ASRC

ASYLUM SEEKER RESOURCE CENTRE

DESTITUTE AND UNCERTAIN

THE REALITY OF SEEKING ASYLUM IN AUSTRALIA

asrc Asylum Seeker Resource Centre

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Background

The Asylum Seeker Resource Centre (ASRC)

The Asylum Seeker Resource Centre (ASRC) is a grassroots, community-based non-government organisation with a team of over 600 volunteers and 30 staff assisting approximately 1000 asylum seekers from 70 countries. The ASRC provides a range of direct services to asylum seekers, as well as participating in law reform, campaigning and lobbying. The ASRC provides over 25 free services including: Human Rights Law Program, Casework Program, Aid and Advocacy Program, Health and Counselling services, Employment Assistance, Foodbank, English as Second Language classes, English Home Tutoring Program and a Social and Community Development Program.

The ASRC Casework Program

The ASRC Casework Program is the first point of contact for asylum seekers who are new to the ASRC. The ASRC works with individuals and families who have made an application for protection and are living lawfully in the Australian community. This includes people on Bridging Visa A, Bridging Visa E, Bridging Visa C and the various substantive visas that people arrive to Australia on. The ASRC Casework Program provides information, advice, advocacy, referral and support around a range of different issues including health, housing, immigration, legal, recreational, financial, material aid, employment, education and counselling. Whilst the broad knowledge and experience of the ASRC casework team has informed this paper, knowledge and expertise from other ASRC programs has been included.

> **The ASRC Casework Program provides information, advice, advocacy, referral and support**

Snap shot of current ASRC casework clients

Statistical data collected by the ASRC Casework Program in September 2010 highlights some of the characteristics of the 946 clients currently supported by the program:

- **Visas**
  35% of ASRC casework clients are on Bridging Visa E and 26% on Bridging Visa A. Others are on a variety of visas including Bridging Visa C and student visas.

- **Refugee Determination Process stage**
  36% of ASRC casework clients are at the DIAC stage, 29% have a request with the Minister, 15% have received a permanent visa in the past three months and who are receiving transition support from the ASRC, 12% are with the Refugee Review Tribunal and 3% are at the Federal Magistrate Court or High Court.

- **Gender**
  About 70% of casework clients are male and 30% are female.

- **Age**
  32% of clients are aged 30 to 39 and 27% are aged 20 to 29. The next two largest groups are those aged 40 to 49 (22%) and 50 to 59 (11%). People aged 60+ represent 5% of the total client group and those under 19 years old represent 3% of the client group.

- **Country of origin**: ASRC casework clients come from more than 55 countries, but Sri Lanka holds the largest group with almost 17% of current clients being born in Sri Lanka. The next largest groups are from Pakistan and China. Around 25% of clients are from Africa – mainly from Ethiopia and Zimbabwe, but also from Egypt, Kenya, Eritrea, Ghana, Somalia and Nigeria.

Executive Summary

The purpose of this paper is to educate, advocate and work constructively towards better practices and process regarding the welfare needs of asylum seekers. This paper highlights key recommendations to ease the uncertainty and destitution facing many asylum seekers living in our community. This paper outlines a best practice model for responding to the welfare needs of asylum seekers.

The failure in the Government's duty of care towards those who come to our shores seeking asylum comes at a cost not only for asylum seekers, but for the community as a whole. It also represents a failure of Australia's international obligations. Australia fails to acknowledge that when asylum seekers have access to adequate resources such as housing, work and income, society is enhanced through increased social, human and economic capital, exposure to diverse skills and increased tolerance and understanding of the circumstances of other people.

The complex systems and processes facing asylum seekers, coupled with a lack of funded resources, adds further harm to some of our community's most vulnerable people. What is needed is a well funded holistic approach to working with asylum seekers and providing an adequate level of care, processing and integration. The duty of care to asylum seekers should lie with the Australian Government, rather than the asylum seeker sector. An equitable system of supporting asylum seekers in Australia will result not only in a higher standard of respect for human rights, but also in decreased financial and social costs to the community.

> Australia is a party to a number of international treaties which are relevant to the provision of welfare to refugees and asylum seekers... Australia is obliged to ensure that people seeking protection have an adequate means of survival while they await a decision on their case (UN 1954).

Key Recommendations

> Roll existing community-based support programs (Asylum Seeker Assistance Scheme and the Community Assistance and Support Program) for asylum seekers into **one streamlined income support and case management program** accessible to all community-based asylum seekers who have no access to income support.

> The Federal Government to **fund specialist orientation and settlement support** for asylum seekers.

> The Federal Government to legislatively provide all asylum seekers with **universal access to Medicare**.

> The Federal Government to legislatively provide all asylum seekers with **the right to work**.

Recommendations

The ASRC recognises that many recommendations are needed to ease the burden on asylum seekers living in the community. The following recommendations have been highlighted as a workable starting point.

HEALTH

1. Educate General Practitioners (GPs), the community and public health sector on:

> Asylum seeker physical and mental health.

> Access to entitlements to assist with mainstreaming healthcare for asylum seekers.

This training and awareness raising should fall under the responsibility and budget of the Department of Human Services (DHS) to ensure education for the sector. This education should be supported by specialist agencies – networks such as the Refugee Health Network and the ASRC.

2. **Provide asylum seekers with access to affordable pharmaceuticals** – whether through access to a health care card or similar, or some kind of affordable pharmaceuticals scheme. The Victorian State Government concession scheme for asylum seekers provides a best practice model for such a process.

3. **Department of Immigration and Citizenship (DIAC) funding to also cover health assessment by a GP for ASAS eligibility** under the 'fitness for work' criteria, and the ASAS pending clients be granted access to general healthcare to relieve the burden on charitable services.

4. **Provide appropriate ongoing care in the community to asylum seekers in mental health crisis** to ensure burden of care for vulnerable and at risk asylum seekers does not fall to the asylum seeker sector. This will be achieved by providing Federal Government funding to all community-based health services to enable community care for asylum seekers with mental health issues.

ACCESS TO FOOD, METCARDS AND OTHER BASIC ITEMS

1. **Mainstream Emergency Relief (ER) agencies to develop and adhere to internal policies that explicitly express a commitment to assisting asylum seekers** to the same degree as they assist their wider client groups to ensure a long-term safety net. The Salvation Army's *Working Positively with Vulnerable Migrants* policy should be used as an example of best practice for engagement between the asylum seeker sector and the mainstream ER sector.

2. State and Federal ER funding arrangements to require **mainstream agencies to enable seekers to be eligible for their services**.

3. Other Australian State Governments to **follow the lead made by the Victorian Government to introduce a concession rate of travel for asylums seekers**.

HOUSING

1. **State Government to increase the Housing Establishment Fund (HEF)** allocation annually by 50% to the Network of Asylum Seeker Agencies Victoria (NASAVic).

2. **Educate community housing services** with regard to asylum seekers' situations and exit options. NASAVic to be properly resourced and funded to provide this education.

3. **All Emergency Housing Services to be directed by State Government** to provide services to asylum seekers.

4. State Government to **provide nomination rights for transitional properties** to an Asylum Seeker Support Agency.

EMPLOYMENT AND EDUCATION

1. **Provide Federal and State Government funded pathways into Vocational Education** for asylum seekers.

2. Allocate Federal and State Government funding for **traineeship and work experience programs** for asylum seekers.

3. Allocate Federal and State Government funding to **specialist employment services** for asylum seekers.

VULNERABLE GROUPS

1. Establish a **National Commissioner for Children** to ensure the safety and wellbeing of all children and their human rights.

2. The asylum seeker sector and the youth sector **to work together to address the unique needs of young asylum seekers.**

3. **All Emergency Housing Services to be directed by State Government** to provide services to asylum seekers via a policy directive and protocol.

4. DIAC to ensure decisions regarding visa grants at the Ministerial level do not place vulnerable people at higher risk through the provision of **direct grant of the Aged Parent Visa** or alternative visa.

Introduction

Australia has a moral and legal obligation to asylum seekers and should recognise the positive contributions they can make to our society. Their resilience and determination to improve their quality of life, along with bringing diversity of culture and life perspective, can only serve to enhance Australia's already rich history of ethnic diversity. Unfortunately, the current refugee determination process does not support this interest and desire. Instead, community-based asylum seekers are faced with destitution and uncertainty.

The first part of this paper presents an overview of the welfare issues that the ASRC encounters regularly, as well as the ways in which the current refugee determination process contributes to, and exacerbates, these issues. The paper will examine the lack of equity in the existing support system, which leads to different groups of asylum seekers being awarded different rights, entitlements and access to support. The second part of the paper will explore the most vulnerable groups of asylum seekers, recognising that while all asylum seekers are vulnerable, some are particularly at risk. The final section of the paper will look at the way forward and propose a number of recommendations.

Throughout this paper, case studies of ASRC clients are used to highlight the experience of groups of asylum seekers at various stages of the refugee determination process. This paper highlights the gaps that exist in the effective and appropriate provision of care to asylum seekers in the community that are being addressed by the asylum seeker sector. The asylum seeker sector is not resourced or funded to undertake this role and whilst much can be learnt from the practices of the sector, the duty of care to asylum seekers should lie with the Australian Government. This paper concludes that an equitable system of supporting asylum seekers in Australia will result not only in a higher standard of respect for human rights, but also in decreased financial and social costs to the community.

> **"Australia has a moral and legal obligation to asylum seekers"**

Why this paper, and why now?

While the Rudd Government made a number of positive changes to the refugee determination process, welfare issues among asylum seekers remain essentially unchanged, and the core components of the process that are inequitable and unjust for asylum seekers have not been adequately addressed.

Whilst the abolition of the Temporary Protection Visas (TPV) in 2008 – and more recently the abolition of detention debts and the '45-day rule', have greatly reduced pressure on the asylum seeker sector – there is still a need to advocate for further change to community-based asylum seeker services and entitlements. The election of a new Federal Government poses an exciting time for real change and a new way of doing things. The entry of the Greens and Independents as significant players in Government means there is a chance to end a history of punitive policy making and achieve humane policies for refugees. There is a strong desire in the sector to improve the current portrayal and treatment of asylum seekers. It is hoped that this will filter through with the appointment of Chris Bowen, the new Minister for Immigration and Citizenship, a self-proclaimed advocate for human rights. Further to this, the Victorian State Government election is to be held later this year. This paper commends the many positive changes made by the State Government in response to the health, housing and emergency relief needs of asylum seekers and ASRC urges them to continue pursuing positive change in addressing the needs of community-based asylum seekers.

This paper focuses on asylum seekers living lawfully in the community and does not cover the issues faced by those asylum seekers in immigration detention.

Asylum seekers' basic human rights are still being ignored

For many years, the Government's asylum seeker policy was based around harsh and punitive measures designed to deter potential asylum seekers from coming to Australia and force current asylum seekers to leave Australia rather than continue through the refugee determination process.

In July 2009, the Rudd Government took steps to move towards a more humane and fair way of treating asylum seekers and announced the removal of the '45-day rule.' The abolition of the '45-day rule' meant that many asylum seekers now have access to work rights and Medicare. The changes provide the impetus for people wishing to apply for asylum to remain lawful and engaged with the Department of Immigration and Citizenship (DIAC) to receive and continue to hold work rights and Medicare. The abolition of the '45-day rule' was unquestionably a step forward in creating a humane refugee determination process, and the Rudd Government is to be commended for the decision. Nevertheless, the tangible effect of the policy change is questionable.

Despite greater access to the right to work and Medicare for asylum seekers there are a number of gaps that continue to exist in the provision of welfare to asylum seekers. The UNHCR Executive committee (2002) concluded that 'asylum-seekers should have access to the appropriate governmental and non-governmental entities when they require assistance so that their basic support needs, including food, clothing, accommodation, and medical care, can be met'. The conclusion following is that asylum seekers should be provided with support to meet their basic needs where they do not have the right to work or the capacity to earn an income.

