



Refugee Council
of Australia

Submission to Department of Immigration and Citizenship

Response to the discussion paper, *Integrated Humanitarian Settlement Strategy: Helping refugees and humanitarian entrants settle in Australia*

The Refugee Council of Australia (RCOA), as the national umbrella body for non-government organisations working with refugees, welcomes the opportunity to respond to the issues canvassed in the Department of Immigration and Citizenship (DIAC) discussion paper, *Integrated Humanitarian Settlement Strategy: Helping refugees and humanitarian entrants settle in Australia*. Established in 1981, RCOA has 130 organisational members, many of them involved in supporting newly arrived refugees as settlement services or as community organisations formed by former refugee and humanitarian entrants.

Each year, RCOA conducts extensive community consultations across Australia, canvassing views on Australia's Refugee and Humanitarian Program and suggestions for how the program can be refined. These views are drawn together into an annual submission to the Australian Government. Because of its strategic importance in refugee settlement, issues relating to the Integrated Humanitarian Settlement Strategy (IHSS) have been widely discussed in these consultations each year since the IHSS program's development in 1997. This submission draws on points raised during annual consultations since 2005, as well as on information sought from RCOA's membership during July and August 2009 in response to questions in the DIAC discussion paper.

For the sake of brevity, we have chosen not to answer each of the questions in the discussion paper separately but have used the headings in Section 4 of the discussion paper, "Future directions of the IHSS program", as a template for our response.

1. LESSONS FROM 2005

In our recent annual submissions on the Refugee and Humanitarian Program, we have noted some community concerns about the impact of competitive tendering on on-arrival settlement service provision and of issues which arose from the 2005 tender round. Foremost among the concerns were:

- the extent of the upheaval which occurred in some parts of Australia where there was a change of providers;
- the impact of divisions among settlement services (exacerbated by competitive tendering) which occurred in many regions after the awarding of tenders;
- the decision to award some contracts to tenderers without a proven track record in the provision of refugee settlement services or without demonstrated expertise in specialist services provided through the IHSS contract; and
- the exclusion of a number of agencies, community groups and volunteer networks with many years' experience in supporting newly arrived refugees.

It is important to note that these concerns were not shared across Australia, with a relatively seamless transition to the 2005-10 contract achieved in some regions. However, in some regions, the issues created by inexperienced providers and by divisions between settlement services took up to two years to resolve, with some damaging divisions lingering to the present day.

While some difficulties are inevitable with changes in providers and/or contracts, it is important that the difficulties stemming from the 2005 tender round are examined to reduce the likelihood of disruption to the services provided to refugees and humanitarian entrants with any changes resulting from the awarding of contracts in 2010. It is important that, in the 2010 tender round, questions of cost be carefully balanced with a close examination of each tenderer's experience in supporting refugees and humanitarian entrants and its demonstrated capacity to provide the required settlement, housing and torture and trauma services. In addition, each tenderer's track record in promoting cooperation with other agencies and community networks should be carefully considered before any decision to award a tender.

RCOA maintains its concerns about the impact of competitive tendering of IHSS services, given the critical importance of community cooperation and sharing of information and ideas in improving services for refugees and humanitarian entrants. Such sharing of information about service provision and about levels of resources provided in particular regions is much less likely to occur where many matters are treated as "commercial in confidence" and where tenderers are seeking to maintain a competitive advantage. We note that different approaches are taken to the awarding of grants in some other programs critical to the support of refugees, such as the Settlement Grants Program (which uses a more traditional grant-making process) and the Program of Assistance for Survivors of Torture and Trauma (which funds selected specialist services). These and other models should be examined further in relation to IHSS. We recognise that, as the end of the current contracts grows nearer, significant change to the funding model becomes less likely. However, we believe that consideration should be given, at least, to stepping away from a "winner takes all" approach to a modified tender process which allows DIAC maximum room to negotiate on reconfiguring consortia to avoid the exclusion of agencies with valuable expertise in support to refugees.

RCOA recommends:

- 1. That each tenderer's track record be examined carefully to ensure that it has expertise both in supporting newly arrived refugees and in the specialist services (such as settlement support, housing or torture and trauma counselling) for which it is tendering, as well as demonstrated capacity to develop and maintain cooperative relationships with other agencies and community networks.*
- 2. That consideration be given to modifications to the current competitive tendering model, including provision for DIAC to negotiate changes to consortia to include agencies with proven expertise in refugee support.*

2. IHSS OBJECTIVES, SERVICE MODEL AND PRINCIPLES

The current IHSS objectives (as set out in section 4.1 of the DIAC discussion paper) effectively convey a number of important concepts, namely: that the capacity to fully participate in the broader community is an indicator of successful settlement; that clients will be provided a range of services appropriate to their individually assessed needs; and that services will be delivered in accordance with an agreed, uniform set of principles. We endorse these concepts. We submit that it may also be useful to include statements within the objectives to make clear that settlement is regarded as a process of some duration, and that the purpose of IHSS is to provide a robust and comprehensive foundation for successful settlement.

With respect to the question of what might be considered achievable outcomes for IHSS, some of our members have broached the idea of identifying a nationally consistent set of core competencies (including “settlement life-skills”¹) for use as a measurable and practical tool for assessing individual clients’ readiness to exit the program and transition into a new phase of settlement. It has been suggested that this would provide a more rigorous approach to determining achievement of program outcomes than is currently afforded by the exit interview, which is viewed by some as encouraging a “tick-box” approach rather than an integrated one.

