destination quicker, cases of asylum are supposed to be processed quicker.

Housing standards

To identify how the standards of housing quality for refugees have developed over time, it is worth looking at previous refugee crises and these refugees' experiences.

Al-Khatib et al. (2010) illustrate the housing conditions of more than 4,000 refugees in a densely populated camp in 'Impact of housing conditions on the health of the people at al-Ama'ri refugee camp in the West Bank of Palestine'. They produced several findings. Firstly, in the al-Ama'ri camp, the average family size was found to be 7 individuals, with a range between 1 and 20 overall. The housing units were found to be relatively small, as only one third of the population had access to accomodation with four or more rooms. These were units typically reserved for larger families. According to the standards for human crowdedness rate, more than 80% of the camps' population lived in high density, sometimes overcrowded conditions. Fortunately, more than 85% of units had indoor sanitary facilities available. Contrary to many camps its size, Al Ama'ri did not use tents to house their inhabitats, but rather relied on constructions made out of block slabs (85.1%), reinforced concrete (12.2%) and stone (2.7%). Finally, the authors examined the habitability of the houses. They found most people's living conditions to be subpar. Close to 80% of all houses were found to have dampness, leaking or mold in their rooms.

These three factors can be considered a serious public health risk. Evidence provided by Bornehag et al. (2004) and Mudarri et al. (2007) shows that exposure to dampness and mold is linked to an increased incidence of respiratory infections, mainly cough and asthma. Their findings are perfectly in line with the unusually high respiratory disease data of Al-Khatib et al.s (2010) study. Mudarri et al. (2007) point out that dampness and mold are preventable risk factors, which, when untreated, can result in public health spending far greater than the initial cost of designing, constructing and most importantly, maintaining housing units which are resistant to these factors.

For the refugees living in makeshift housing often located at the frontline states, the provision of water can be an issue. As tents and housing units had to be erected quickly, most of them could not have been connected to the water supply and sewage system of the nearest water facility. When left uncoordinated, this may lead to increased human exposure to sewage, which in turn leads to an elevated risk of contracting water-borne diseases. These include strains of hepatitis, diarrhea, gastro-enteritis, possibly even polio or cholera.

Furthermore, the lack of water supply can cause inhabitants of the camp to minimize water-intensive activities such as caring about daily, personal hygiene or doing laundry, further

elevating the risk of disease. Finally, as water supply from regulated, government-controlled resources takes time to obtain, which is why camps may resort to using cheaper, quicker supply methods, which have no regulation of the amount of contamination present in the water. (Rueff et al., 2009)

In Habib et al.s 'Health and living conditions of Palestinian refugees residing in camps and gatherings in Lebanon: a cross sectional survey' (2012), a sample of 2501 refugee responses to the survey were recorded. Their findings are similar to the aforementioned studies. They found that 42% of all housing units had a water leak from either the roof or walls. A further 8% of all units were constructed using materials hazardous to the inhabitants' health, e.g. asbestos. One of their findings was most striking. Using a multivariate analysis of predictors of chronic illnesses, they found out that the prevalence of chronic illnesses was significantly positively correlated with water leakage as well as negatively correlated with household assets. This supports the theory that poverty and health share a close link together in these communities.

Dales et al. (1997) comprehensively reviewed the link between dampness, mold and bad indoor air quality. Their findings, concluded from a survey with close to 500 participants, showed an increased prevalence of mold growth in households exposed to dampness and leakage.

The interview-led questionnaire by Turner et al. (2009), investigating housing related health issues in a Sri Lankan refugee population, shines some light on the dangers of living in transitional, crowded camps. In these camps, inhabitants assessed their own health to be much worse than their counterparts living in a more permanent housing solution. Despite it only being simple symptoms, living in a transitional camp increased the prevalence of coughs, stomach aches, headaches and other aches and pains. The population density of the household was determined to be a factor that increases the risk of suffering from headaches and stomach aches.