This section of the paper is looks at the key welfare issues as they relate to asylum seekers living lawfully in the community. A number of the ASRC programs will be discussed throughout this section to demonstrate how gaps in the provision of effective and appropriate care to asylum seekers have been addressed by the ASRC and the asylum seeker sector.

> "unique and complex health needs are not adequately met"

PHYSICAL HEALTH

Key issues

> Asylum seekers present with unique and complex health issues that require specialised support.

> Some positive developments have facilitated the provision of healthcare to asylum seekers in Victoria but gaps remain.

> GPs and other health practitioners lack knowledge and understanding of asylum seeker issues and needs.

> Despite greater access to Medicare, medication and other health services remain too costly for asylum seekers.

Asylum seekers have unique and complex health needs that are not adequately met in the current healthcare system. Asylum seekers often have poor physical health on arrival to Australia and their health is further compromised by the lengthy and punitive refugee determination process. Uncertainty around income, housing and immigration has a detrimental impact on health and wellbeing. Immigration detention, lack of access to effective healthcare in the community and being 'locked out' of many mainstream health services further compounds asylum seeker morbidity.

To its credit, Victoria has led improvements in asylum seeker access to public health care. A 2005 Department of Human Services (DHS) directive gave asylum seekers access to medical care – through public hospitals, accident, emergency and outpatient departments – pro bono access to the emergency ambulance service, free emergency dental care and limited general dental care, limited immunisations and priority access to community health services (although the community health service fees policy still applies). The abolition of the '45-day rule' has given a greater number of asylum seekers access to Medicare. The result of this has been increased asylum seeker access to bulk-billing community GPs as well as other Medicare funded services (e.g. basic radiology) and the National Pharmaceuticals Benefits Scheme (PBS).

Despite these positive changes health still remains an area of concern. Overall asylum seeker welfare and significant gaps exist for asylum seekers in accessing appropriate, timely and affordable health care. Navigating the health care system remains extremely difficult for asylum seekers and the resultant quality of care is variable. In directing clients to health services in the community, there have been two major obstacles.

The first obstacle is the limited knowledge and the lack of capacity of community GPs to adequately care for this high-needs group. The complexities involved in the provision of health care for asylum seekers can impose a significant burden on community GPs who do not have the knowledge, time or experience to deal with it. These complexities encompass the physical and mental health needs, and the navigation of a client's entitlements (e.g. to Medicare or financial support), as well as the negotiation between them. Doctors may be requested to write letters in support of the client's application to programs such as the Asylum Seeker Assistance Scheme (ASAS) for the client's protection claim – for example in relation to wounds or injuries sustained through torture or trauma. Most GPs know little about these processes and may not have the training to write such reports, even given their willingness. Due to trauma, which is prevalent within this population, clients may be unwilling to divulge information crucial to their health care without having a strong relationship with their provider. This relationship building takes time and patience and is difficult in community settings. However, without this step, the health care provided may be inadequate or inappropriate.

The second major obstacle is the remaining costs to asylum seekers. The costs to asylum seekers with Medicare entitlements are much lower than the costs to those without. However, given the high levels of destitution in this population, it can still be impossible for those receiving entitlements to pay for medications, services and glasses. Research (Correa-Velez, Johnston, Kirk & Ferdinand 2008) conducted at asylum seeker clinics in Melbourne highlighted the high demand for medication and specialist services. Medication was prescribed in half of all consultations and pathology tests were required in one in five consultations.

The ASRC Health Program was developed to address the health needs of asylum seekers living in the community and provides pro bono access to GP's, medication and other health services. Some clients accessing community-based GPs return to the ASRC Health Program to fill prescriptions that they are unable to pay for. Additionally, where clients may be able to access pro bono or Medicare funded eye examinations, they are often unable to pay for any prescribed glasses or lenses. Whilst the increased access to Medicare has increased access to PBS listed pharmaceuticals for some asylum seekers, the inability to access a health care card or equivalent benefits continues to be a major barrier. Even with access to the PBS, pharmaceutical costs can be a significant burden for those who are in financial hardship and often not able to work. There continues to remain a proportion of the asylum seeker population with no Medicare entitlements and hence no access to the PBS. For those without a Medicare card, affordable medications remain out of reach.

In addition to pharmaceuticals, there is still a lack of access to diagnostic services and specialists for this population who are in desperate need of such services. The ASRC Health Program continues to rely heavily on the pro bono pathology and diagnostic services, as well as other allied and complimentary healthcare such as physiotherapy, diabetes educators, massage therapists and community health nurses in order to holistically meet the complex healthcare needs of this client group.

Access to Medicare has improved however there are still a number of asylum seekers who are not eligible for Medicare. This group makes up a large proportion of the clients seen by the ASRC Health Program. It is the experience of the health program that this group of clients also requires greater levels of advocacy and assistance with referral pathways to community-based services that they are entitled to under the DHS directive. Whilst there remains a reliance on pro bono or charitable services, healthcare for these clients is not 'guaranteed'.

Until there is greater knowledge, understanding and education in the community on the specific health needs of asylum seekers, and the interaction of health and an asylum seeker's protection claim, the asylum seeker sector (in particular the ASRC Health Program) will need to continue to fill these gaps. This may be through provision of ASAS support letters, medical reports for legal documents, or education and awareness raising around the impact of torture/trauma and/or the asylum seeking-process in Australia on a person's health. The current provision of health care to asylum seekers only partially addresses the needs of this population and there needs to be greater commitment to primary health care as a basic human right for all asylum seekers.

Case study

In late 2008, Mr O arrived in Australia and applied for protection. He was assessed for the ASAS, presented with a history of torture and was experiencing sleeplessness and anxiety. Mr O was on the ASAS until his case was refused by the RRT in mid-2010. His mental health continued to deteriorate and despite an assessment by an RRT psychiatrist that he was not fit to give instructions to a lawyer for 6–12 months, his RRT appeal was refused. Mr O had Medicare funding and was managed by an Arabic speaking GP and a community-based psychologist. He was prescribed a variety of medication, including anti-depressants and anti-psychotics which were funded by ASAS' Pharmaceuticals Program.

Following the RRT's refusal, ASAS withdrew their support. Despite his eligibility for the CAS Program, long wait times and an inability to get asylum seekers into the program resulted in the need for a contingency plan to address his health concerns. Mr O continued to see his GP and a psychologist and was also referred to a psychiatrist at a community-based mental health service. However, he was unable to fund his medication. Without access to the ASAS or the CAS Program, Mr O was referred to the ASRC Health Program for his pharmaceutical needs. The ASRC Health Program collaborated with the community GP and was able to meet Mr O's medication requirements, filling an extremely important gap in his ongoing health management.

MENTAL HEALTH

Key issues

> Asylum seekers face multiple barriers to accessing effective and appropriate mental health care in the community even though they often present with complex social, psychological and psychiatric support needs.

> The management of asylum seeker mental health continues to fall primarily to the asylum seeker sector, despite the sector being under resourced and insufficiently funded.

> Access to mainstream mental health emergency services is inconsistent and whilst crisis and emergency response is available, ongoing care is absent.

After fleeing their country of origin asylum seekers arrive in Australia with unthinkable experiences of persecution, fear, war, torture, trauma, grief and loss. They attempt to rebuild their lives and settle in a new country of which they are uncertain they can remain. The resettlement experience is extremely challenging without the compounding experience of seeking asylum, which is marked by uncertainty, hopelessness, loneliness, isolation, anxiety, despair, fear and threat of return. The experience of seeking asylum is further marked by having one's most basic human rights withheld, having serious implications for asylum seekers' ongoing welfare and also for their mental state:

> A decision to cut benefits can also cause trauma, because it is seen as a profoundly unjust act by a government which was previously perceived as humane. Even relatively minor acts of injustice can evoke and intensify feelings of futility and meaninglessness… The deprivation of rights to basic material assistance can certainly provoke a sense of despair and reinforce feelings of worthlessness (VFST 1998).

The implication for asylum seekers of the experiences of fleeing, seeking asylum and resettlement is that many are at a high risk of mental health issues and they often present with complex social, psychological and psychiatric support needs. *The Refugee Health and Wellbeing Action Plan 2008–2010* (DHS 2008) states that there is a higher rate of psychological disorders for those who have experienced events associated with the refugee experience than the general population, stating that:

> The most common disorders are post-traumatic stress disorder, depression and anxiety. Across all age groups, vulnerability to poor mental health is a result of a number of risk factors which include ongoing separation from family members, resettlement stresses, social disadvantage and discrimination (p. 40).

Further to this, an extensive review of empirical literature (Ryan, Kelly & Kelly 2009) specifically looking at asylum seeker mental health found that asylum seekers were at equal or even greater risk of poor mental health as compared to those with refugee status.

Despite greater access to Medicare and the DHS Health Directive, asylum seekers face multiple barriers to accessing effective and appropriate mental health care in the community. The mental health care system in Victoria is under a great deal of pressure and asylum seekers, like many in the broader community, face long wait times when referred to Medicare funded Community Health Centres and community mental health practitioners. The lengthy waiting times fail to recognise the urgency of the presenting needs of asylum seekers and, in particular, the timeframes of the refugee determination process. An example of which is that the primary stage. Applying to DIAC averages between three to six months, yet some mental health services have wait lists that exceed this timeframe, in which time an asylum seeker is likely to have deteriorated. Whilst many community mental health practitioners, like community GPs, are willing to work with asylum seekers they often lack an understanding of the unique and complex situations of asylum seekers. Nor do they understand the complex legal process which is often the source of much of the stress, anxiety and depression. The reality is that, like with access to primary health care, there are not adequate resources in the community to provide those eligible asylum seekers with effective and timely mental health care. For those asylum seekers who are Medicare ineligible there are even fewer options in the community.

Along with referrals to the Medicare funded Community Health Centres and community mental health practitioners, a number of eligible asylum seekers are referred to The Victorian Foundation for Survivors of Torture (VFST). VFST is a specialist service for survivors of torture and trauma and is the key service in Victoria that provides specialist counselling and advocacy to refugees and asylum seekers. The VFST also undertakes an important role in the provision of training and education to various communities and service providers around working with refugees and asylum seekers and issues related to torture and trauma. The VFST framework for recovery (Kaplan 1998) that informs their work with survivors of torture and trauma is a holistic approach that incorporates an understanding of the causes of trauma, the core components of the trauma response and outlines subsequent goals for recovery.

The framework informs practice within the asylum seeker sector and is a model that can be used to inform the effective provision of mental health care to asylum seekers. Given the wealth of knowledge and expertise VFST has in post-arrival experiences for refugees, trauma and re-settlement, VFST is best placed to provide a high level of care to asylum seekers. Due to this expertise, like other community mental health services, VFST has lengthy wait times. Despite this it is important to acknowledge that those eligible asylum seekers receiving support and counselling from VFST are provided with a very high level of care that is informed by a sound knowledge base about the unique needs of this population.

As a consequence of the gaps, the management of asylum seeker mental health continues to fall primarily to the asylum seeker sector. This is despite the sector being under resourced and not sufficiently funded to address the growing need in the asylum seeker community. The ASRC Counselling Program is a unique and dedicated counselling service providing specialist pro bono counselling and

mental health services for asylum seeker children, young people, adults and families. The holistic approach taken by the ASRC Counselling Program, which is informed and supported by the VFST framework, is arguably the best model of care for working with asylum seekers. The program attempts to alleviate some of the psychological distress that asylum seekers experience and to develop opportunities for building healthy relationships, resilience and connectedness within their new communities.