We recommend exploration of a standardised competency-based approach to the identification and measurement of IHSS outcomes. We acknowledge that this may require increased flexibility with respect to individual timeframes for IHSS engagement, and that time will be required for the identification of nationally applicable core competencies and corresponding assessment mechanisms. Core competencies ought to be comprehensive in scope, and include benchmarks related to:

- access to essential services;
- scope and quality of community engagement;
- level of acculturation, orientation and attainment of diverse other “settlement life-skills”;
- establishment of foundations and pathways for future sustainable housing; and
- understanding of, and engagement with, an IHSS exit plan including pathways for the achievement of tailored English language acquisition, educational and employment goals.

RCOA considers there to be no optimal “one-size-fits-all” service delivery model for IHSS. We rather submit that:

- While a flexible approach to service delivery model is both practical and appropriate, consistency of outcomes must be rigorously upheld;
- Clearer recognition is required of the experience and expertise involved in undertaking sensitive and effective case management of IHSS clients and engaged providers must be able to demonstrate a proven track record in this area;
- Collaboration and streamlined referrals between services is crucial to the achievement of optimum settlement outcomes; and
- In determining approaches to service delivery, the best interests of clients must always be paramount.

In addition to the generic observations made above, RCOA submits that improvements could be made to the current IHSS model to ensure maximum identification of and responsiveness to the specific needs and vulnerabilities of young humanitarian entrants. RCOA suggests that youth-specific assessment and exit tools be developed, and implemented alongside and in addition to whole-of-family approaches, where young humanitarian entrants are accompanied. In the case of Unaccompanied Humanitarian Minors (UHMs), we understand that concerns persist regarding a lack of clarity in relation to the scope of IHSS responsibilities in some states. We understand that Ministerial delegation of responsibility for UHMs to state governments is not consistently applied across Australia, and that efforts continue to be made to secure federal-state MOUs where these do not currently exist. RCOA strongly recommends that the specific legal responsibilities held by state governments towards UHMs be recognised within the IHSS contract, and that IHSS providers be encouraged to engage in close

¹ We note that the Multicultural Development Association has developed an extensive checklist of core settlement life-skills, set out within the Brisbane Consortium (MDA – 4walls – QPASTT) response to the IHSS discussion paper. We commend these to DIAC as a sound basis and valuable resource for the development of national competencies.

collaboration with relevant government entities in relation to the support of UHMs. RCOA further encourages continuing efforts to negotiate intergovernmental MOUs where these remain lacking.

A number of important standards and requirements are set out within the existing IHSS principles. We submit that some (e.g. that humanitarian entrants will not be exploited) ought to be implicit within the scope of professional service delivery. We note that, where principles are constructed in the negative (as above), a list may always be read as incomplete. We recommend that the IHSS principles be amended in order to highlight that:

- All IHSS services will be delivered in accordance with prevailing professional standards, and that this includes:
 - Compliance with all of Australia’s international human rights obligations, including adherence to all provisions set out within the Convention on the Rights of the Child;
 - Full adherence to national and relevant state / territory anti-discrimination legislation;
 - Assured client confidentiality, except where disclosure to relevant authorities is mandated on the basis of suspected harm or risk of harm to self or others;
 - Appropriate access to interpreters; and
 - Access to fair, timely and effective complaints procedures.
- Further to the above, the principles should make clear that the best interests of the client (of any age) will be paramount, and that services are committed to the highest standards of inter-agency cooperation.

RCOA recommends:

3. *That the IHSS objectives and principles be amended as set out above in order to achieve maximum clarity.*
4. *That consideration be given to the development of a set of nationally consistent core competencies and corresponding assessment mechanisms for determining individual client readiness to exit IHSS*
5. *That a tailored, comprehensive IHSS exit plan be developed for all clients as they conclude the initial settlement phase, and that this include clear transitional arrangements with other service providers*
6. *That youth-specific IHSS assessment and exit tools be developed.*
7. *That the specific legal responsibilities held by state governments towards UHMs be recognised within the IHSS contract, and that continuing efforts be made to secure intergovernmental agreements regarding responsibility for UHMs where these remain lacking.*

3. SECURING AFFORDABLE ACCOMMODATION AND PROVIDING HOUSEHOLD GOODS

It is unlikely that a single housing model is going to work for all IHSS clients across all regions in all states and territories. Much is dependent on local housing availability, IHSS client demographics and intake numbers and the availability and appropriateness of local housing services. IHSS contractors should have flexibility to tender to provide various accommodation models appropriate to local housing contexts, with key components being:

- IHSS contractors to provide appropriate on-arrival transitional housing to clients for up to six months (i.e. suitable for needs of family groupings, accessible to transport and services, furnished);
- Within this six-month contract period, IHSS contractors to support transition of families into sustainable and affordable ongoing accommodation (either through exploring community housing options or supporting clients’ access to private rental market);

- IHSS contractors to assist clients to understand tenancy rights and to ensure clients exiting IHSS have the relevant knowledge and life skills to negotiate the Australia housing market successfully;
- First four weeks' rent and utility costs to continue to be covered under IHSS;
- Provision of household goods package that meets a minimum quality standard (at least up to the standards set by state governments for their accommodated clients) and has a degree of flexibility to allow for cultural variation (e.g. inclusion of a rice cooker instead of a toaster is appropriate for many clients). Mobile phones should be considered for inclusion in this package as essential for aiding integration and settlement of new arrivals; and
- Housing support and referral service for up to 12 months (as needed casework, advocacy and brokerage for clients requiring additional support after moving from transitional housing).

