

Integrated Humanitarian Settlement Strategy (IHSS)

Community and government consultations June–August 2009

Consolidated summary report

The Department of Immigration and Citizenship held consultations with community organisations and government agencies around Australia between 29 June and 12 August 2009. Overall, more than 460 individuals attended the sessions, representing 217 community organisations and 82 government agencies. The purpose of the consultations was to seek feedback on the current IHSS program and identify areas for program improvement.

The Parliamentary Secretary for Multicultural Affairs and Settlement Services, Laurie Ferguson, attended the majority of sessions.

The following report is a collation and summarised reflection of the main themes discussed across the various consultation sessions. This document does not provide an exhaustive listing of all individual comments raised. The department does not endorse the information contained in this document as a current assessment of the IHSS program nor as a representation to the future direction of the program.

As part of the consultation process the Department also held focus groups with IHSS clients to gain a better understanding of the client experience. Eleven client focus groups were conducted in metro and regional centres. More than 195 clients from 18 different ethnic groups participated in the sessions. Feedback from these sessions is not included in this report and will not be made publicly available to respect the privacy of individuals attending the sessions.

Information gained from the consultations and focus groups is being considered in the development of the new IHSS service delivery model and tender documentation.

Principles, Objectives and Outcomes

Emphasis was placed on IHSS services being delivered flexibly, to meet individual needs. IHSS should also promote entrants' independence and decision making. Clients should be provided with clear information to make informed decisions about their future.

The existing IHSS objectives cannot be achieved within the timeframe assigned to the program. Twelve months is not long enough for cultural transition and integration into Australian society—these matters take years and differ from person to person, culture to culture. Greater emphasis needs to be placed on developing life skill competencies.

Successful initial settlement should be measured by safe, stable accommodation; enrolment in schools; sufficient independence to communicate with schools, approach police, catch a bus, etc.

Settlement outcomes need to relate to the individual and will depend on a client's background, English proficiency and literacy in their own language.

Model

Feedback was sought on whether IHSS services should remain 'integrated' or whether some services, such as accommodation and short-term torture and trauma counselling (STTC), should be contracted separately. It was widely acknowledged that different models work in different locations and that the IHSS model should be flexible and tailored to local settings. Contracts need to be flexible to adapt to factors including changing economic conditions, and changing client groups.

Those in favour of separating out accommodation services, pointed to the need for more resources in this area of the contract, and stated that accommodation specialists may be able to provide more housing options and greater flexibility.

Others supported an integrated approach; it has a history of success, and works in favour of the client by providing a single point of contact. It also offers the flexibility to engage specialist providers if required through consortia or sub-contract arrangements. Others expressed the view that consortia and sub-contracting arrangements look good on paper, but are often difficult to manage.

Some felt separating accommodation services could attract providers with little experience working with refugees and whose prime concern is the bottom line. If one national accommodation provider were selected it could result in a loss of community focus, knowledge and support. The current challenges in providing accommodation services are caused by the current housing climate. Future accommodation contracts need to adapt to changing market conditions, regional differences, and state tenancy laws, etc.

Views were divided over the question of separating STTC. A number commented that STTC works well in an integrated model as it aids early identification of issues, but requires a good relationship between the case coordinator and the STTC provider.

Those in favour of STTC's separation believed this would allow counselling intervention when required, not as is currently the case, to fit in with other services. They stated mainstream services don't have the specialist skills to deal with the client group, the integrated model doesn't always guarantee the best specialist service. Separation would deliver a more nationally consistent level of service.

Accommodation

There was agreement that stable accommodation is a critical element of successful settlement. Humanitarian entrants face barriers in a competitive rental market due to their low incomes, general low English proficiency and lack of rental history. There is a shortage of affordable accommodation at the lower end of the rental market and entrants are settling in outer metropolitan areas where there is a lack of services. Singles and large families face particular difficulties in securing stable accommodation.

Many participants commented that the current six months of accommodation support under IHSS is too short and clients are not in a position to find their own accommodation at the end of the period. Some suggested accommodation support be provided for 12 months, and the Settlement Grants Program (SGP) should fund more accommodation support programs.

Some felt the provision of in-kind support (IKS) made the difference between good and poor initial settlement and advocated for an extended rental subsidy. Others indicated IKS sets expectations too high.

The quality of the household goods package can be improved and should be of a consistent standard across all areas. The packages should be more flexible, catering to individual needs

Participants were asked for their views on whether an initial group or cluster housing model would benefit clients. Some felt group housing could provide an effective initial accommodation solution, enabling more time to source long-term accommodation. It could support stronger case management and allow clients to participate in decision making about their long-term housing. A number felt that group or cluster housing could assist agencies provide better initial information and cultural orientation to entrants.