Obstacles during resettlement

'Pathways to Housing: The Experiences of Sponsored Refugees and Refugee Claimants in Accessing Permanent Housing in Toronto' by Murdie et al. (2008) showcases the initial resettlement process of refugees in Canada and the difficulties encountered along the way. Focus group sessions with 44 refugees were conducted. The authors differentiate between refugees who claimed asylum inside Canada and 'sponsored' refugees, which were carefully selected and investigated before approval to enter the country. The hypothesis that the hand

picked refugees would have to deal with less difficulties than their asylum seeker counterparts, was found to be true for the early stages of resettlement. Struggling with a lack of income, both refugee groups had to go through hardships in finding housing that local low-income families also reported: not being able to find affordable, good-quality housing due to high rents and cuts in both welfare payments and public funding for local refugee NGOs. This led to both refugee groups having to carefully choose what to spend their money on, finding a balance between clothing, shelter, food and other essential items. Furthermore, government institutions were perceived to be of little to no help for the refugees. Instead, they relied on relatives and friends to obtain vital housing information. Thus, the authors suggest a continuous support structure for the refugees. This includes support for preparation of arrival, during their stay, help with finding different housing and preventing homelessness and finally, tackling and preventing racist harassment in their community.

Baghdasaryan et al.s 'Contesting belonging and social citizenship: the case of refugee housing in Armenia' (2011) further shows how the regulations and rights of refugees to receive shelter are in place, but the asylum seekers still struggle finding adequate housing. The housing policy during the Soviet-Era has shaped the housing sector in Armenia. It has been established as a norm for every refugee to have the right to a permanent flat or house, as the state sees this as a crucial step to becoming a 'local' or properly integrated citizen. Housing in Armenia is secured as every citizen's right. Discrimination on the notion of ethnicity or socioeconomic stance is forbidden. Nevertheless, refugees felt sub-par to local citizens, caused by slow housing claim acceptance. This resulted in the refugees losing trust and hope in the state to ever acquire housing. Some refugees claimed that they only truly stopped being a refugee and would accept citizenship if they were provided housing, otherwise their search for refuge would continue.

In Ajdukovic et al.s 'Impact of displacement on the psychological well-being of refugee children' (2009), a five year follow-up study was conducted on one group of children of refugees in Croatia during the 1990s who were forcibly displaced from their home country. This displacement happened during war, in which the children witnessed atrocities such as murder, loss of their own home, infrastructure and their loved ones or the explosiveness and violence of war. These children showed elevated symptoms of stress such as loss of appetite, symptoms of insomnia and hyperactivity paired with aggression. Additionally, the parents have shared the experience of war alongside their children, thus making them as well

susceptible to more stress related symptoms. When helping these children integrate, it is important to keep in mind if they are coming from a war-torn zone and what their background is exactly, as it can give crucial cues about their behavior.

Experiences with resettlement in Germany

Many pieces of anecdotal evidence concerning housing could be gathered throughout our work on integrating refugees. We did not work as an initial resettlement facility, but rather help with the advanced stages of resettlement. To understand how refugees end up in a certain type of housing, one has to understand the resettlement process in Germany, which is similar to other European nations. Upon entering the country, refugees are put into the closest initial reception facility in which they are given resources to meet their basic needs, are screened for diseases and vaccinated. Then, as their asylum application is processed, they are put either into a mass housing facility such as living containers or, for example in the case of a big family, put into an apartment which is rented out by the municipality. When granted asylum, refugees are allowed to remain in this housing unit for up to three years. A second assessment on the individual is performed, determining whether or not the refugee is granted permanent residence. They're expected to have lightly integrated into society, be able to find an occupation and not have a negative track record.

The condition of housing units we have been able to see was above average. In the case of mass housing, the units, mainly containers, were new and showed no signs of defect. The residents were given a hygiene plan and instructions on how to properly use facilities inside the house to adhere to so the risk of spreading disease was minimized.

Problems occurred in the case of apartments. In the majority of cases, only established families were granted an apartment. To minimize cost and give this opportunity to as many people who needed it the most, the municipality rented out the cheapest available places. Located mainly in low-income areas, refugees have to reside in apartments, which have not been renovated for many years. They lacked energy efficiency and equipment as well as furniture was only provided scarcely. Similar to the research conducted by Al-Khatib et al. (2010) numerous refugees displayed a sense of ownership over their housing unit, despite it only being a temporary residence not belonging to them. This might have been a cause why the housing of most was kept clean and tidy, without a need to intervene.