It is essential that housing services providing accommodation through IHSS should have proven expertise in working with refugee communities and, where settlement services are providing accommodation through IHSS, that these services should have proven expertise in providing housing solutions.

Once exited from IHSS, refugee and humanitarian entrants are at a serious disadvantage when competing for housing in the private rental market. When trying to secure properties in the private rental market, humanitarian entrants face hurdles at all stages of the process. They face difficulties finding properties, inspecting them and submitting rental applications; when they do make applications, lack of rental history, unemployment and discrimination are key factors in reducing the likelihood of success. There is a desperate lack of services and supports to assist humanitarian entrants who are ineligible for IHSS or who have exited IHSS to access secure housing. In light of these difficulties and the long waiting period for public housing, it is imperative that IHSS contractors are given adequate resources to be able to provide affordable and sustainable housing solutions for refugees and humanitarian entrants for a minimum of 12 months. This includes exploring the possibility of IHSS services providing rental assistance for clients in the private rental market who pay more than 60 per cent of their income towards rent, and resourcing IHSS services to build stronger relationships with property managers (e.g. access to interpreting services, information sessions).

Community housing offers potential opportunities for IHSS clients after the transitional housing phase. Through head leasing and other models, community housing providers can offer housing that allows refugees to access the Australian housing market in a supported way. The capacity of the community housing sector to assist is limited by the availability of appropriate community housing stock (e.g. there is currently a 6-8 year waiting list for community housing in Perth). DIAC should advocate strongly with the Department of Families, Housing, Community Services and Indigenous Affairs (FaHCSIA) to ensure recent investment in social housing² will benefit refugee and humanitarian communities as a particularly vulnerable low-income group.

Cluster or group housing models may work well in some situations but should not become a "one-size-fits-all" approach to meeting the accommodation needs of all families coming through IHSS. Cluster housing may be an appropriate short-term option for refugees who have come from living situations vastly different to urban Australia – for example, those who have spent protracted periods in camps and can draw strength from being located initially with others in similar situations. However, it is essential that, in determining the appropriate uses of cluster housing, the needs of refugees and humanitarian entrants be the sole determinant and that steps be taken to avoid cluster housing being used for the convenience of service providers and funders.

² <http://www.fahcsia.gov.au/sa/housing/progsen/affordability/socialhousing/Pages/default.aspx>

Where cluster housing is proposed by IHSS contractors, the following principles should be considered:

- Cluster housing should be transitional and flexible to ensure the needs of clients are paramount;
- Cluster housing options should only be explored where there is appropriate housing stock (e.g. housing in appropriate areas close to public transport and services, suitable for larger families or singles);
- Services managing cluster housing must provide or coordinate support for IHSS families to make the transition into longer-term sustainable accommodation;
- Cluster housing strategies need to be reviewable regularly to ensure that they remain the most appropriate option within the local housing market.

In addition, to mitigate the risk of group housing being perceived negatively by both IHSS clients and the wider community, the size and location of cluster housing must be carefully considered. Sensitivity in limiting the number of houses grouped together, or clustering houses near each other in a suburb rather than a single complex or building, should be considered in any cluster housing proposal.

Ensuring that cluster, transitional and community housing options are resourced adequately must be factored into IHSS contracts, particularly considering the systemic issues with housing shortages across all states and territories and the more intensive support that is required to ensure transition of new arrivals into sustainable accommodation. For example, cluster or transitional housing needs to be costed appropriately if managed by IHSS contractors, taking into account fluctuations in IHSS intake numbers (which IHSS contractors have no control over) and the possibility that houses will at times be vacant but still require ongoing investment by the IHSS contractor.

Due to the enormous variability in housing market conditions, housing service provision within IHSS contracts should be reviewed regularly (ideally, annually) to ensure the viability of accommodation solutions.

RCOA recommends:

8. *That DIAC allow flexibility for IHSS contractors to propose accommodation models that are most appropriate to local housing contexts, ensuring the needs of IHSS clients are paramount.*
9. *That DIAC advocate strongly with FaHCSIA to ensure recent social housing funding announcements lead to targeted investment in community housing options for refugee communities.*
10. *That IHSS contracts allow a minimum of 12 months housing support for clients that take into account the many barriers faced by refugees and humanitarian entrants in securing sustainable and affordable long-term housing. This includes exploring the possibility of IHSS services providing rental assistance to clients who transition into the private rental market and who pay more than 60 per cent of their income towards rent, and resourcing IHSS services to work more closely with property managers.*
11. *That provision of housing services within IHSS contracts be reviewed regularly within the IHSS contract period to ensure viability of accommodation solutions and to take into account fluctuations in IHSS intake numbers and housing supply and demand.*

4. DELIVERING EFFECTIVE REFERRALS AND INFORMATION

As noted in the DIAC discussion paper, Case Coordination, Information and Referral is the central coordination mechanism for engagement of complementary client services from both within and external to the IHSS suite. We reiterate the importance of acknowledging and valuing the expertise required to deliver this critical component of settlement support sensitively and effectively. This expertise includes the capacity to make informed judgments as to when and in what form individual clients will best receive and incorporate new information or manage engagement with new services. With respect to linking with essential services (such as Medicare and Centrelink), we consider that greater flexibility should be provided to service providers to allow for a slightly longer timeframe (beyond the existing limit of two working days) for registration, in order to accommodate the individual circumstances of newly arrived clients.