The program aims to provide counselling to those not eligible for other mental health services in the community. The program also works with those who are eligible for mainstream services but who are either on waiting lists or those who are unable to be effectively managed in the mainstream sector. This role, of holding and containing highly vulnerable clients, places a great deal of pressure on the ASRC Counselling Program but is seen as essential to preventing the deterioration of the mental health of asylum seekers. The likely result of not addressing the needs of those on lengthy wait lists would be a far higher number of Crisis Assessment and Treatment Team (CATT) referrals and hospital admissions. This means that the work undertaken by the ASRC Counselling Program, whilst not funded, is taking a considerable burden off the mainstream mental health sector.

The burden of care falls primarily to the asylum seeker sector when an asylum seeker presents in mental health crisis, especially when they present as acutely suicidal. Whilst asylum seeker are eligible for emergency services through the DHS health directive, the response to asylum seekers who are in mental health crisis is inconsistent and pressure is often placed on the asylum seeker sector to manage the crisis. Clients referred to CATT or taken to the emergency department are often assessed and provided with an immediate response to the acute illness but there is often limited or no post admission management or ongoing care provided. Asylum seekers in this situation are often past the crisis acute stage but are often continuing to experience severe acute mental health episodes. The lack of post admission management often leads to multiple CATT referrals and admissions for asylum seekers. The consequence of this is that the asylum seeker sector, often the ASRC Counselling Program, is expected to provide this role despite not being a crisis service or resourced to undertake such a role.

There is a need for more education with community mental health practitioners to begin to address some of the gaps that exist in support to asylum seekers with mental health issues. Training around the demoralisation and re-trauma that occurs following arrival for asylum seekers, along with education around the refugee determination process is necessary to ensure that asylum seekers accessing Medicare funded services are provided with informed and appropriate support. Like with the provision of health care to asylum seekers, until there is greater knowledge, understanding and education in the community of the unique needs of asylum seekers, the asylum seeker sector will continue to fill the gaps that exist in the provision of timely and effective mental health care.

Case study
Crisis response but no ongoing management

Mrs Y arrived in 2007 and applied for a protection visa with her son. Her psychological and physical wellbeing deteriorated rapidly and she was referred to the ASRC Counselling Program in March 2008. She suffered anxiety, depressive moods, suicidal ideation, poor sleep, nightmares and poor appetite. Concern for her three unaccompanied children who remain in their home country contributed significantly to her mental health.

In early 2008 Mrs Y received a negative decision at the DIAC stage of the refugee determination process and as a result, she attempted suicide in her home. The community member she was living with intervened before she could harm herself. Mrs Y then continued to see a volunteer counsellor and psychiatrist at the ASRC due to her escalating presentations and concern for her safety.

In mid 2008, fearful of a refusal at the RRT stage, Mrs Y went on a hunger strike. She was referred to CATT announcing she would kill herself. CATT presented at her home with the police that evening and admitted her to hospital. She was discharged the following day and referred back to the ASRC Counselling Program under the management of the volunteer counsellor and psychiatrist. Their attempts to refer her to CATT during this time were met with advice that Mrs Y would only be admitted to hospital if her condition further deteriorated, despite the fact that she continued her hunger strike for a number of weeks.

A couple months after her hunger strike, Mrs Y received a negative decision at the RRT and attempted suicide in front of the DIAC building. She was admitted to hospital and this time stayed for a few weeks, but was again discharged and referred back to the ASRC Counselling Program for ongoing psychological and psychiatric management.

In late 2008, Mrs Y made another suicide attempt and following a referral to CATT was again admitted to hospital. The ASRC advocated for Mrs Y's admittance to the psychiatric ward and ongoing management. Mrs Y stayed for a week but was discharged again without any ongoing management and referred back to the ASRC Counselling Program.

> "unthinkable experiences of persecution, fear, war, torture, trauma, grief and loss"

Case study
Exceptional circumstance: provision of crisis and ongoing management

Mr S arrived in Australia in mid-2008 and shortly after applied for a protection visa. The Red Cross referred him to the ASRC in September. He was ineligible for the ASAS, had no stable accommodation and was living at a taxi depot.

Mr S's situation deteriorated and by early 2009 there were growing concerns for his safety. After several weeks of unsuccessful attempts by a number of ASRC staff, he was finally contacted in March. He explained that he had recently been refused at the RRT and he presented as confused and anxious. Mr S was referred to Orygen Youth Health and given weekly individual counselling sessions, medication and group programs. He was diagnosed with a major depressive disorder and psychotic illness and due to the severity of his symptoms was admitted to the Orygen Youth Health Inpatient Unit on two occasions for one week and one month respectively.

Following his discharge, Mr S continued to receive ongoing psychological and psychiatric management from Orygen Youth Health. The ASRC caseworker provided support and information to the Orygen Youth Health worker regarding the refugee determination process and asylum seeker rights and entitlements. Mr S, while continuing to experience psychological distress, was provided with effective and timely mental health care in the community which helped prevent further acute crises.

ACCESS TO FOOD, METCARDS AND OTHER BASIC ITEMS

Key issues

> Asylum seekers have limited access to basic needs such as food, travel and material aid.

> Lack of access to food security means there is no safety net for sufficient, safe and nutritious food to meet the dietary needs of asylum seekers.

> Lack of access to income for travel needs exacerbates the high levels of social isolation, creates inability to access essential services and hinders capacity for orientation.

> Provision of material aid, such as nappies, phone cards, baby aid, furniture, clothing, underwear, crisis packs and toys to asylum seekers continually falls to the under-resourced asylum seeker sector.

Most asylum seekers living in the community are unable to meet their most basic needs such as food, train tickets, clothing, bedding, kitchenware and nappies. As a consequence asylum seekers rely heavily on charity to meet these needs. Asylum seekers have no guaranteed access to income support and in some cases no work rights. For those asylum seekers with the right to work barriers to employment exist making the absence of unemployment benefits even more debilitating. Asylum seekers who receive payments administered by the Australian Red Cross (Red Cross) are in a considerably better position to safeguard their own food security and meet their other basic needs. Their financial allowance is considerably less than that which is considered the bare minimum for unemployed Australians. Further to this, asylum seekers with an income, whether from work or the Red Cross often spend a high proportion on expensive rent in inappropriate accommodation.

The overarching term used to discuss access to nutritious food, whether in third world countries or wealthy democracies, is 'food security'. Food security is a complex term encompassing the multiplicity of factors that contribute to a certain population's or an individual's food access situation. Food security is said to exist 'when all people, at all times, have physical and economic access to sufficient, safe and nutritious food to meet their dietary needs and food preferences for an active and healthy life' (FAO 2008). Quite simply access to food is seen to be a fundamental human right as clearly elucidated in the *Universal Declaration of Human Rights* (1948) (article 25): 'Everyone has the right to a standard of living adequate for the health and wellbeing of himself and of his family, including food'. Asylum seekers living in the community in Australia have diminished or non-existent rights in terms of food security.

To address diminished access to food security, the ASRC developed a Foodbank Program. The ASRC Foodbank provides a comprehensive food security program specifically for asylum seekers. Whilst asylum seekers can access some other services such as Salvation Army for food parcels, these programs are not designed to cover 100% of an individual's food requirements as they were developed and designed to supplement the incomes of Australian citizens who receive Centrelink benefits or are on very low incomes from work. The ASRC Foodbank allows ASRC members a weekly visit where they select items sufficient for one week that meet nutritional requirements and in proportion to both family size and income level.

In addition to Foodbank, the ASRC also runs a Community Meals Program providing a hot lunch to approximately 100 people every week day. For many people this is their only cooked meal of the day, as many asylum seekers are living in environments where they have no access to cooking facilities. This is yet another obstacle to food security. Without the ASRC Foodbank, many asylum seekers would be suffering moderate to severe malnutrition and all the indignity, pain, despair and negative health outcomes that poor food security entails.

Asylum seekers not only have diminished or non-existent rights in terms of food security but also have diminished rights and economic access to public transport and widely experience transport disadvantage. Attending appointments, picking up food, going to school every morning and connecting with one's community involves travelling and requires access to train tickets. Many asylum seekers without an income cannot purchase Metcards to catch public transport. As with access to food, asylum seekers with an income from work or the Red Cross, also experience transport disadvantage due to their limited income no meeting basic day to day expenses. The implication of limited or no access to travel for asylum seekers are vast and include:

> High levels of social isolation.

> Inability to access essential services.

> Limited capacity for their orientation needs to be addressed.

> Limited opportunities to make connections and friendships.

> High rates of infringement notices.

The experience of the ASRC is that limited or no access to public transport is a huge contributor to depression and despair in asylum seekers. Asylum seekers capacity to access health care and counselling, welfare support services, food and other basic necessities is also impeded.

As of May 2010 asylum seekers can now access concession travel in Victoria. This decision acknowledges the poverty and destitution faced by asylum seekers and addressed the vulnerabilities that arise as a result of diminished rights and economic access to public transport. Prior to this decision, asylum seekers were receiving a disproportionately high number of infringement notices. Research (Frankland 2009) undertaken at the ASRC found that 52% of asylum seekers surveyed had fare evaded to be able to access welfare support services. Further to this, the research found that there were high levels of guilt and shame associated with fare evasion and that for those surveyed, 'travelling without a valid ticket on public transport fundamentally contradicted the way in which they perceive themselves as law-abiding and socially responsible citizens' (Ibid. p. 11). The report concluded that the introduction of concessions would lower the rate of fare evasion and the Victorian State Government is to be commended for such a move.

It is important to note that whilst the Victorian State Government has made a truly progressive step towards addressing transport disadvantage, the Australian Federal Government continues to force asylum seekers into situations of abject poverty leading to an inability to afford concession train tickets and other basic necessities. The State Government provides emergency relief funding to enable the provision of Metcards to asylum seekers and whilst this is also to be commended, it only goes some way to meeting the need within the asylum seeker population. The ASRC Aid and Advocacy Program (AAP) and other Asylum Seeker Support Agencies (ASSAs) provide Metcards and other material aid items to asylum seekers to address the ongoing aid needs of this group. The ASRC AAP provides, Metcards, nappies, phone cards (including international), baby aid, second-hand mobile phones, computers, bikes, furniture, clothing, underwear, crisis packs (for new clients or clients in crisis/homeless), stationary, toys and 'Back to school' assistance for school-aged children and students.

The ASRC AAP, even with the support of other ASSAs, cannot meet the high demand for material aid in the asylum seeker community. Metcards are limited to those with no income and to one per case, which actually means one per individual, couple or family per week. Nappies are limited to four per child, per day, even though anecdotal evidence indicates that babies need up to ten nappies a day. The asylum seeker sector has limited funding and a lack of resources and has worked hard to engage with the mainstream emergency relief sector. Where mainstream agencies have worked with asylum seekers it has often been through the goodwill of individual staff members who are sympathetic and understanding of the vulnerabilities of asylum seekers.

Asylum seekers often face difficulties accessing services from the mainstream sector. Many mainstream agencies require clients to have a health care card which is only available to Australian permanent residents with a low income, thus asylum seekers are not eligible. Asylum seekers are locked out of accessing mainstream emergency relief due to their ineligibility for a health care card and the lack of understanding within the mainstream emergency relief sector about the vulnerability and needs of asylum seekers. Despite the provision of emergency relief directly to the asylum seeker sector by the Victorian State Government there is a concerning gap that exists wherein the mainstream emergency relief sector is not expected to assist asylum seekers.

In 2010 the Salvation Army Southern Territory Division (Vic., Tas, NT, WA, SA) developed an internal policy that guaranteed asylum seekers access to material aid from their Community Support Services. The policy, titled *Working Positively with Vulnerable Migrants*, clearly articulated that The Salvation Army Community Support Services would assist asylum seekers at least as much as their wider client group. Furthermore the policy dictated that the only identification their Community Support Services would require were a visa, passport or Migrant Services membership card, thus asylum seekers would not require a health care card.