Health-wise, two issues were worrisome. Firstly, many refugees made too much use of heating. Probably due to them stemming from a densely hot climate, heating was often turned up to the maximum to allow for walking around the house in just a t-shirt, even in the winter

months. This paired with no desire to open windows to allow for ventilation, increased the likelihood of mold growth.
Secondly, as the inhabitants were not accustomed to the local recycling and waste disposal policies, trash gets thrown together in one bin or left out in just a bag. This, connected with a lack of knowledge when waste was being picked up, created an environment for disease-carriers such as maggots, flies and rodents, especially in the warmer months when the trash was being left outside to rot.
A severely positive effect on the mental health of refugees could be observed when they made the transition from mass housing to a single apartment. The fear of their asylum application being rejected constantly lingers in the minds of many. When they made the transition, this fear seemingly vanished, the refugees were visibly prouder and showed a sense of empowerment.

Recommendations on the future of effective refugee housing

In 'European Designers Seek Long-Term Solutions to House Refugees', Cockram et al. (2015) focus on finding a more permanent refugee housing solution. Utilizing open structures and lots, which have remained unused for decades, are proposed as a possibility for renovation. Another concept that aims at increasing the population density in cities is adding units of housing onto existing buildings with flat roofs. This could even lead to a decrease in isolated mass housing. They acknowledge the problem of crowded camps inhabiting several hundred individuals in worn down facilities with bunk beds stacked on top of each other. Furthermore, they mention the banlieus of Paris as an example of a failed housing solution, as these refugees were placed in the outskirts of the city, thus increasing isolation and reducing the opportunities of integration.
Cockram et al. (2015) mention reusing refurbished shipping containers as a short-term, cheap and quick to construct and mobilize, housing solution for refugees upon arrival. Despite not offering much space, they cover the basic necessities of living.

The integration process

Integration is, as defined by Merriam-Webster, the process of integrating: as incorporation as equals into society or an organization of individuals of different groups (as races). It is a complex social construct including social and private life, economics as well as religion and

culture. Each individual reacts differently when presented with an opportunity of integration. Integration is a concept, which plays a great role on how refugees find a way into their new life in a different country, and get accustomed to the local and national culture.
Some may welcome the option of learning the host countries' language while disregarding learning about that countries' main religion.
Part of the paper 'Domestic Violence Within Refugee Families: Intersecting Patriarchal Culture and the Refugee Experience' by James et al. (2010) examines the journey of novel refugees integrating into their newly found culture. The authors underline that many felt like their skills acquired back home had no use in their new country, essentially making them feel helpless and stranded, not knowing how to navigate through everyday life. Tasks such as utilizing public transport or grocery shopping were, due to a combination of language barriers and culture shock, a burden taking up unnecessary amounts of time.

Employment is a crucial part of successfully integrating into a different society. With employment comes a steady stream of income for the refugees and their families. Unfortunately, most refugees are presented with many barriers before finding a permanent place of employment. This inability to find employment often has more far reaching consequences. Being reliant on social security may instill a feeling of shame and inability to provide upon the head of the family. On top of this helplessness, many refugees reported that they felt less respected by their family members, which in turn made them feel not only desperate, but sometimes refraining to violence in order to restore lost respect. (James et al., 2010) Another reason for the head of the family feeling less respected is he seeing his wife and children be aware and make use of new rights, which lacked in their home country. Young et al (2006) also reflects this, as the desire to obtain respect and the longing for personal safety are reoccurring themes among many teenage study participants, which helped conceptualize their meaning of 'community'.

'Community' has been conceptualized by Young et al. (2006) in 'Defining "Community": Perceptions of East African and Southeast Asian Immigrant and Refugee Youths Residing in Public Housing Sites'. The authors underwent testing in focus groups and guided interviews to find out how 39 teenage refugees in Seattle view what exactly constitutes a community and its most important elements. To accomplish this, the types of community were defined as 'location', 'identity' and 'interests'.

'Location' which can partially be linked to housing, is the most commonly chosen theme to define a community. It is striking that the study population had such a strong focus on location, as they were aware of living in a densely populated public housing area that happened to harbor a high crime rate as well.