Over recent years, participants in RCOA's community consultations have identified a clear need for more streamlined and engaged client referrals from IHSS to SGP providers, in order to smooth the settlement transition for clients and maximise SGP responsiveness to the settlement support needs of refugees and humanitarian entrants. Input from our consultation participants (including refugees and service providers) strongly suggests that effective transition between programs is best achieved when IHSS providers introduce exiting clients to SGP providers in person and, where appropriate, refer relevant client case notes to the receiving service.

The different funding models for IHSS and SGP complicate the process of referral. Some IHSS providers have dozens of SGP services within their regions and some agencies which provide IHSS services are also among the pool of local SGP service providers. In some situations, greater clarity is needed regarding how the process of referral to SGP services should be handled, particularly when there are several SGP services operating in the district where a refugee or humanitarian entrant lives. IHSS services which also provide SGP services must be fair in their referral processes and make a proportionate number of referrals to other SGP services within their IHSS region. Questions of how IHSS services refer people to SGP services and how SGP services cooperate with IHSS agencies should be given greater emphasis in DIAC's quality assurance strategies for both funding programs.

Post-arrival cultural orientation

Over the past 18 months, RCOA has been working with DIAC and the International Organization for Migration (IOM) to develop more effective exchange of information between trainers involved in the pre-departure Australian Cultural Orientation (AUSCO) program and service providers involved in post-arrival settlement support. To date, this has involved the short-term deployment of eight settlement service workers, who have worked with IOM's AUSCO trainers in South-East Asia, the Middle East, East Africa and West Africa. The settlement service workers who have participated in the exchange have all affirmed the relevance of the material in DIAC's curriculum and IOM's approach to delivering the AUSCO program. With each deployment, suggestions have been made regarding the refining of the program delivery to maximise its relevance to refugees and humanitarian entrants participating in the course.

Through its regular consultation processes, RCOA hears many suggestions from Australian settlement services about how the AUSCO curriculum could or should be expanded to include additional information on a wide range of topics. However, it is clear that only a limited level of information can be communicated successfully to refugees in a five-day program delivered before they have seen Australia. This level of information varies depending on a person's level of education, familiarity with life in a western country and the conditions under which the AUSCO program is being delivered. It is unrealistic to expect that AUSCO course participants will

learn much more than information about travelling to Australia and very basic information about the cultural changes they will probably face and some post-arrival processes. Much of the cultural orientation newly arrived refugees need must occur after they reach Australia.

AUSCO is one of four DIAC-funded programs to include aspects of cultural orientation, the others being IHSS, Adult Migrant English Program (AMEP) and SGP. With IHSS, AMEP and AUSCO being reviewed simultaneously and with current contracts all ending in 2010, DIAC has an ideal opportunity to refine its expectations of how cultural orientation is conducted within each program. A future orientation strategy for refugees and humanitarian entrants could nominate the elements of orientation expected from each of the four DIAC-funded programs, possibly even bringing them together into a single curriculum. This strategy would give service providers in each of the four programs a clearer idea of their expected role, as well as a better understanding of what forms of orientation are being attempted by other programs.

Among IHSS services, there are some excellent examples of current approaches to orientation. Each differs and no single model could immediately be applied to all parts of Australia, given differences in settlement patterns. However, by specifying clearer expectations of the orientation which should take place as part of IHSS and encouraging the sharing of good models of orientation programs, over time DIAC could support the development of a shared national approach to post-arrival cultural orientation.

RCOA recommends:

- 12. That DIAC's quality assurance processes for IHSS and SGP put greater emphasis on examining how the referral process from IHSS to SGP services is working, requiring agencies in both programs to maintain a high level of cooperation and fair referral procedures.*
- 13. That DIAC work towards developing an overarching cultural orientation strategy to be delivered progressively to refugees and humanitarian entrants through the AUSCO program, IHSS, AMEP and SGP.*
- 14. That, as part of this process, DIAC refine its expectations of the cultural orientation to be provided by IHSS services and work with services in sharing effective approaches to cultural orientation.*

5. IMPROVING ON-ARRIVAL HEALTH SERVICES

In order to ensure efficiency and consistency in the delivery of on-arrival health assessments and care, RCOA proposes that DIAC instigate the development of a National Refugee Health and Wellbeing Strategy, involving Federal and State health departments. Such a strategy would need to incorporate benchmarks for minimal screening and care to be provided within the IHSS contract period, including immunisation and screening for chronic diseases.

Access to on-arrival health assessments should be facilitated through IHSS contracts to ensure a minimal level of health care is met. This requires collaboration between Federal and State governments to ensure appropriate and accessible health services are available for IHSS contractors to access in the first place. Currently, there are wide variations in the resourcing of refugee health services across and within different states and territories. On-arrival health assessments should be undertaken by the most appropriate service - through specialist refugee health services where available or through utilisation of GPs and uptake of Medicare item MBS 714.