This policy move has been welcomed by the asylum seeker sector and The Salvation Army is to be commended for formalising and guaranteeing asylum seekers access to their mainstream emergency relief. This policy provides for a long term safety net for asylum seekers outside of that which is provided by the asylum seeker sector and ensures the asylum seeker sector does not need to rely on the goodwill of individual staff at The Salvation Army. This policy should be used as an example of best practice for engagement between the asylum seeker sector and the mainstream emergency relief sector.

Case study
Support needs on arrival

Ms G arrived in Australia and presented to the ASRC late on a Thursday afternoon. She presented as distressed, with no savings, nowhere to sleep that night and hungry. She was in need of urgent legal advice because she only had five days left on her visa. Ms G was referred to Homeground Services and because she did not know how to catch public transport she was accompanied by a caseworker. Before attending Homeground Services, the ASRC caseworker provided Ms G with food for the night and arranged to meet her again to demonstrate how to catch the train back to the ASRC. Ms G attended the ASRC the following day and complained of being very cold during the night because she did not have any jumpers or warm clothes. The ASRC AAP gave her a jacket and referred her to a mainstream emergency relief service for more warm clothing. Ms G was also provided with food from the ASRC Foodbank, Metcards and train travel maps. Ms G advised that her current accommodation had cooking facilities but she did not have any cooking utensils. She was given a voucher from the ASRC Aid and Advocacy Program to purchase cooking utensils and crockery. By early the following week, Ms G presented less distressed and calmer and the legal team assisted her to lodge a protection claim.

HOUSING

Key issues

> Due to the current housing shortage, asylum seekers face multiple barriers to accessing safe and affordable housing.

> A lack of understanding about asylum seekers within the mainstream housing sector often leads to denial of service.

> Asylum seekers very rarely gain access to transitional housing, even when they do have an income.

The crisis situation of asylum seeker housing is situated in the midst of an ongoing housing shortage throughout Australia. The 2006 Census (ABS) indicates that over 100,000 people nationally are homeless each night. The need for and lack of affordable housing causes increasing demand on the Housing Services system as well as the private rental market. This context demonstrates that solving the ongoing problem of homelessness and precarious housing within the asylum seeker population will be dependent on broad changes within the housing sector. However, as in other cases, asylum seekers face challenges in addition to those encountered by mainstream population. Sourcing housing for asylum seekers is one of the most difficult and time-consuming tasks for ASSAs. A situation overview is presented here, and a full explanation of the intricacies and failings of the system can be found in the ASRC position paper *Locked Out* (2009).

The Victorian Government supplies the Housing Establishment Fund (HEF) for emergency accommodation and has authorised a small amount to assist asylum seekers with emergency housing. The decision of the State Government to allocate HEF funding specifically to address the needs of asylum seekers is an important step forward and acknowledgement of the high needs of this group and has been helpful in responding to the crisis.

However, asylum seekers continue to routinely face roadblocks throughout the process of accessing emergency and transitional housing. This is partly due to lack of knowledge throughout the community regarding the 'exit options' of asylum seekers, which leads to housing services denying asylum seekers entry on the incorrect assumption that they will become a long-term burden to the services. While it is true that due to the constraints within the refugee determination process the wait for an exit option may be lengthy, exit options include access to the ASAS, Hotham Mission Asylum Seeker Project (ASP) housing, Baptcare Sanctuary, Brigidine Asylum Seeker Project (BASP) and employment where possible, among others.

One example of addressing the issue of refusal of rightful access to services can be seen in the health sector. In 2005, the Victorian State Government issued the Hospital Circular – 'Revised arrangements for public hospital services to asylum seekers', mandating that emergency services see all asylum seekers needing emergency medical assistance. While this did not solve all of the problems around denial of health care, it did ensure that all asylum seekers could access emergency services free of charge. Implementing a similar policy in relation to Emergency Housing Services would be an important step towards rectifying the discrepancy between eligibility and access.

The release of the ASRC position paper, *Locked Out*, in early 2009 and concerted efforts by the asylum seeker sector to actively engage with and educate the mainstream housing sector about asylum seekers has led to some improvement in access to emergency accommodation and HEF for asylum seekers. There remain a number of challenges in addressing the emergency and ongoing housing needs of asylum seekers.

When emergency accommodation and HEF is provided it is generally available for two weeks only, which is an insufficient amount of time for the vast majority of asylum seekers who need housing assistance to access any form of income or secure housing. Whilst NASAVic HEF can be used more flexibly and for greater lengths of time, emergency accommodation is not safe, sustainable or appropriate medium to long term accommodation. Transitional housing is seen to be appropriate medium term housing; however, asylum seekers currently have extremely limited access to transitional housing services. This increases the probability that asylum seekers will be forced to rely on emergency accommodation for extended periods of time. This is problematic for a variety of reasons. Emergency housing is notoriously unsafe and inappropriate, with little privacy or accommodation in place for people with particular physical or mental health requirements (Gallagher & Gove 2010; Homeground Services 2007). Additionally, the lack of transitional housing options serves to limit the exit options of asylum seekers from emergency housing, which in turn causes mainstream housing agencies and services to be wary of accepting them.

Given that emergency accommodation is not sufficient, allowing asylum seekers to access transitional housing would not only address the ongoing needs of asylum seekers, but would also help to ease the burden on mainstream housing agencies and also the asylum seeker sector. Currently, agencies such as Hotham Mission ASP, Baptcare Sanctuary and the BASP bear much of the cost of housing asylum seekers. Providing nomination rights for some transitional properties to an ASSA would give asylum seekers an entry point into the transitional housing system and associated support services. Recent research undertaken by the Hotham Mission ASP, looking into community-based approaches to housing asylum seekers, concludes 'that, consistent with Australia's human rights obligations, Australia needs a more humanitarian response to homelessness experienced by asylum seekers living in the community and the factors that give rise to it' (Liddy et al. 2010, p. 7). The research proposes a model for a medium-term solution, 'with a focus on an integrated service delivery approach utilizing existing expertise in the Australian context' (Ibid.). The report puts forward a number of grounded and appropriate recommendations that the ASRC supports.

Case study

Mr A arrived in Australia in December 2008 and was referred to the ASRC by the Red Cross as he was assessed as ASAS ineligible. He stayed in backpackers for a number of weeks but only had enough funds to support himself for one more week. The ASRC Casework Program referred him to Homeground Services who placed him in a rooming house in Seaford for one week using HEF funding. Mr A had no community support and had arrived at a time when most services were closing for the Christmas period. There was no housing vacancy in the asylum seeker sector, so his only option was inappropriate and unsafe crisis accommodation. Mr A was accommodated for one more week using HEF funding after which time he could not access any further HEF.

ASRC casework had been unsuccessful in securing a vacancy in any asylum seeker specific accommodation and Mr A was unable to access transitional housing. ASRC casework began to pay his rent through the NASAVic HEF. Mr A spent two weeks in Seaford and five weeks in another rooming house in Surrey Hills funded by NASAVic HEF. Mr A had been referred to the Employment Program at the ASRC but with the ongoing stress and instability of his housing situation he was not able to secure employment. Without income, Mr A was unable to find affordable and appropriate accommodation and his mental health began to deteriorate.

After nine weeks in a variety of crisis accommodation, a rent-free housing vacancy became available at BASP for Mr A. With the provision of safe, supportive and stable housing he was able to focus on seeking employment and after a couple of months he successfully found part-time work. With a secure income and stable mental health, partly as a consequence of safe housing, and the support of BASP and the ASRC, Mr A was able to secure private rental accommodation with a friend and is still living there while awaiting the outcome of his protection claim.

EMPLOYMENT AND EDUCATION

Key issues

> Many asylum seekers have skills, experience and qualifications and want to work, but still face multiple barriers to accessing work.

> Early intervention is the key to ensuring asylum seekers have the best chance of participating in the workforce and supporting themselves financially.

> A combination of local education and work experience is central to securing work for asylum seekers.

> Asylum seekers have specialised employment support needs.

The overwhelming majority of asylum seekers want to support themselves rather than relying on charity and many have skills, experience and qualifications that Australia seeks in skilled migrants. In October 2009, an audit of working-age asylum seekers (Black 2009) indicated that 40% of respondents had skills on DIAC's Skilled Occupation List for General Skilled Migration. However, many migrants find navigating the process of looking for work in Australia intimidating and frustrating. Asylum seekers face additional hardships. The right to work is a vast improvement over forced unemployment however it does not guarantee the ability to secure work.

Asylum seekers face a number of barriers to finding employment in the Australian job market. These barriers include:

> No access to government supported vocational study.

> Ineligibility for Centrelink and Job Services Australia assistance.

> No access to traineeships and apprenticeships.

> Lack of Australian qualifications.

> Lack of Australian work experience.

> Lack of networks.

> Lack of knowledge of Australian culture, systems and processes around employment and education.

> Insufficient English.

> Lack of access to transport.

> The stigma attached to asylum seekers (many employers do not know asylum seekers can have work rights).

> Lack of recognition for qualifications obtained overseas.

> Limitations such as four week working visas.

Seeking employment in the face of a multitude of barriers is extremely disempowering for asylum seekers. The inability to take control over one's livelihood compounds the disempowerment already experienced in countries of origin and through the asylum seeking process itself.

Many asylum seekers come to Australia with a proactive attitude to rebuilding their lives through employment. Their outlook generally changes as long term unemployment sets in. Early intervention is the key to ensuring asylum seekers have the best chance of participating in the workforce and

supporting themselves financially. Central to this intervention is the provision of local education and work experience opportunities. There are very few jobs in Australia that do not require some form of prior experience and education. Whilst asylum seekers sometimes have work histories and qualifications from overseas, these are often not recognised in Australia.

Currently, asylum seekers have great difficulty accessing education due to their ineligibility for government supported vocational training. It is often only through the advocacy of community groups and the good will of education institutes that they are able to access education. Asylum seekers do not have access to traineeships and work experience programs that would provide them with the Australian experience required to access employment. Again it is through advocacy and networking that these opportunities can be found for asylum seekers. Government supported education and work experience programs would see far greater outcomes for asylum seekers in the Australian job market.

Asylum seekers bring skills and experience but are often unable to utilise these valuable assets without assistance. Even with work rights, they are excluded from Commonwealth-funded assistance, such as Centrelink and Job Services Australia, which is available to refugees and Australian residents. Therefore, although they are entitled to work without any restrictions, they are left to their own device in a new culture where the employment market is unfamiliar.

The ASRC Asylum Seeker Service for Employment and Training (ASSET) was created in July 2004 to address this gap through the provision of employment and education support to asylum seekers. The experience of the ASRC employment program indicates that asylum seekers require specialised support to effectively and sustainably enter the Australian job market. The rate of 84% non participation for refugee and humanitarian entrants[1] after 18 months of arrival (RCOA 2010) supports the position that newly arrived entrants to Australia have specialised support needs. Asylum seekers with appropriate assistance can enter the Australian job market, ensuring their capacity to support themselves and also become effective members of the community.

Case study
Negative

Ms B arrived in Australia with ten years of experience as a personal assistant. Soon after arriving she began applying for jobs on the internet. As she had no access to employment services, she made numerous applications for administration positions on her own – none of them were successful. Without Australian experience, qualifications or knowledge of the job application process she was not competitive in the job market.

After two years of unemployment, Ms B found that her skills and self-esteem had deteriorated to the point where she felt she was unable to gain employment and she frequently experienced depression. Ms B remains dependent on the ASRC and other welfare services.

Case study
Positive

Mr A arrived in Australia after having worked in warehousing for eight years. He was very keen to work in this field so that his skills and experience would be best utilized and began to apply for jobs. After several unsuccessful applications, he realised that his prior work was not valued by Australian employers who were extremely reluctant to employ him without any local experience.