Cluster housing may be suitable for clients from collective communities or those who have lived in refugee camps. It may provide a supportive, social environment for those at risk of isolation to build sustainable social networks. Cluster housing might be a good housing model for singles, unaccompanied humanitarian minors, large families, women at risk (with children), or those with limited English proficiency. It was recognised that group housing would not be suitable for all clients and would not work in all areas. It is therefore important for clients to have a choice. Participants at regional consultations commented that it would not be sustainable in regional areas with low arrival numbers.

Some commented that clustering occurs naturally. Concerns about group or cluster housing included: it is an artificial environment which may cause stereotyping; clustering could delay integration, promote dependency, and be disruptive. It may also be difficult to move people into long-term accommodation after the initial settlement period

Case coordination and linkages

Participants supported a case management model that identifies client needs and tailors service delivery to those needs. Assessment should focus on individuals within a family, rather than the family unit as a whole, and give special consideration to the needs of young people. Emphasis should be placed on working directly with entrants, providing one point of contact and ensuring ongoing review. IHSS should have a stronger focus on developing client's skills.

Some suggested that expectations of what an initial settlement program can deliver are too high and there needs to be greater focus on building a seamless pathway from one settlement program to the next (including a formal handover to the new program). Linkages between IHSS to SGP could be improved.

A number commented that linking clients to settlement and community programs should be more 'active' than simply providing information. Providers should work more closely with local councils and communities to promote social inclusion. Existing ethnic communities should be engaged to assist new arrivals.

Attendees agreed that information sharing is important, however many acknowledged there needs to be goodwill and open collaboration to make it work. Some suggested contracts be more explicit on building strong social support links and networks, structured information exchange between agencies, and involvement in settlement planning at all levels of government.

Youth

Many participants commented youth are not having their specific needs met, youth can be 'hidden' in families. Young people learn English more quickly and adapt much faster to Australian culture than their parents. Case management, information and cultural orientation should be delivered direct to young people. Links to recreation and social organisations (particularly youth specific programs) provide young people with social connections. A number supported working more closely with families to better educate members on their changing roles in an Australian society and support the family unit through transition.

It was also noted that young people separating from the family unit should be provided IHSS services in their own right.

Cultural orientation and information

Participants were asked for their views on whether an onshore cultural orientation program building on the messages delivered through the Australian Cultural Orientation (AUSCO) program would benefit clients. There was widespread support for the introduction of a standardised cultural orientation program. AUSCO is important and useful as a broad overview, but the messages are basic and difficult to contextualise.

Feedback on the right time to commence cultural orientation was very mixed. Many favoured information provision focusing on client needs and not being time-driven. Some commented that essential information, such as household orientation and child protection issues, should be provided on arrival and that an intensive cultural orientation program could follow after the immediate settlement needs are addressed. Many mentioned it is important to avoid information overload in the first few months.

Some emphasised the need for information provision to extend beyond the IHSS, and be reinforced through other programs, such as the Adult Migrant English Program (AMEP).

Strong support was received for flexible delivery of information, tailoring formats to client learning capacity and need. Support was received for greater use of translated materials and electronic media (for example web information and DVDs), practical and hands-on learning (for example visiting a police station), and presentation by subject specialists (for example child services).

Participants agreed there should be a strong focus on skill development and competency-based learning. It is not acceptable to provide information once and assume it has been comprehended. This could be achieved through progressive information delivery and reinforcement of messages.

Topics for a cultural orientation program should include household and tenancy; settlement skills and life in Australia; family matters; money matters; health; education and employment; and policing and laws.

Refugee health

Some participants suggested health underpins all other settlement issues. Managing client health needs is a time and resource intensive process, with multiple referrals, no continuum of care, complex health needs, and long waiting times. A number commented the health system is not geared to support refugees, for example: short consultation times; lack of understanding of the complexity of refugee health issues; limited use of interpreters; medicines not on the pharmaceutical benefit scheme; specialist tests not bulk-billed; and long waiting periods for specialists and dental health.

Many supported 'automatic' referral for health assessment on arrival or within the first month. Most commented specialist refugee health services are best placed to manage the physical and mental health needs of entrants and provide health support for the first 6–12 months after arrival. It was noted that these services do not operate everywhere, vary from state to state, and are dependant on a consistent flow of arrivals to continue operating.

Short-term torture and trauma counselling

Some participants commented that mental health is connected to physical health, and mental health needs could be identified during an initial health assessment. Others commented that torture and trauma counselling is a specialist service.

Views on automatic screening or initial mental health assessment differed. Some stated it is different for each person and others suggested assessment should be undertaken immediately on arrival. A number stated clients should not be made to participate in counselling, but instead be given information about counselling and linked to the service when ready.

A number commented that counselling is introduced too early, and clients often prefer to access counselling after their immediate settlement needs are met or long after arrival. Some commented that counselling should not be exclusive to IHSS and clients should be introduced to mainstream services.