IHSS contractors should be required engage with local health services through participation, where possible, in refugee health networks. The strengthening of refugee health networks in

each state or territory (or their establishment where they do not exist) would enable the further development of innovative and locally-relevant responses to the health needs of newly arrived refugee communities. To date, refugee health networks have been active, for example, in:

- Encouraging on-arrival comprehensive health assessments for refugees and humanitarian entrants (through the utilisation of Medicare item MBS 714), either by specialist refugee health services or by GPs (though more work is needed on this matter in all states and territories);
- Building capacity of primary healthcare providers (e.g. GPs) to be able to undertake culturally-appropriate assessments;
- Developing local strategies to ensure IHSS providers are linked to appropriate health services;
- Advocating for specialist services where gaps exist; and
- Advocating for more systematic use of interpreters (TIS) by Medicare-funded psychologists, social workers and other allied health services.

While the development of specialist refugee health services has worked effectively in some areas of concentrated refugee settlement, other decentralised models may be more appropriate where refugee settlement is more dispersed. In these cases, building the capacity of primary healthcare services in local areas to provide culturally appropriate assessment and treatment for refugee families is imperative.

RCOA recommends:

15. That DIAC work with the Department of Health and Ageing to develop a National Refugee Health and Wellbeing Strategy with national benchmarks developed for health service provision for newly arrived refugees and humanitarian entrants, including the development of a standardised health screening tool, full immunisation services and support for the further development of refugee health networks in each state and territory.

16. That DIAC work collaboratively with all IHSS contractors to ensure a minimum level of health support for all humanitarian entrants, including a comprehensive health assessment on arrival and appropriate recording of existing health conditions identified during pre-departure health checks.

6. SHORT-TERM TORTURE AND TRAUMA COUNSELLING

Currently, funding is provided for torture and trauma counselling services either through IHSS (for short-term torture and trauma counselling) or by the Department of Health and Ageing through the PASTT program (for longer-term torture and trauma counselling). As this approach creates a somewhat arbitrary distinction, close cooperation between short-term and long-term torture and trauma counselling services is essential.

In some IHSS regions, short-term and long-term torture and trauma counselling services are provided by the same agency. Where this is not the case, concerns have sometimes arisen about the divergent models and approaches of the different agencies. Contractual arrangements within IHSS should ensure that referrals between short-term and long-term torture and trauma counselling services are made in a timely and appropriate manner.

DIAC's decision in 2005 to fund different types of agencies to conduct short-term torture and trauma counselling has led to the development of a variety of approaches to how this service is provided. To ascertain how to approach the tendering of short-term torture and trauma counselling services in the next contract, DIAC needs expert and independent advice on the merits of the models currently in use.

RCOA believes that, to ensure the highest quality torture and trauma counselling services are available to humanitarian entrants, DIAC should separate short-term torture and trauma counselling from the main IHSS contracts. This would increase the likelihood that this service was provided by the most appropriate provider in each region, avoiding any possibility of a less experienced provider gaining the short-term torture and trauma contract because of the strength of its other IHSS services.

RCOA recommends:

17. That DIAC develop guidelines requiring short-term torture and trauma counselling providers to work closely with longer-term torture and trauma counselling services to ensure continuity of service and streamlined referrals.

18. That DIAC tender its short-term torture and trauma counselling services separately from the main IHSS services.

19. That DIAC seek expert and independent advice to determine minimum standards for the delivery of short-term torture and trauma counselling, using these standards to inform decisions on future tendering arrangements.

7. ENGAGING VOLUNTEERS

The question of how volunteers should most appropriately be used within IHSS has created considerable debate since the program was first developed. This is perhaps not surprising, given that IHSS replaced a method of refugee settlement support which was heavily reliant on volunteer involvement. As was noted in the DIAC discussion paper, RCOA has raised the concerns of some long-established volunteer groups about how some IHSS contractors have managed volunteer involvement during the current contract.³

Involving volunteers in settlement support provides many challenges and many possibilities. In the past, we have seen both the excellent support offered to refugees by well-managed groups and the significant shortcomings of poorly managed volunteer involvement. Positive involvement of volunteers is critical to helping newly arrived refugees and humanitarian entrants to make broader links in Australian society, making it easier for people to get practical assistance beyond what can be provided by professional settlement services, to be invited to participate in community activities and to make the connections which may lead to employment. Volunteers have also played a vital role in building community support for Australia's Refugee and Humanitarian Program and have done much around Australia to build local pride in community efforts to welcome refugees. The refugee program would be much the poorer if the role of volunteers was further diminished. While acknowledging the challenges of engaging volunteers effectively, RCOA is concerned that any decision to remove the requirement for IHSS contractors to maintain an active volunteer program would weaken the long-term effectiveness of the program.

In noting this, we acknowledge that recruitment of volunteers is much harder in some areas of Australia than others, with significant differences between some metropolitan and regional areas and between areas with different socio-economic profiles. IHSS contracts should allow for these differences and allow agencies to develop volunteer strategies which best suit local circumstances. Local volunteer strategies should articulate the roles volunteers will play, how they will be supported to perform specified functions, what methods of oversight and accountability will be used and what debriefing support will be offered. In addition, each local

³ Refugee Council of Australia, "Australia's Refugee and Humanitarian Program: Community views on current challenges and future directions", January 2009, pages 48-49 -

http://www.refugeecouncil.org.au/docs/resources/submissions/2009-10_intakesub.pdf

strategy should outline the nature of relationships with existing volunteer groups involved in refugee settlement support, to ensure that valuable community links are not lost as IHSS contracts change.