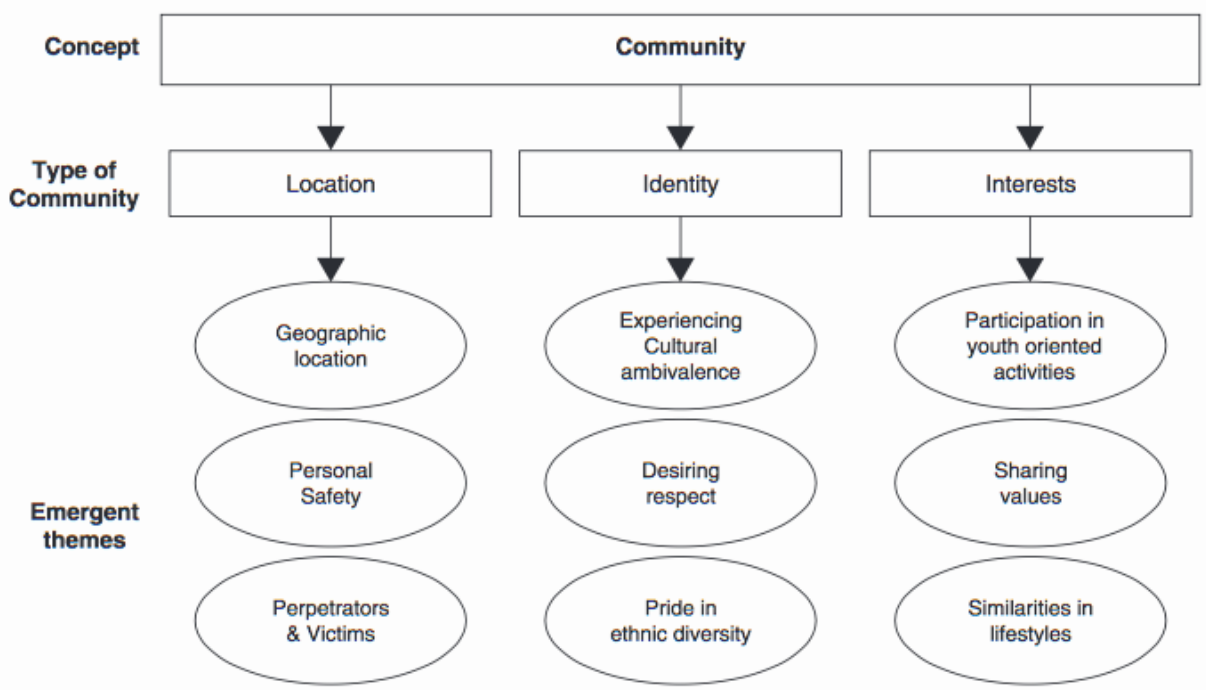

Fig. 3:'Themes Related to Types of Community from Perceptions of Youth' Source: Young et al. (2006)

Housing was shown to be a crucial element in the integrative process during resettlement of refugees. Mudie et al. (2008) have conceptualized exactly how successful access to adequate housing can be achieved.

At its most basic level, housing just caters to the basic human need of safety. It is a physical structure in which an inhabitant resides, providing shelter. The second concept is adequacy, which describes the physical quality of the shelter provided. With this concept, it is important to realize there are differing minimum standards of housing across the continent, with some countries only being able to provide the bare-minimum. The third concept, suitability, describes how appropriate the chosen shelter is to accommodate a certain type and size of family. This essentially hints at the need for a bigger house for big families. Affordability is the fourth theme. The authors argue the rent or maintenance costs cannot be to high, as most refugees lack the financial resources to sustain living in sometimes the smallest of dwellings. Concerned with the refugees ability to properly integrate, the authors highlight the need for access to neighbors, schools, shops and immigrant organizations. They are vital anchor-points

which the refugees can seek out to sustain social life, meet basic needs and further develop to be a part of society.
Finally, housing as a real ‘home’ is presented. There is a cultural, psychological and emotional aspect to housing, the authors say. The more content a refugee is, the more likely it is for him to have an incentive to integrate.
Simich (2003) demonstrates, with a sample of refugees resettling to Ontario, Canada, that the social support structure that a refugee has in his immediate proximity, is essential. She concludes with her study that not only the resettlement itself but also the bureaucracy the refugees encounter put a vast amount of stress on them. She underlines the need for quicker and simplified bureaucracy processes as well as the need for refugees to have a mentor-like person to guide them through the difficulties in integration, which they encounter.