Some commented that in many cultures mental health problems are seen as a weakness and suggested the term 'torture and trauma' be changed. Therapy options should be broadened to include art and music therapies and ethnic communities engaged to help clients manage grief and trauma through more traditional methods.

A number commented that counselling through IHSS is geared to adults and there needs to be greater youth focus and better coordination with school counselling. Early intervention programs for youth to overcome trauma and addressing intergenerational and transition issues based around sports and fun may be beneficial.

Raising Community Awareness and Advocacy

Participants agreed that awareness around issues affecting refugees could be improved. Suggestions for improving awareness include: greater social participation and engagement with the local community to promote inter-cultural interaction; IHSS providers to take a greater local inter-agency advocacy role; and the Department to take a more active advocacy role.

Volunteers

Participants agreed volunteers are a valuable part of the IHSS program and that clients benefit from volunteer support.

Some expressed concern about having a volunteer program in a commercial contract, emphasising volunteers are not a substitute for service delivery and should be complementary to core business. Some recalled the Community Refugee Settlement Scheme program worked well. Requiring volunteers to register as individuals rather than groups has alienated some volunteers.

Several attendees commented that a well-managed volunteer program takes money and resources to deliver. Recruiting and retaining volunteers is difficult, with many organisations vying for volunteer support. Screening volunteers is onerous but essential. A national volunteer screening and accreditation scheme could be introduced to streamline registration. Training of volunteers is essential and must include clear guidance about roles and boundaries.

Volunteering can provide employment opportunities, valuable work experience and skills development. Former refugees and ethnic community members should be encouraged to volunteer.

Proposer support and the Special Humanitarian Program (SHP)

Participant views varied regarding linking proposer capacity to provide settlement support to the SHP visa grant. Many proposers do not understand their responsibilities, think their role ends once the entrant arrives, or are not well settled or connected to settlement services themselves. Proposers may benefit from a training course or more detailed information about their responsibilities. Most felt that conducting a face-to-face needs assessment with proposers after visa grant and prior to SHP arrival is necessary.

Some participants agreed that SHP entrants should receive the same level of services as refugees. Entitlement should start from the premise that SHP entrants receive the full suite of services, with those services not required being subtracted from their service package. Some commented that many SHP entrants do not receive adequate accommodation or health support under the current system.

Family separation places strain on new arrivals and impacts their ability to settle. Many feel compelled to reunite their family even though they do not have the capacity to support them. Most SHP entrants have large travel debts on arrival which can lead to financial stress.

Education and employment

Learning English is an important pathway to settlement. Some participants promoted the need for stronger links between IHSS providers, state education authorities and AMEP providers.

A number of participants highlighted gaps in education services for young clients. Often their education level is too low to enter the appropriate school grade, yet their age limits them entering at a lower grade and many are too young to access AMEP. Young clients may benefit from a thorough education assessment on arrival and access to specialist education streams.

More intensive support is needed to develop the language and literacy proficiency of humanitarian entrants, particularly young people aged 14–26 years old.

Employment is an essential part of settlement as it provides clients with self assurance and a sense of purpose, stability and financial independence. Many entrants lack the requisite experience or skills to gain employment. A number of participants suggested that IHSS was well placed to link entrants to work experience, on-the-job training and skill development opportunities. Others questioned whether employment is a function of the IHSS program.

Regional settlement and contract regions

Participants identified the key benefits of regional settlement as employment, affordable housing, rural lifestyle, closer support networks and a sense of community. Challenges to regional settlement include: a lack of public transport; difficulties obtaining a driver's licence; lack of face-to-face interpreters; limited access to health, education and religious facilities; isolation and racism.

Service delivery in regional areas is often more coordinated, with strong links between programs, however recruitment and retention of qualified staff can be difficult. Some suggested that regional settlement funding should account for higher administrative costs and the inability to take advantage of economies of scale.

Participants agreed a steady flow of arrivals, long-term employment opportunities and a critical mass of 12 families or an existing community with elders is necessary to sustain regional settlement. Some suggested the Department could play a more active role in promoting regional settlement, and encouraging state governments to resource culturally and linguistically diverse services.

Participants identified key secondary migration drivers as: affordable housing; lower cost of living; employment opportunities; and strong community links. Secondary migration to regional areas could be better supported through more effective communication with local governments, proactive planning and forecasting of possible settlement locations, and early identification of service needs.

A number of participants commented that region or contract boundaries should be invisible to the client and operate behind the scenes.

Other Matters

A number of financial matters were raised during consultations including emergency service delivery fee for short notice arrivals, basic infrastructure payment should be maintained—but simplified. Milestone payments impact cash flow.

Several participants commented on difficulties accessing interpreters and the problems associated with using family members to interpret.

Some participants commented that short notice of arrivals makes service delivery challenging and being provided with more client information prior to arrival would assist the delivery of better services to clients.