The role of volunteer organisations involved in proposing and settling Special Humanitarian Program (SHP) entrants needs further definition. These groups include some which have continued since the days of the Community Refugee Support Scheme and newer groups which are part of the Sanctuary network. Active in some regional cities and towns and also in some metropolitan areas, such groups make a valuable contribution to refugee resettlement and do much to build community support for the humanitarian program. However, these groups often struggle with a SHP process which sees the majority of their proposals rejected. RCOA has been advocating for some time for a more careful examination of how the skills and enthusiasm of these groups can best be used in supporting refugee resettlement. If these groups are valued participants in refugee resettlement, it makes little sense for their continued involvement to depend on a process where each group's continued involvement is determined by a process entirely unrelated to the group's capacity to assist someone to settle in Australia. Much could be gained by DIAC working more directly with these groups, helping them to identify people in priority need of resettlement in order to increase the chance of a successful SHP proposal. As part of this engagement, DIAC could assist groups to find training and logistical support to ensure minimum standards of support are met and also bring these volunteer groups together with IHSS services to determine how to combine the best in volunteer and professional support for newly arrived refugees and humanitarian entrants.

Of the volunteer organisations involved in settling SHP entrants and supporting refugee settlement, the most significant role is played by refugee community organisations. Much of this work is informal, often occurring out of standard working hours, and is not adequately recognised or supported. All too often the leaders of these organisations are overburdened and under-resourced, with many still establishing themselves in Australia while simultaneously working, studying and raising families. Further recognition of their involvement and assisting these organisations to find the resources they need will do much to improve settlement outcomes for clients of both IHSS and SGP services.

All volunteer programs associated with IHSS and volunteer groups involved in supporting SHP entrants should be required to meet minimum standards, in line with the national standards established by Volunteering Australia.⁴ Training and development programs and codes of conduct are of critical importance to helping volunteers maintain appropriate contact with newly arrived refugees. Options for mandating minimum levels of training should be explored, to ensure all volunteers working with refugees have received cross cultural training, information on working with torture and trauma survivors and clear guidance on working within appropriate boundaries. Well-run volunteer programs which include training and development and comply with national standards offer volunteers greater opportunities for accreditation and recognition, linking more effectively with pathways to employment.

RCOA recommends:

20. *That DIAC maintain volunteer coordination as part of the IHSS contract, inviting tenderers to outline their strategy for how, given local conditions, they will recruit, train, supervise and support volunteers.*
21. *That DIAC examine the current role of volunteer organisations involved in proposing and settling Special Humanitarian Program entrants and providing informal settlement support*

⁴ See Volunteering Australia's "National standards for involving volunteers in not for profit organisations"
http://www.volunteeringaustralia.org/html/s02_article/article_view.asp?id=124&nav_cat_id=163&nav_top_id=61&dsb=10427

to refugees, exploring how these organisations can be supported to enhance their role in supporting settlement (including through training and development) and how they can work most effectively with IHSS services.

22. That DIAC work with IHSS contractors and organisations involved in supporting SHP entrants to develop minimum national standards for volunteers involved in supporting newly arrived refugees and humanitarian entrants.

8. PROMOTING REGIONAL SETTLEMENT

As the DIAC discussion paper acknowledges, regional settlement can bring some significant benefits for newly arrived refugees, including welcoming communities, access to more affordable housing and, in some areas, reasonable employment prospects. In our consultations, we have noted that many refugees settled in regional areas report high levels of satisfaction and identify strongly with the communities which have welcomed them. With housing affordability at quite critical levels in a number of cities, it is an attractive proposition to settle refugees in regional areas where housing is more affordable and more readily available.

Our consultations have also highlighted some of the difficulties of regional settlement – the problems presented by limited access to public transport, specialist settlement services, tertiary education and (in some areas) employment. Some regional centres are able to provide people with an excellent introduction to life in Australia but, once a person's settlement process moves beyond completing an AMEP course, a move to a larger city becomes much more likely. There is active debate in some parts of Australia about whether such secondary movement after a period of time illustrates a failure in settlement planning or is a healthy sign of a former refugee actively choosing to move elsewhere after completing the initial phase of settlement. The question of secondary migration almost immediately after arrival in Australia is another matter and deserves more careful examination to see how the incidence of this can be reduced.

DIAC has had considerable success, as the discussion paper notes, with its regional settlement pilots in Victoria and South Australia. Service providers in these areas – as well as those in some other areas of regional settlement – are worried that, without a regular flow of newly settled refugees into those communities, support services such as English language programs and multicultural services will no longer be viable and will lose government funding. This would, of course, undermine the success of the settlement which has already taken place and make future refugee settlement more difficult. It is important that, where a regional community has proven to be a viable settlement area for refugees, DIAC does everything it can to ensure the settlement process continues.

Public transport is so limited in many parts of regional Australia that surviving without a driver's licence and a car is very difficult. In every area of regional settlement, local services and refugee communities are actively trying to find ways of helping recent arrivals to learn to drive. Unfortunately, in many communities, organisations are unable to find sufficient resources to do this – or cannot find the resources to continue a funded pilot program. The decision of a number of state governments to increase the number of supervised driving hours before a person can qualify for a driving test has exacerbated this problem. This issue needs much greater attention in efforts to expand regional resettlement.