ASSET began working with Mr A and recommended he attain a local qualification and Australian workplace experience. Mr A was placed into a warehouse and logistics course with the assistance of the Education and Training Unit of ASSET. He also found work experience in a warehouse through the Employer Partnerships Unit of ASSET. On completion, Mr A found that his eight years of work experience was viewed favourably by employers who could see that with his qualification and Australian work experience his skills could be valuable in a local context.

> “asylum seekers bring **skills** and **experience** but are often **unable to utilise** these valuable assets”

1. Who have access to drivers' licence programs, public housing, TAFE, Centrelink, traineeships, apprenticeships, new start incentives and full job network assistance.

FUNDED PROGRAMS FOR ASYLUM SEEKERS

Asylum seekers have different rights, entitlements and access to support. The current system of funded welfare support for community-based asylum seekers looks after some asylum seekers well but leaves others in abject destitution, relying on charity to survive.

Whilst many asylum seekers are eligible, there are too many asylum seekers who are in ineligible for Commonwealth-funded programs such as the ASAS and the Community Assistance and Support (CAS) Program, administered by the Red Cross. These programs provide limited support to some asylum seekers who meet strict eligibility criteria determined by DIAC. These programs provide a safety net for the few who are eligible but leave those who are ineligible to fall through the gaps.

Asylum Seeker Assistance Scheme (ASAS)

Key issues

> The eligibility criteria for the ASAS are restrictive and narrow, often forcing people into crisis and destitution.

> There are significant inequities in the provision of the ASAS to asylum seekers.

> Whilst gaps exist in provision of service, the Australian Red Cross (Red Cross) is to be commended for the quality of support provided to asylum seekers.

The ASAS is a Commonwealth funded program administered by the Red Cross to provide assistance to eligible asylum seekers living lawfully in the community. The ASAS is provided to eligible asylum seekers with cases at the DIAC or the RRT stages of the refugee determination process. Whilst ASAS caseworkers at the Red Cross prepare and submit the ASAS application, the decision of accepting or rejecting someone for the ASAS rests solely with DIAC. Financial hardship alone does not make one eligible for the ASAS. To be eligible, along with financial hardship, an asylum seeker must have been awaiting a decision from DIAC for longer than six months or meet one of the 'exemption criteria' (see glossary). ASAS services include:

> Financial assistance (Limited to 89% of a Centrelink Special Benefit, dependent on family composition).

> Payment of DIAC-required police, health and character checks (this is accessible to all asylum seekers lodging a protection visa claim).

> General health cover, including a limited pharmaceutical program.

> Casework support.

While there are some significant gaps, there is a lot to be commended about the provision of the ASAS, particularly as it relates to the Red Cross. The Red Cross with its principles of neutrality, humanity, impartiality and independence is in a challenging position of remaining committed to these principles whilst providing a service in line with their contract with DIAC. One of the key challenges faced by the Red Cross is that casework support is not funded in the ASAS. Despite this, the Red Cross acknowledges the importance and necessity of casework support so they do provide casework support to the ASAS clients. The Red Cross recognises that the consequence of not providing this support is that the responsibility would fall to the under-resourced asylum seeker sector. The implication of this is that the ASAS caseworkers manage extremely high case loads and are under a great deal of pressure. Currently the ASRC and the ASAS casework teams work closely and effectively together to address the needs of asylum seekers in the community and to ensure the best outcomes for these individuals, couples and families. Along with the provision of casework support and a collaborative working relationship with the asylum seeker sector, the Red Cross works to assist with filling gaps particularly through projects such as their material aid program for asylum seekers.

Whilst the ASAS constitutes an acknowledgement of the need to support asylum seekers on arrival in Australia, the eligibility criteria are restrictive, in some cases out-dated and often force people into destitution, poverty, crisis and homelessness in order to be eligible for program. The primary eligibility criterion for the ASAS is that an asylum seeker must have been waiting for a decision for more than six months. This criterion is out-of-date with current processing times, which have been revised down to three months. The financial hardship criterion states that an asylum seeker must be in financial hardship to be eligible to apply for the ASAS, leading to all ASAS's applicants being destitute. Destitution creates welfare issues and confounding this requirement is that decision making times at the DIAC level are inconsistent. At a minimum being approved for the ASAS can take several weeks and the consequence of this is that the system creates welfare crisis and dependency.

> "different rights, entitlements and access to support"

One of the key exemption criteria that asylum seekers apply for the ASAS under is the 'not fit to work' criterion. In order to access the ASAS under this criterion asylum seekers have to be assessed by a medical practitioner as not able to work for reasons of physical or mental health and require a support letter attesting to this. More often than not, asylum seekers would rather work than access charity and our experience is that many are denied access to the ASAS because they have expressed a desire to look for work. Asylum seekers assessed as ASAS ineligible are left to rely on charity to meet their most basic needs of shelter, food and health. The system forces many asylum seekers into destitution, poverty and often homelessness and consequently the mental and physical health of these asylum seekers often deteriorates to the point at which they then become eligible for the ASAS. Unnecessary harm is caused through this process and whilst acknowledging the vulnerabilities of children, families, elderly, disabled and pregnant women, the exemption criteria fail to acknowledge the effect of destitution and homelessness on asylum seekers. Ultimately this approach challenges the concept of early intervention and prevention leading to long term harm for asylum seekers and a long term cost to the community.

There are two other significant inequities in the ASAS. The first is that the financial support provided to those eligible for the ASAS is 89% of a Centrelink Special Benefit payment which keeps asylum seekers below the poverty line. Asylum seekers are lawfully living in the Australian community and should be provided with the equivalent level of income support that Australian residents receive. Further to this, those asylum seekers on the ASAS who do find work begin to lose their ASAS income almost dollar for dollar as they earn income from employment. This policy creates a disincentive for asylum seekers to find employment and forces dependency on the ASAS and welfare services rather than empowering asylum seekers to become self sufficient.

The second significant inequity is that the ASAS is only funded for the first two stages of the refugee determination process, which is at the DIAC and RRT stages. An asylum seeker who pursues the case post–RRT loses access to ASAS support, reflecting the view that an asylum seeker rejected by the RRT is a 'failed' asylum seeker. This is despite the fact that many obtain judicial review or are granted a visa at the Ministerial stage. This policy is arguably used as a deterrent with the intention of discouraging people from pursuing further legal avenues. However the real consequence of this policy is, again, unnecessary harm to individuals that have been assessed as vulnerable and at risk. The automatic withdrawal of ASAS support post-RRT forces asylum seekers into poverty, destitution and homelessness, ensuring their ongoing dependence on charity. Another related issue is the lack of continuity and connection between the ASAS and the CAS Program for those most vulnerable and at risk clients post RRT.

Whilst the ASAS aims to support the most vulnerable asylum seekers, the gaps in the program lead to some of these most vulnerable being left in destitution and poverty. A commitment to a model of early intervention and prevention would see all asylum seekers having access to a safety net such as the ASAS. The implications of such a move would ensure that asylum seekers are not forced into destitution and poverty but rather they are supported to achieve effective settlement and recovery and have greater capacity to engage in resolution of their legal status. The provision of a safety net for all asylum seekers would also ensure that those who become permanent residents in Australia are able to effectively contribute and participate in the community.

Case study

Mr S arrived in Australia in 2008 as a student. With the closure of his education institute at the end of 2009 and the deteriorating situation in his country, he applied for a protection visa.

In February 2010 the Red Cross referred him to the ASRC, he had no income and his housing was at risk. The ASRC allocated him a caseworker, gave him access to the Foodbank, the employment services program and the ASAS caseworker planned to apply for the ASAS once his PV claim had been lodged. At the point of referral Mr S presented as a softly spoken and well-educated man who was articulate and in control. Mr S was referred to Metrowest in mid-March for rent in arrears but due to the arrangement with his landlord, Metrowest were unable to assist him. The ASRC Casework Program assisted Mr S pay his rent in arrears but he was still to be homeless at the end of March. At this time, Mr S was assessed as ASAS ineligible who found his mental health did not impair his capacity to work. Mr S was evicted in late March and was then referred to Homeground Services for emergency accommodation.

Mr S remained in emergency accommodation for two weeks and during this time became increasingly anxious about his housing situation and the conditions of the emergency accommodation. He repeatedly presented to the ASRC with increasing anxiety and distress. In early April, Mr S was referred to Baptcare Sanctuary and given stable accommodation. Despite this, his mental health continued to deteriorate due to lack of income, stress regarding his legal case and lack of employment options. Mr S was referred to counselling in April but could only be seen in June, at which point he was assessed as not 'fit to work'. By this time he was presenting in a state of high anxiety; distressed, agitated and frustrated, with impaired concentration, reduced appetite, body pain and headaches, difficulty sleeping and memory loss. He was declining into depression. Mr S was referred again to the ASAS due to the dramatic deterioration of his mental health. In July he was approved for the ASAS and required intensive support to address his mental health and ongoing wellbeing – all of which could potentially have been avoided if he was accepted on to the ASAS when he first presented.

Community Assistance and Support (CAS) Program

Key issues

> The CAS Program acknowledges that effective immigration outcomes can be achieved when a client is stable and well.

> The program lacks clear eligibility criteria and referral pathways are difficult and narrow.

> Provision of the CAS Program support to refugee and humanitarian visa holders is an ineffective use of limited resources of the program.

> Whilst gaps exist in the provision of CAS, the Red Cross is to be commended for the quality of support provided to asylum seekers.

The CAS Program, formerly the Community Care Pilot (CCP), was initiated by DIAC in order to ensure the wellbeing of clients in exceptional circumstances through timely, fair and reasonable management of clients' cases and 'to support individuals to make informed choices about their immigration outcomes and thereby achieve more timely immigration outcomes' (DIAC 2009). The assumption is that where clients' circumstances can be stabilized or improved, immigration outcomes can be achieved in a more timely, fair and reasonable manner. The CAS Program has four inter-related service systems, each having different functions and roles:

> community assistance

> information and counselling

> immigration advice and support service

> one-off support provided through DIAC case management.

The Red Cross has been contracted by DIAC to provide the 'community assistance' component of the overall program. This includes case management, health care and income support similar to that of the ASAS. The other two key components of Information and Counselling and Immigration advice and support service are provided through the International Organisation for Migration (IOM) and Immigration Advice and Application Assistance Scheme (IAAAS) respectively. Whilst the focus of the CAS Program is on case resolution, the inclusion of IOM as the key information and counselling provider leads to the assumption that resolution of one's case means departure from Australia. While this philosophy of resolution through return is highly problematic, the availability of material resources does create psychological head-space for asylum seekers to think of their impending departure.

A particular limitation of the CAS Program is its lack of clarity around eligibility. When the program was created in 2006, DIAC provided a few key stakeholders with eligibility criteria in a one page document titled *Draft Paper – Indicators for Compliance Referral to Case Management*. The indicators are still the same four years later when what was a pilot is now a funded program. A very high proportion of asylum seekers, particularly those post-RRT who have had the ASAS withdrawn meet at least one if not multiple indicators. The reality is that very few asylum seekers are ever accepted on to the program as it is under-resourced by DIAC. The vulnerability indicators can warrant referral to the CAS Program at any stage of the process. In reality, most of the people accessing the CAS Program are at the end stage of the refugee determination process, by which time clients are so vulnerable they meet multiple eligibility criteria.

The referral pathways into the CAS Program are difficult and narrow, with referrals being made directly to DIAC case management rather than to the Red Cross. The asylum seeker must be interviewed by DIAC case management to be accepted into the CAS Program and referred for community support from the Red Cross. Many asylum seekers are fearful and intimidated by attending DIAC and are too fragile to effectively engage in the assessment with the DIAC case manager. Further to this there is a high level of inconsistency in how these assessments are undertaken and the expectations placed on asylum seekers to engage with DIAC when they are fearful. Moreover the assessment is no guarantee of being accepted into the program and this process can lead to unnecessary harm and false hope.