Hands-on integrative efforts in Germany

Many pieces of anecdotal evidence on the development process of refugees’ integration could be collected while working with them.
A first step was to always introduce the refugees to the neighbors in their immediate surroundings. This ‘broke the ice’ between the prospective neighbors and had positive effects on both parties. The German neighbors were relieved to know who exactly was moving close to them and could associate them with an actual face and human being, as many were unfortunately holding the preconceived notion that many of the arriving foreigners were ‘bad’ and a burden to society. The refugees immediately had someone to ask questions or talk to. This turned out to be especially helpful for navigating through the city.
A common meeting point that was in reachable proximity to the surrounding housing units has proven to be the most effective tool to facilitate fast integrative progress.
In our case, refugees had the possibility to meet four times a week at the ‘refugee café’. The café itself served as a meeting point, warehouse for all household items needed for resettlement, and store. The visitors were able to converse with the locals, as interpreters for every relevant language were present. In these conversations, further measures for integration were taken. For instance, refugees were taught about the green spaces and recreational activities available near to them, often followed up by a group project collectively partaking in said activity. Trips included local parks, trails and swimming pools. Without the proximity of the meeting point, this could not have been possible. It has been eye opening to notice that refugees are often not aware of the possibilities of activities to integrate and spend leisure

time. Things we take for granted, such as the possibility of bowling, playing pool or going to the cinema were quite foreign to many.

As mentioned before, the refugee café also serves as a warehouse and store. With the collective effort of citizens of the municipality, the warehouse was quickly filled with donations ranging from clothing, to household appliances, to furniture and much more. They were distributed to meet the needs of refugees. To give some refugees a sense of empowerment, they worked alongside us, assessing the needs of others and handing out items accordingly. We could observe that people working for a longer period of time became a 'mentor' for others, somebody they could identify themselves with. They could lead a conversation about the problems they encountered along the way of resettlement and provide sympathy and encouragement to others, as they have lived through similar scenarios.

Other integrative measures included language courses, initially led by volunteers two times per week and later on taken over by more skilled teaching professionals.

Special attention was paid towards the female refugee population. As we initially noticed that most women were living a very sedentary lifestyle, often taking up the duty of a housewife, they rarely left their house. One time per week, for eight weeks straight, only women worked alongside a therapist to express the emotions and hardships they felt and led conversations about the difficulties of integrating into a new society. These thoughts were manifested in art, which was later presented inside the café. This evoked a visibly positive emotional response in the participating women. They felt self-empowered having the ability to present their thoughts in front of an audience with which they could relate.

Integration of children was easy to establish through enabling contact with other children in a playful manner, letting them bond through activities such as learning or doing sports and let them establish friendships in school.

Sport also played a vital role in the integration of many young men. Often times faced with boredom and not being able to work, sports clubs provided a welcome distraction for many young men. They were able to decrease stress through physical activity, develop interest in a new sport and form relationships with the people they share a club membership with.

The availability of Internet in the café further increased its' popularity, as most refugees do not yet have Internet access at their homes. It allows them to remain in contact with their friends and family back home. Furthermore, Facebook was utilized extensively for organizing and coordinating events, as its use was even widespread among refugees. It also allowed for rapid spread of information, as interpreters could immediately translate texts to reach and grab the attention of everyone. This tool could reach the population aged 15-35 best.

Discussion

This thesis focuses on the complex theme of housing of refugees and how it relates and affects their health and abilities to integrate. The first research question asked related to the issues in housing that are most prominently encountered by refugees. The research shows that due to the emergency situation refugees are put in, their shelter resembles this. In the selected studies, refugee populations were often housed in sheltering that was located in socioeconomically weak areas or the population was housed by a country that did not, or could not, locate enough resources to the refugee shelters for adequate housing. This resulted in the usage of materials to construct shelter, which were either damaging to the inhabitants' health itself or resulted in further problems due to their lack of quality. The quality of the materials quickly deteriorated. Water leakage from either the roof or the walls, seldom from the floor, was the most prominently encountered issue. Along with leakage, dampness was an issue in many households, which then turned to mold, which was reported in a great portion of housing struggling with dampness. On top of that, ventilation was the fourth most common issue. This could be contributed to either a choice of construction, which disabled effective ventilation or a lack of knowledge, or intrinsic motivation to ventilate, on the side of the refugees. A housing issue prominent in all camps but not all already resettled refugees was the over crowdedness they encountered. Families often had to share their accommodations with three or more people in one room.