In some cities, the question of settlement on the urban fringe could be explored further. The recent expansion of refugee settlement to Werribee in Melbourne's west provides an interesting example worthy of closer examination. Outer-urban and semi-rural communities can provide some of the positive advantages of regional cities, including a greater sense of

community and more affordable housing, while providing a higher level of access to metropolitan services. Just like regional cities, outer urban communities often face problems with access to public transport and local specialist services – and the issue of driver’s licences and access to cars can be just as live an issue. However, it would be worth exploring such communities further as part of a strategy for developing new areas of refugee settlement.

While most secondary movement of refugees to find work has been fairly spontaneous, there have been some efforts by settlement agencies to assist people to move to regional centres and smaller towns to find work. In many cases, the towns which provide more readily available entry-level jobs are unlikely to have the facilities to sustain on-arrival refugee settlement services. However, after a period of initial settlement (including participation in AMEP), a move to a smaller town to find work becomes more of a possibility. Some agencies have been giving some thought to how they can assist this process more actively – and even how they can assist people to move back to larger cities after a period to pursue further education and other job opportunities. This process of planned secondary movement deserves further exploration and could be advanced by DIAC developing pilot projects with interested agencies.

RCOA recommends:

23. That DIAC commission research on secondary movement of refugees occurring almost immediately after arrival, to develop strategies for how this can be reduced.

24. That DIAC commit to longer term settlement programs in regional areas where pilot programs have proven to be successful.

25. That DIAC explore options for:

- increased refugee settlement in outer urban areas;*
- developing pilot projects with agencies interested in developed planned secondary movement, supporting refugees and humanitarian entrants to move to regional towns for employment after an initial period of settlement;*
- assisting settlement agencies in regional and outer urban areas to develop more viable programs to assist refugees and humanitarian entrants to gain drivers’ licences.*

9. DEFINING IHSS CONTRACT REGIONS

In considering possible changes to the current IHSS contract regions, DIAC should consider whether the current boundaries assist or hinder it in its goal of procuring the best quality services for refugees and humanitarian entrants. Where regions are configured in a way which makes it difficult for some experienced settlement service providers to put forward a competitive tender, then the contract regions need to be reviewed. Problems are most likely to occur where IHSS regional boundaries go well beyond the boundaries of well-established settlement services with strong community links.

In RCOA’s consultations, issues relating to IHSS contract regions have been raised by service providers in NSW and Victoria. We have received little indication of issues relating to regions in other states and territories, except a concern that Central Queensland is not currently covered by any IHSS region. In South Australia, there is some support for combining the two IHSS regions into one (as well as agencies happy with status quo). In NSW and Victoria, the extent of refugee and migrant settlement over several decades has led to the development of a wide network of local services, many of them operating in one, two or three local government areas. While we would not argue that DIAC establish dozens of contract regions in each of these two states, a simple exercise of mapping the catchment areas of different settlement services, and some focused consultation on this matter with organisations likely to be interested in tendering, would give a clearer picture of how boundaries could be altered. Consideration should be given, for instance, to separating the Hunter and Illawarra regions from the Sydney

IHSS regions, given their distinct local identities and the moderate numbers of refugees being settled in these areas. There is also a case for (as well as a case against) reducing the size of regions in Melbourne and Sydney. In the current contracts, the rural IHSS regions in Victoria and NSW have worked well because the lead consortium agencies have developed strong partnerships with local agencies in different parts of the two states. However, if a metropolitan-based lead agency had attempted to run the IHSS contract in these regions without involving local agencies with expertise and strong community links, then the desire for changes to IHSS regions from rural NSW and Victoria would have been much stronger. Whatever boundaries are decided, DIAC must consider how each tenderer is intending to involve local partners in areas where it does not have established refugee settlement services and strong local community links.

RCOA recommends:

- 26. That consideration be given to developing additional contract regions in NSW and Victoria and combining the two South Australian regions into one, following a mapping exercise of the catchment areas of key settlement services and some focused consultation with agencies potentially interested in contracting for IHSS services.*
- 27. That consideration be given to how IHSS services can best be provided to refugee and humanitarian entrants settling in Central Queensland, whether through the development of a new region or the expansion of an existing one.*
- 28. That, where tenderers are bidding for IHSS services in regions where they do not have an active presence in all districts, they be encouraged to develop partnerships with experienced and well-connected local agencies rather than to establish their own separate outreach services.*

10. STRENGTHENING SUPPORT FOR SHP ENTRANTS AND THEIR PROPOSERS

Refugees and SHP entrants are often fleeing exactly the same situations in their home countries and require similar levels of settlement support on arrival in Australia. While there are undoubtedly many able proposers providing adequate support, some SHP proposers are also dealing with their own settlement issues and are unable to provide suitable support to those who arrive into their care. For example, unaccompanied minors who have limited financial or personal resources but for whom bringing others to Australia is essential for successful settlement, may require more intensive assistance with supporting a SHP entrant. Where support is shown to be lacking, there need to be greater monitoring mechanisms and investment to ensure that SHP entrants are receiving the level of support they need to enable the best long-term settlement outcomes.

While RCOA is not necessarily advocating the introduction of a Proposer Support Program similar to the model put forward by DIAC in 2007, the debates and discussion leading up to the development of this model highlighted some key weaknesses in current provisions for SHP entrants and proposers in IHSS contracts and areas where greater investment and clarity is required. This includes the need for:

- Clear assessment processes for each applicant as to the capacity of their proposer to provide the necessary support;
- Resources to assess, develop and implement individual settlement plans in conjunction with SHP entrants and their proposers;
- Clarity about support services SHP entrants and their proposers are entitled to access;
- Resources to ensure key supports and services identified in settlement plans are available to SHP entrants.