Of far greater concern is the length of the waiting time between point of referral and acceptance onto the CAS Program. While cases that are deemed to be 'sensitive' are often expedited, referrals for highly vulnerable asylum seekers can wait for indefinite periods time. Due to concern for the damaging impact of the long wait times on asylum seekers, the ASRC casework team currently only refers the most vulnerable clients who are in crisis and beyond the capacity of ASRC to provide effective support to. This is despite the high number of clients who meet the vulnerability indicators and should be on the CAS Program.

Those exiting detention on refugee or humanitarian visas are referred directly into the CAS Program for six weeks of transitional settlement support, focusing on provision of information and referral. Given that those in this circumstance are eligible for Australia's settlement program, the Integrated Settlement Support Strategy (IHSS), the inclusion of this group in the CAS Program seems like an unnecessary use of the limited resources that are allocated to the program. Further to this, the provision of short term transitional support to clients who require comprehensive and intensive support is confusing and ineffective when longer term appropriate support can be accessed through the IHSS. Direct referral into the IHSS for these clients is the optimal pathway for them and would allow vulnerable asylum seekers who are ineligible for the IHSS to be supported by the CAS Program.

Unlike the ASAS, the CAS Program is funded to provide casework, acknowledging that providing intensive support to address the health and welfare needs of asylum seekers leads to better outcomes and more timely and effective status resolution. As casework is funded, the CAS Program caseworkers have far lower caseloads than ASAS caseworkers, which in turn enables them to work more effectively with those on the program. Those asylum seekers who are provided with support from the CAS Program are often able to more effectively engage in immigration related and possible return discussions, which may not have been possible when the asylum seekers was experiencing poverty and homelessness. Like the ASAS, the CAS Program works closely and effectively with the asylum seeker sector and whilst there are concerns about the eligibility criteria, referral pathways and wait times for the CAS Program, the provision of casework to asylum seekers by the Red Cross is to be commended.

Case study
CAS Program enables effective engagement in refugee determination process

In 2002, a family arrived in Australia with three of their four children – one remained in their home country. The family's application for protection was unsuccessful and they were advised that they could only stay in Australia if the children were born here. Due to fears of returning to their home country and the impact this would have on the children's welfare, the family stayed in Australia unlawfully.

At initial contact with the ASRC in 2006, the family was nervous and paranoid. It took a lot of work and time to build trust, but eventually they engaged with the ASRC Legal, Casework and Health Programs. The ASRC assisted them legalise their status and make an additional request to the Minister. The Casework Program also provided access to welfare assistance and referred the family to CCP (now the CAS Program). DIAC Case Management helped to grant the father work rights and Medicare, which greatly alleviated the family's stress. They were accepted into CCP and the assistance provided meant that they were able to explore all possible outcomes of their immigration case, including engaging with IOM.

The family exhausted all legal avenues and had to leave Australia. While they were devastated at the prospect of returning, they were well supported and participated in the process of making arrangements to depart and start again in their home country. The family would not have been able to engage with the process of return when they first presented to the ASRC. With the skill, expertise and timing of experienced professionals at the ASRC and CCP, the family was able to work towards what was eventually a successful return.

Case study
Access to the CAS Program

Mr P arrived in Australia in mid-2008 and was on the ASAS through the DIAC and RRT stages of the refugee determination process. In late March 2009, Mr P's case was refused at the RRT, ASAS support was withdrawn and he was referred to the ASRC. Mr P had recently married an Australian citizen who was on Centrelink income and unable to financially support him. He had been diagnosed with a psychotic depressive illness and was taking medication requiring intensive psychological support. He was experiencing ongoing psychotic episodes, reactive depression and suicidal ideation, with change a trigger for acute crisis or psychotic episodes. ASRC casework assessed Mr P as eligible for the CAS Program as he met a number of the criteria, including suicide and self harm (SASH) risk, mental health issues, suspected intellectual disability, destitute and a BVE holder with an Australia spouse. ASRC casework referred Mr P to the CAS Program in late April 2009.

Mr P's situation began to deteriorate rapidly. The ASRC Casework Program began to pay his rent through NASAVic HEF with growing concerns about the potential impact if he had to enter emergency accommodation. By mid-May there had been no response to the CAS Program referral and the ASRC sent through an update advising that there were growing concerns for Mr P's welfare, ongoing health and wellbeing. The continued destitution and stress Mr P faced was impacting his mental health and his marriage.

From August through to December 2009, the ASRC Casework Program continued to provide updates on Mr P's deteriorating situation. They reported that Mr P had to move every few weeks between Hanover Accommodation and crisis accommodation, he was walking the streets with his wife in the evenings because he was concerned for her safety and his wellbeing was affected from poor sleep and diet.

By late December 2009, Mr P's situation had become highly unstable and his mental health worsened. After yet another update regarding concerns for his safety and wellbeing, the ASRC casework complained to the Ombudsman about the indefinite wait time for someone clearly eligible for the CAS Program. Following ongoing updates and investigation by the Ombudsman, Mr P was accepted onto the CAS Program in May 2010.

From point of referral in April 2009, Mr P waited almost 11 months to be accepted onto the CAS Program to get the intensive support that he required.

Particularly vulnerable groups

Particularly vulnerable groups of asylum seekers include women, children, young people and the elderly. These groups have special needs and are at greater risk of physical and mental health issues particularly at the later stages of the refugee determination process due to lack of access to income. Asylum seeker men make up the highest proportion of the ASRC clients and whilst not specifically discussed in this section, it is acknowledged that at times they are also highly vulnerable and present with special needs throughout the refugee determination process.

WOMEN

Key issues

> Women seeking asylum, particularly single women, are especially vulnerable due to risk of exploitation, heightened social isolation and few safe housing options.

> Women experiencing domestic violence are vulnerable and face major disincentives to exit violent relationships due to visa conditions, lack of income and restricted access to information and refuge accommodation.

Single women

Single women, though fewer in numbers than single men, are a particularly vulnerable group of asylum seekers. *The Refugee Health and Wellbeing Action Plan 2008–2010* (2008) acknowledges the vulnerability of women stating:

> Women are often the most isolated, and have the most difficulty accessing English language support. Lower literacy levels can create a significant impediment for women in particular to attaining an optimal level of health and integration into the community (p.19).

Lack of English language skills isolates women from their community and diminishes their capacity to adapt to a new culture and settle effectively. There are a number of young women seeking asylum who arrive with limited basic living skills and the resettlement process challenges previously held notions of their role in society. There are some women who have family support in Australia, but many have little or no family support. This places them at further risk of social isolation and exploitation. Single women seeking asylum have often been separated from their family and children. This has a significant impact on their mental health and wellbeing. Along with the damaging experience of seeking asylum and not knowing one's status, many women worry for the safety and wellbeing of their children and their inability to bring them to Australia.

Many single women seeking asylum who have limited education, work experience and English language skills are forced to rely on charity and programs such as the ASAS to survive. Those who do not meet the eligibility of the ASAS are rendered even more vulnerable due to their lack of income and the social isolation associated with being a woman seeking asylum. Whilst only around 30% of ASRC clients are female, there are significant challenges in providing them with effective support. The greatest challenge in meeting the support needs of women is addressing their housing needs. Single women seeking asylum face a multitude of barriers in accessing safe housing options with too many being placed in inappropriate and unsafe rooming houses. The reality of the housing crisis in Victoria means that there are few options beyond rooming houses for female clients presenting in housing crisis. Similarly, when a woman with children presents in crisis there are few safe housing options and they too are often placed in rooming houses or hotels. Not only is this accommodation inappropriate and often unsafe for women and children but the cost of maintaining such accommodation is exorbitant and means that many women are spending what income they do have to pay for inappropriate housing.

> "greater **risk** of **physical** and **mental** **health** **issues**"

Case study

Ms N, a 19 year old woman, arrived in Australia in late 2009. She was terrified of the idea of seeking support and when another welfare service referred her to the ASRC, she was reluctant to attend believing she would be detained. Ms N did not attend ASRC on the day she was referred and instead stayed at a city train station and over night was raped. She phoned the ASRC the following day and was reassured that she would not be detained and encouraged to come to the Centre. On arrival, she was seen by ASRC casework and was extremely withdrawn and difficult to engage with. She had no belongings or money and did not know where she was, except that she was in Australia. She did not know which city she had flown into or where she had travelled from by overnight bus. During the casework assessment Ms N disclosed the assault she had experienced the previous night – however she was extremely frightened and reluctant to see a doctor. Ms N declined a referral to a counsellor, was detached and removed from the assault and experienced compounded distress from the loss of family members in her country of origin.

She was referred to an emergency housing service and provided accommodation in a hotel. There were no vacancies in youth or women specific accommodation so she remained in the hotel for a couple of weeks until a vacancy at Hotham Mission became available. Ms N was eligible for the ASAS once she lodged her claim for protection but continued to present as a very vulnerable client with high support needs. Ms N had limited living skills and education and therefore needed intensive support to navigate the refugee determination process and basic living skills. She was extremely keen to undertake employment but faced multiple barriers including illiteracy, lack of employment history and her age. With no family in Australia, Ms N was extremely socially isolated, which heightened her already fragile stage. Although Ms N has now received her protection visa she continues to have high support needs.

> “placed in **inappropriate** and **unsafe** **accommodation** or remain in a **violent** **relationship**”

Women experiencing domestic violence

Women experiencing domestic violence whilst seeking asylum are at risk and disadvantage due to their uncertain status and complex circumstances. Women experiencing domestic violence without an income experience a major financial disincentive to exit violent relationships. Women experiencing domestic violence with an income, whilst not always facing a financial disincentive to exit a violent relationship, face other disincentives associated with access to services, legal advice and safe accommodation. Where children are involved it may not be culturally appropriate or accepted for women to take the children following a separation regardless of the circumstances of that separation.

A woman who is a dependent on a protection visa application, or who wants to separate from her violent partner and seek asylum in her own right may have difficulty accessing free immigration information and legal advice about her legal options. Many women lack appropriate information or understanding of their rights, particularly their legal rights as they are often secondary to their male partner who is the primary applicant. The ASRC paper *A Case for Justice* (2009) further identified that:

> For women making a late disclosure of domestic violence, this may be because she does not have insight into the nature of the family violence as a crime, she is not aware it may be relevant to refugee claims or she held fear of retaliation if she separated from an abusive partner (p. 32).

Women experiencing domestic violence may be fearful about the legal, financial and social implications of leaving a violent partner and her ability to support herself and her children. The combination of these factors means that asylum seeker women are more likely to remain in violent situations.

As with single women, there are significant challenges in accessing appropriate housing for women experiencing domestic violence. In order to access refuge accommodation, a woman and her children must be at imminent risk or threat of current violence. There are few vacancies in refuge accommodation and other non-refuge accommodation options may not be as safe or ensure anonymity. Experience in the asylum seeker sector is that refuges, however sympathetic, deny access to women seeking asylum due to their uncertain status and perceived lack of exit options. They are seen as ‘not fitting’ within the short term intention of refuge accommodation, threatening to become a long term burden and one that refuges cannot afford and sustain. The consequence is that women are either placed in inappropriate and unsafe accommodation or remain in a violent relationship. Neither of which are an appropriate outcome.

Case study

Mrs B and her two children came to Australia as dependents on her husband's visa. When Mrs B presented to the ASRC she had separated from her husband due to domestic violence and lodged a protection visa application.