The second research question asked how these housing issues had an effect on the refugees' a) physical and b) mental health. The findings show that in housing that featured leakage, dampness or even mold, respiratory issues were most commonly found. These ranged from symptoms of the common cold to more severe diseases such as asthma. A combination of these diseases being airborne, the sheer amount of people close to each infected refugee and many refugees' lack of health literacy, encouraged the spread of disease. More severe infectious diseases such as hepatitis B were found across populations but only in vanishingly small numbers. Refugee populations consistently contained a high percentage of smokers. Thus, if not treated with caution by smoking in designated areas, second hand smoke can easily spread and damage the other people living in proximity.

Mental health was the second focus of the second research question. As the nature of being a refugee suggests, many were coming out of a war-torn or economically deprived zone. This resulted in large groups reporting mental distress. Especially children were affected by their

experiences and resettlement, showing symptoms of bad mental health that may even have a detrimental effect on their development. Over crowdedness is the most frequently found factor contributing to bad mental health. The high population density results in a lack of privacy for people in need of introspection and therapy, further negatively affecting their mental health status.

The third research question is concerned with how to encourage integration through housing. This has proven to be the most difficult question to answer, as integration itself can be achieved through vast amounts of policies, actions, or preventive measures. Due to this complexity, mostly personal experiences and experiences working together with the group were used. Even though camps and their huge groups of refugees can be positive for reaching out to a large group of people quickly, spreading out these individuals was found to be more helpful with integration, essentially achieving proximity of refugee groups spread throughout the local area while preventing isolation and abandonment of singled out refugees or their families. Giving the refugees a sense of empowerment in the local community as well as their 'separate refugee community' helped them with setting foot in a new country. Getting them accustomed to the localities and possibilities for learning, self-empowerment and leisure eases the burden of refuge while at the same time providing an overview to the do's and don't of their newfound culture.

Strengths and limitations of the review

This piece of research shows the many facets there are to resettlement of refugees. It provides an overview of the most commonly found issues in housing and health, drawing conclusions from previous refugee crises. This is one drawback of the research, as findings from refugee situations that recently happened or happened some several decades ago are projected onto the 2015 / 2016 refugee crisis in Europe. As this crisis is quite new and still going on with many more seeking asylum in Europe, literature and data concerning it are quite limited, especially assessments of housing situations. Furthermore, each refugee crisis is unique and takes place in a completely different context than the ones that occurred before, so one can only generalize findings with caution.

Conclusion

Housing, health and integrative abilities of refugees are a complex topic. This piece of research has highlighted what problems inhabitants of either refugee camps, or inhabitants that have already resettled and completed the asylum application process, encounter. Using

literature from refugee situations around the globe, findings were made that can be projected onto the 2015 and 2016 ongoing European refugee crisis and provide insight into the issues that deserve priority attention. The physical health issues can mostly be linked to either a poor planning or execution of construction, or choice of building material. These faults in housing can be linked to several factors negatively affecting the refugee inhabitants' health. The research demonstrates the acute and chronic illnesses, mostly respiratory issues that are amplified by the bad conditions of housing units and the other infectious illnesses deserving special attention from screeners. Mental health was negatively impacted by the events that each individual has experienced during their refuge, later on in their newfound home. Bad living conditions amplified certain issues, increasing the desperateness and need for help of some individuals. Crowding is an issue prominent in all emergency living conditions, affecting the quality of housing through attrition and mental health of inhabitants by invading their personal space over a prolonged amount of time.

Research question three was answered with the help of more personal experiences gathered while working to help in the crisis. Ongoing work with the refugee organization Hand in Hand provided valuable experiences, which added to completing this narrative literature review. This work highlighted that guiding newly arrived refugees into their newfound society is best accomplished through activities focusing on learning about language and culture, leisure and self-empowerment, sometimes by breaking taboos of their older culture. There is a need for further research in the field of finding effective housing solutions for refugees, which can be implemented even in countries with limited financial resources. The amount of workforce and volunteers helping overcome this crisis is limited and requires incentives for citizens to not shy away from helping integrate their new citizens, as neglecting them cannot be an option.

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