As identified in the discussion paper, early face-to-face assessments of a proposer's capacity to provide adequate settlement support should be conducted as a matter of course. These early face-to-face assessments should be incorporated into the scope of the IHSS contract, as proposers cannot be expected to have the tools and expertise of case coordinators in undertaking such assessments.

In order for comprehensive face-to-face assessments and follow-up coordination of support for humanitarian entrants to happen consistently, consideration needs to be given to the funding of services. Ideally, enhanced support for SHP entrants and proposers should be centrally located within IHSS. Minimum support mechanisms for SHP proposers and entrants within IHSS should include:

- Initial face-to-face proposer assessments;
- Development of individual settlement plans for SHP entrants in conjunction with both entrants and proposers;
- Interim monitoring of settlement plans and the development of exit plans;
- Liaison and collaboration between proposers, IHSS, community supporter groups/ individuals and other services to ensure outcomes of settlement plans are met; and
- Provision of appropriate IHSS services as identified in settlement plans (including support around such things as helping entrants fill out complex forms when proposers may struggle to do this).

An additional and ongoing concern of RCOA with regards to the Special Humanitarian Program is the impact of hefty travel loans on both the financial position of proposers and new entrants, as well as on the relationship between proposers and entrants. Research by RCOA⁵ has demonstrated that proposers need more assistance than simply being connected with potential lenders. Recommendations for addressing the issue of travel costs are outlined below.

RCOA recommends:

29. *That early face-to-face assessments of proposers' capacity to support SHP entrants be conducted, as well as information regarding settlement plans and rights and responsibilities be discussed with proposer.*
30. *That IHSS contractors be funded to conduct assessment of proposers, develop settlement plans, coordinate responsibility for outcomes in plan, conduct interim and exit reviews, and provide IHSS services to entrants and proposers where needed.*
31. *That the Federal Government cover the costs of airfares for SHP entrants as it currently does for refugee entrants, in recognition of the fact that SHP entrants are in most cases coming from the same situation as refugee entrants.*
32. *That, short of DIAC covering the cost of airfares for SHP entrants, one of the following three strategies be adopted:*
 - a. *To assist proposers who have particularly high airfare costs (associated with the size of the group being proposed or region the entrants are coming from), the Federal Government cover the extra costs beyond a set minimum threshold for individuals and families.*
 - b. *The Federal Government introduce a HECS-like loan scheme for new SHP entrants that allows them to repay their debt once their income reaches a certain threshold.*

⁵ Who Bears the Cost of Australia's Special Humanitarian Program?
http://www.refugeecouncil.org.au/docs/resources/reports/Travel_Costs_report.pdf

- c. *The Federal Government fund and develop an interest free loan scheme that allows proposers to borrow the full amount, is not means tested, has reasonable repayment periods and is administered through local community agencies.*

11. ELIGIBILITY FOR IHSS FOR PROTECTION VISA HOLDERS

RCOA welcomes the decision to extend eligibility for IHSS services to include those granted an onshore Protection Visa (PV), Resolution of Status Visa or other onshore humanitarian visa via Ministerial intervention, as of 21 January 2009. We appreciate that IHSS services will be particularly suited to those being settled from Christmas Island, who may be less likely to have spent extended time or have established links on the Australian mainland. We also acknowledge that many other onshore PV and humanitarian visa recipients will not require the full spectrum of IHSS assistance, or even partial IHSS assistance, if they have been self-supporting or have well-established networks and supporters within the community. We submit, however, that some people issued PVs or onshore humanitarian visas will be highly vulnerable at the time of their visa grant, and that this group will include people who have lived in Australia for some years. In some instances, their vulnerability will relate, at least in part, to their experience of protracted periods of destitution while living in the community and/or to the impacts of prolonged immigration detention.

We note that PV and humanitarian visa recipients are also eligible for referral to Complex Case Support and are eligible for SGP services. While these programs will provide the most appropriate style of support on occasions, we consider that IHSS will provide a very useful and appropriate service strategy in some circumstances. Tailored case coordination, referrals, short-term torture and trauma counselling, basic household goods (where not already owned) and tenancy training will all assist the achievement of successful settlement outcomes for certain vulnerable onshore visa recipients who have not had the opportunity to receive such assistance previously. For others who are less vulnerable but may require some assistance, basic referral and orientation to services, such as Centrelink, may suffice.

We note that many highly vulnerable asylum seekers will be receiving case management support at or around the time of their visa grant and could therefore be fairly readily referred for an IHSS needs assessment. We suggest that others granted a PV or humanitarian visa be notified, at the time of visa grant, that they are entitled to seek a referral for IHSS support and are eligible for SGP services. We consider it likely that many will opt out of a referral to IHSS, electing to remain self-reliant. At present, processes, protocols and pathways remain unclear for the referral of PV and onshore humanitarian visa recipients for IHSS assessments.

RCOA recommends:

33. *That fair, efficient and transparent processes be developed for the referral and needs-based assessment of Protection Visa and onshore humanitarian visa recipients for IHSS services.*
34. *That DIAC consider what training or briefing may be required for IHSS providers to facilitate their optimal engagement with onshore clients.*

17 August 2009