Mrs B had work rights however her care responsibilities prevented her from working. She was issued a notice to vacate her home and was in need of housing. The ASRC referred Mrs B to the ASAS and arranged with the Specialist Domestic Violence Service to assist Mrs B with accommodation, but Mrs B reported that the domestic violence service did not contact her. When she returned to her home, her husband breached the intervention order she had in place and was subsequently put in jail.

Meanwhile, the ASRC's efforts to find alternate accommodation were unsuccessful, with several agencies claiming they could not assist due to a lack of vacancies. The housing agency in her area stated they could not assist because she was an asylum seeker. Eventually the Missionaries of Charity said they would house Mrs B and her children for a couple of weeks only.

> "requires **Australia** to take appropriate **measures** to ensure that refugee children can **enjoy** all of their rights"

CHILDREN AND YOUNG PEOPLE

Key issues

> According to the Convention on the Rights of the Child (CRC), Australia is not taking the appropriate measures to ensure that asylum seeker children are afforded the right to an adequate standard of living, the right to health care and the right to access to social security.

> Young people seeking asylum are particularly vulnerable due to the intersection of the asylum seeker experience with adolescence and young adulthood.

> Unaccompanied asylum seeker minors are vulnerable due to their lack of a guardian, and are rendered more vulnerable due to the challenges present in accessing the Refugee Minor Program.

Accompanied children

The Early Childhood Australia (ECA) (2004) position statement regarding children of asylum seekers states the following:

> Basic health care, nutrition and education are recognised as necessary for the physical and intellectual development of children… For refugee children, healthy psychosocial development also requires coping effectively with the multiple trauma of loss, uprooting and often more damaging experiences. In short, tragic long-term consequences may result where children's developmental needs are not adequately met.

Article 22(1) of the *Convention on the Rights of the Child* (CRC) (1989) requires Australia to take appropriate measures to ensure that refugee children can enjoy all of their rights, including the right to an adequate standard of living (article 27), health care (article 24), education (article 28) and access to social security (article 26). All of these rights impact upon a child's right to the maximum possible development, rehabilitation and social reintegration (articles 6(2) and 39). Children, regardless of their immigration status, require specialist support to ensure their health, welfare, safety and basic needs are met. A study commissioned by Hotham Mission ASP (2010) into the rights of asylum seeker children found that:

> Most parents lacked the income necessary to feed and house their children to the standards required by international law, while also restricting their children's access to healthcare and normal childhood leisure activities. At the same the children's rights to education and to freedom of religion and culture were found to be in large measure fulfilled (p. 2).

Of serious concern is the lack of a consistent approach to ensure that asylum seeker children in Australia, at all stages of the refugee determination process, have their basic human rights met.

Families with children who are awaiting a decision at the first two stages of the refugee determination process are eligible for the ASAS by virtue of having children less than 18 years of age. This is a clear acknowledgment of the inherent vulnerabilities of children and, despite the income being below that of an equivalent Centrelink income, aims to ensure the safety and wellbeing of children. ASAS support is withdrawn from those families who are not successful following the RRT stage of the refugee determination process, leaving them with no income or supports for the later stages of the determination process. Families with children are left to rely on charity to support their children's most basic needs of food, shelter and healthcare. Whilst some families are accepted on to the CAS Program, this is rare and not all families with children are eligible and acceptance onto the program. Acceptance only happens following extended periods of time and concerted advocacy efforts.

Under a Victorian State directive, asylum seeker children are eligible to attend primary and secondary school, regardless of the restrictions on their parents' visas. This demonstrates a clear commitment to a child's right to education; however lack of income hinders the welfare, safety and development of children. Families with no access to income cannot pay for school fees, uniforms, books, stationary and excursions. This causes distress and shame in parents and children alike and it impacts on children's development, their school work, their participation and socialisation, their psychological and emotional health and overall well being. A further impact on a child's overall wellbeing is appropriate access to healthcare and medication which is not assured for asylum seeker children and families who are left to rely on charity.

> "lack of income **hinders** the **welfare**, **safety** and **development** of children"

The ASRC is in support of ECA's (2004) recommendations to help achieve the goals to enable all asylum seeker children and their families to have their safety and wellbeing assured, which includes:

> Families should have access to the support they need to care for their children and participate in the community.

> All school-aged children should have access to the same education available to all other Australia children.

> All young children and families should have access to the same range of children's services and funding support available to all other Australian children.

> All children should have access to health programs and services.

> Language and support should be available in the child's home language.

Further to these recommendations, the ASRC also supports those recommendations put forward in the 2009 Study by Hotham Mission ASP (2010) into the *Rights of the Child: The Experience of living in the Australian Community awaiting a decision from the Minister for Immigration*.

Case study

A nine year old boy presented with asthma, obesity, soiling, bed-wetting, night terrors and insisted on sleeping in his mother's bed.

His family was threatened by possible forced departure, and was deeply demoralized by being dependent on charity for their survival. While the boy had previously been a good student, he became reluctant to attend school or do homework, the night terrors increased and the bed-wetting and soiling escalated.

During counselling sessions some progress was made on these issues – the boy's symptoms reduced and his treatment plan was closely monitored.

At this point the family received their notice to leave to country within 28 days. The child and his parents were unable to focus on any treatment as their stress levels escalated. The boy's previous gains were lost and the problems increased. The family was forced to leave the country.

Young people

The intersection of adolescence and youth (people aged up to 25) with seeking asylum places young people in a particularly vulnerable position. Adolescence is a time of change and challenges where young people are forming their identity, gaining independence and developing relationships. Young people seeking asylum have to balance all of this with settling in a new country with different cultural norms and practices from their country of origin. *The Refugee Health and Wellbeing Action Plan 2008–2010* (2008) states:

> In addition to the challenges that families face when settling, such as finding accommodation, children and young people have their own settlement stresses such as making new friends, adapting to a new youth culture, getting used to a new school system, or even participating in formal schooling for the first time. This means that young people need to balance influences and expectations of the new society with the values of their parents and community (p. 51).

Whilst the experience of seeking asylum is unique, young people seeking asylum are also young people experiencing all that adolescence and young adulthood has to offer. For many young asylum seekers their presenting needs are much the same as their Australian counterparts and they face many additional challenges beyond those which are part of the experience of seeking asylum. Despite having presenting needs of a young person, young asylum seekers also experience high levels of uncertainty around their status. Young people seeking asylum are unable to plan for their future the way their peers do as it is so uncertain. Research undertaken at the ASRC (Burnside 2009) explores these challenges for young people, stating:

> Trying to reconcile two cultures as you work out who you are and what you believe in can be complicated for young asylum seekers. Feeling like you don't fit in anywhere, extenuated by the spotlight of their political situation, can lead to experience of isolation and loneliness (p. 6).

There are a number of young asylum seekers who are in Australia without their family and this often compounds feelings of isolation and loneliness.

As with children and adult asylum seekers, young people seeking asylum should have access to health care, education, safe housing and income support to ensure their safety and ongoing development. Lack of income poses the same barriers to young people to ensure that these basic needs are met. Whilst access to primary and secondary schooling is assured for asylum seekers, few asylum seekers are able to access tertiary education without scholarships or fee waivers as the cost of tertiary education is too high and asylum seekers are not eligible for HECS. Access to appropriate housing for young people is extremely difficult to source with few safe options and limited access to specialist youth housing services and refuges.

The ASRC has worked occasionally with the youth sector, with the latter being very receptive to working with young asylum seekers but often requiring education and support about the experience of seeking asylum. Greater collaboration and sharing of skills and knowledge across sectors would ensure that the needs of young people seeking asylum are met.

Case study

Mr L arrived in Australia in late 2007 at the age of 17 to undertake VCE. He completed year 11 but for financial reasons could not continue year 12. Mr L applied for a protection visa independently, but he had limited knowledge of legal services and other support that was available. He presented to the ASRC in mid 2009 at which time he was at the ministerial stage. Mr L was destitute with no family or community support, pending homelessness and had dropped out of school.

Upon presentation to the ASRC, Mr L had been sleeping on the couch in housing with three older men. Prior to this, Mr L had been 'couch-surfing' as he had no income and no more financial support from his family. He was becoming increasingly desperate and anxious about his housing situation. ASRC casework was concerned about referring him to mainstream housing agencies due to his age and vulnerable state. They referred him to five different youth housing services until a vacancy finally became available for him at Baptcare Sanctuary.

ASRC casework continued to work with Mr L, but despite having addressed his housing situation and the related anxiety, they found it challenging. Although he presented to the ASRC, he seemed reluctant to accept the ASRC services. Concerns for Mr L mounted, who was experiencing high levels of stress and anxiety, mostly due to the uncertainty of his legal situation. He was demoralised about the future and because he was so much younger than those he was living with he found his housing situation difficult. Mr L had been assessed previously as having depressed mood and suicidal ideation but had not engaged with counselling services. It was felt that Mr L required intensive case management support to address his unique and varied needs, particularly due to his reluctance to accept support from the ASRC and other ASSAs.

The ASRC caseworker felt that Mr L was struggling not only with the experience of seeking asylum but also with the additional burden of being a young person seeking asylum. The ASRC caseworker continued to attempt to support Mr L but also made a referral to the CAS Program. This was unsuccessful. Mr L has still not engaged in counselling, and while effectively engaged with his ASRC caseworker, resisted intensive involvement at the ASRC and other ASSAs.

Unaccompanied minors

Children and adolescents under the age of 18 arriving in Australia alone are among the most vulnerable asylum seekers as they are living in Australia without any formal guardian or support. The Refugee Minor Program (RMP) is a government funded program administered by the Department of Human Services (DHS) in Victoria. Minors who arrive in Australia with a permanent refugee visa or humanitarian visa without a guardian are automatically referred into RMP and provided with case management support until they turn 18 years old. Unaccompanied asylum seekers under the age of 18 arriving in Australia are not automatically referred into RMP. The referral pathway for unaccompanied asylum seeker minors is not so simple and access to this program and appropriate exit plans upon turning 18 years remains problematic for young people seeking asylum.

As a specialist program RMP is to be commended for the comprehensive work they undertake with children and young people. However, there are a number of challenges in ensuring that asylum seeker minors have access to RMP. The process of referral to the program is timely and in some cases unsuccessful. Currently, referrals to RMP have to be made to DIAC case management, with DIAC case management referring into RMP. Even when a young person's age is known to DIAC, it can still take months of negotiation, documentation proof and bone density testing before someone is referred into this program. Many young asylum seekers are excluded from this program for a significant period of time due to these delays. This leaves unaccompanied asylum seeker minors to navigate a multitude of complex systems including the schooling system, the refugee determination process and sourcing appropriate housing. In addition, they generally require support and guidance around living skills such as accessing finances and budgeting, developing community connectedness, acculturation, shopping, cooking etc. These young people also suffer from separation from their family and many have been traumatised from experiencing horrific situations.

The delayed referral process along with the expectation that the asylum seeker sector must justify referrals of asylum seekers to RMP fails to recognise the inherent vulnerabilities of these children and young people. Simply being an unaccompanied asylum seeker minor should be enough to be accepted into RMP. Despite the conflict of interest that arises with DIAC having dual guardianship and immigration decision making roles, it is still essential that asylum seeker minors have a guardian and effective welfare support. RMP is best placed, and their case managers most appropriately skilled, to address the needs of the children and young people from refugee backgrounds.

Once an asylum seeker minor is on the program the work undertaken is of a high quality and the children and young people are intensively and appropriately supported. Further challenges have arisen when RMP is closing work with the young asylum seeker. Whilst there is recognition that RMP cannot continue to work with minors past 18 years of age it is essential that appropriate exit planning is undertaken to ensure the ongoing safety and wellbeing of the young person.

ELDERLY ASYLUM SEEKERS

Key issues

> Elderly asylum seekers live in destitution and are highly vulnerable due to their special needs.

> They are likely to have multiple health issues and are at greater risk of mental health issues.

> Those granted Aged Parent Visas at the ministerial stage are at risk and are highly vulnerable due to their ineligibility for welfare services in the community.

Elderly asylum seekers are particularly vulnerable for a number of reasons. Elderly asylum seekers are likely to find the migration experience harder and adjustment to life in a new country extremely difficult. They have often left established lives in their country of origin and the experience of resettlement in a new country is often overwhelming. Many elderly asylum seekers are less likely to be motivated to learn English, diminishing their capacity to make connections in the community and leading to social isolation. Furthermore, many elderly asylum seekers maintain a greater commitment to their cultural values and traditions than younger family members which can lead to generational conflict and family breakdown.

Many elderly asylum seekers have limited or no capacity to work even if they have work rights due to age, health and language. As a consequence, elderly asylum seekers are dependent on charity and are also more likely to be dependent on family support, if they have any. They may require involvement from a number of support services and advocacy to access health care, aged care, disability and nursing home services that, as asylum seekers, they are not automatically eligible to access. The health support needs for elderly asylum seekers are often extremely high as they are more likely to have multiple health issues – high blood pressure, hypertension, diabetes and hearing difficulties are typical. The experience of resettlement, grief and loss of country of origin, the presenting health issues, lack of English and the experience of social isolation place elderly asylum seekers at greater risk of mental health issues.

It is clear that all elderly asylum seekers are vulnerable but it is those pending decisions at the later stages of the Refugee Determination process, namely the Federal Court, High Court or Request to the Minister who are at even greater risk due to their ineligibility for the ASAS. The inherent vulnerability and support needs of elderly asylum seekers are acknowledged through the provision of the ASAS to those asylum seekers who are over pension age. Asylum seekers at the later stages are left to rely on agencies such as the ASRC, Hotham Mission ASP, BASP and Baptcare Sanctuary for their housing, health, mental health and aid needs.

There are increasing numbers of elderly asylum seekers granted permission to apply for an Aged Parent Visas at the ministerial stage. This group is more vulnerable than those elderly asylum seekers already discussed as they are not by definition asylum seekers, yet have fewer rights than asylum seekers. This group is effectively still awaiting determination of their legal status and therefore, for the purpose of this discussion will continue to be referred to as asylum seekers. This type of ministerial decision allows the asylum seeker to apply for an Aged Parent Visa rather than issuing them with an Aged Parent Visa. There is currently a nine year waiting period for an Aged Parent Visa. Asylum seekers in this circumstance are generally placed on a bridging visa for the waiting period and are left destitute and more vulnerable than prior the ministerial decision, with no access to Centrelink or Medicare. In most cases a family member is required to sign an assurance of support to enable the elderly family member to apply for the Aged Parent Visa. Many families will sign an assurance of support, despite their financial situation, to ensure the safety of their family member and with little understanding of the implications of providing this assurance.

Despite many of the bridging visas having work rights, there are few in these circumstances who are able to work due to the factors associated with old age. Further to this many elderly asylum seekers have been awaiting determination of their status for indeterminate lengths of time. This leads to the deterioration of their health and wellbeing with further deterioration often occurring following the ministerial decision. Elderly asylum seekers in this situation are left with less support than they had prior to a decision on their case and greater difficulty accessing mainstream supports as they are holders of a bridging visa but are not afforded the rights of asylum seekers. Following the grant of the Aged Parent Visa after the nine year waiting period there is a 10 year qualifying residence period once the Aged Parent Visa is granted. During this time the elderly person is not automatically eligible for income support through Centrelink and at best will still have to wait two years to access income support. The consequence of decision making such as this at the ministerial stage is that highly vulnerable elderly people are rendered more vulnerable with few options available to address their needs. The asylum seeker sector, with its extremely limited resources, is not in a position to support elderly people in this circumstance for over 10 years but is being forced to do so or alternatively withdraw support and services, consequently placing that elderly person at even greater risk.

Case study

Mr R arrived in Australia in May 1997. The ASRC began working with him in 2005 when his case was before the Federal Magistrate's Court. His wife had passed away and his two sons were permanent residents of Australia. In mid-2007, after 10 years in Australia and at the age of 64, he received an intervention from the Minister granting him the right to apply for an Aged Parent Visa. Despite facing financial difficulties, one of his sons agreed to sign an assurance of support – Mr R's only alternative was an uncertain status in Australia and possible deportation to his home country where he would be without any family support.

While waiting to be granted the Aged Parent Visa, Mr R was placed on a BVE with work rights but no access to Medicare or Centrelink and another nine years to wait until he would be granted a permanent visa and eligible for these supports.

In 2010 Mr R increasingly presented to the ASRC. He was anxious about when he would get his permanent visa, his lack of Medicare support and his son's inability to continue supporting him. Mr R was living with his 36 year old son who was recently unemployed due to severe gout. His son was on a disability pension and Mr R was effectively his full time carer due to his immobility. Mr R's 26 year old son had recently been retrenched, was unsuccessful in seeking alternative employment and as a result was struggling financially.

In early 2010 ASRC casework advocated for Mr R to be able to access Medicare. However the Aged Parent Division of DIAC advised that those awaiting an Aged Parent Visa are ineligible for Medicare. ASRC casework contacted Social Security Rights Victoria Inc. who advised that Mr R should be eligible for Centrelink Special Benefit payments due to his serious hardship. ASRC Casework assisted Mr R to apply for Centrelink but he was advised that if he were to pursue a Centrelink application a debt would be raised against his assurer – his extremely sick son – thus Mr R did not pursue the application.

At present Mr R's health is deteriorating and he continues to be seen by the ASRC Health Program who have growing concerns for him. Likewise, the ASRC Casework Program has continued to advocate for Mr R's access to Medicare and Centrelink but with no success. Regardless of Mr R's history of seeking asylum, his 13 years living in Australia and the serious welfare concerns for him, he is not eligible for any welfare supports and will continue to access supports from ASRC.

The way forward

Along with addressing the gaps that exist in the effective and appropriate provision of healthcare, housing, education, employment and meeting the basic needs of asylum seekers, it is essential that asylum seekers are provided with consistent and timely support at the point of applying for a protection visa. Central to an appropriate initial response to asylum seekers is the provision of orientation support and income support. This would prevent greater long term reliance on welfare and health services and would also lead to individuals who can participate and contribute in meaningful ways to the Australian community.

ORIENTATION

Key issues

> Asylum seekers are not eligible for federally funded Settlement programs, despite their needs being similar to those of refugees and humanitarian entrants.

> The orientation needs of newly arrived asylum seekers go unaddressed, which has a profound impact on their adjustment, well being and integration into the community.

Newly-arrived asylum seekers experience culture shock and complete bewilderment. They have limited resources in understanding Australian structures and systems. Like newly-arrived refugees, they need orientation to their local area, community, specialists and mainstream services. Asylum seekers settlement into the Australian community is hindered by their inability to secure access to services and opportunities that may have facilitated integration. The inability to work for many months or years, financial destitution and homelessness are presenting features of major concern, creating significant barriers to building a life in Australia. Asylum seekers, like refugees, have experienced a high degree of trauma as a result of their flight from persecution in their home country and the arduous journey which they have been required to make in order to seek refuge. On arrival, asylum seekers have to manage the impact of the refugee determination process itself and their uncertain status in Australia. The ASRC acknowledges that not all asylum seekers will become permanent residents but despite this, asylum seekers have a right to initial orientation and settlement support to ensure their basic human rights are met.

Asylum seeker settlement needs are simultaneously basic and complex. Basic because they need to find housing, study English, find work, and be linked in with community groups and social activities. Complex because prior to reaching Australia they often have not lived in ordered societies, and their experience of functioning in a mainstream society governed by rules and regulations has been extremely limited. Faced by the lack of mainstream settlement services open to them, newly arrived asylum seekers present at the ASRC and other ASSAs for settlement support. Research (Barclay et al.) into the knowledge and information needs of asylum seekers identifies the importance of providing 'early services, initial advice and introduction to the various relevant agencies' is critical in assisting asylum seekers' transition into Australian society. Where this does not occur, 'there [is] significant potential for disaster, for the propagation of misinformation, for frequent, fruitless repeat visits to agencies which could not help and where responsibilities were not well understood'.

Asylum seekers who are lawfully living in the community have a right to have their basic needs met which is best achieved through effective orientation. Whilst National settlement programs may not be appropriate for asylum seekers, there needs to be recognition of the settlement and orientation support needs of this population and a commitment made to addressing these needs. The development of the ASRC Community Development program is recognition within the asylum seeker sector of the settlement and orientation needs of asylum seekers. The program developed in early 2009 provides settlement and orientation support primarily, to newly arrived asylum seekers to ensure their positive and effective adjustment and integration into the Australian community.

There is a cost for not supporting asylum seekers around their orientation needs, particularly for those who become permanent residents. For those who do not become permanent residents but rather have to depart Australia, the lack of social connection and barriers to accessing services often creates or compounds mental health, hindering their ability to engage with departure and resolution of their status. Our experience is that if asylum seekers have their basic needs met and they feel socially connected to their community and they are more likely to be able to make effective decisions about their immigration status. The ASRC is calling for a tailored and funded orientation program for asylum seekers that acknowledges that despite their uncertain status in the country they have settlement needs whilst living lawfully in the country. This would lead to reduced settlement support needs upon visa grant to permanent residents and to better outcomes for individuals and families seeking asylum who go on to be permanent residents. It would also ensure that those who do have to engage with departure arrangements are able to do so effectively and in a timely manner.

REVIEW OF DIAC FUNDED PROGRAMS

Key issues

> There is a lack of continuity and connection across the ASAS and the CAS program.

> All community-based asylum seekers, without an income, should have access to income support and case management throughout the refugee determination process.

“right to **initial orientation** and **settlement** support”

The DIAC funded and Red Cross administered programs, ASAS and the CAS program, lack continuity and connection. As previously discussed, whilst some vulnerable asylum seekers are provided with appropriate health and welfare support there are too many who fall through the gaps. The staggered development of these programs reflects the DIAC's reactive response at crisis points. What is lacking is what A Just Australia (2009) calls 'one holistic approach (…) to ensure the opportunity to live in dignity and safety, pending a fair, transparent and timely decision on protection applications'. A Just Australia (2009), with the support of Researchers for Asylum Seekers, recommended that the CAS program be expanded to be a single program. The ASRC agrees with this recommendation. The CAS program, when correctly implemented, has proven to be a program that looks at asylum seekers' various needs and vulnerabilities. The CAS program achieves the dual outcome of facilitating asylum seekers' settlement in Australia if successful and empowering them in their decision to return if they have failed.

A single, flexible program that is accessible to all asylum seekers at all stages of the process, with various levels of support depending on their needs, which is not based on a punitive approach, would achieve much better immigration outcomes. Evaluation undertaken (DIAC 2009) of CCP (now the CAS Program) by DIAC supports the assertion that a holistic approach that addresses the health and welfare needs of asylum seekers leads to better immigration outcomes:

> It has been demonstrated that a case management approach, together with health and welfare support and independent immigration information and counselling is critical in resolving the cases of vulnerable individuals and families swiftly. When health and welfare issues are stabilised, clients are better able to think clearly, exercise choice and participate in resolution of their immigration status.

It is our belief that all asylum seekers must have access to income support at all stages of the process, as well as orientation and casework support. Case management of individual asylum seekers should determine their needs and what level of support they require throughout the refugee determination process.

Conclusion

The current model of care provided to asylum seekers is inequitable and ineffective resulting in a long term cost to asylum seekers and also the Australian community. The model of care is reactive rather than preventative, and opposes a model of early intervention. This results in a greater long term reliance on health and welfare systems than would be needed if adequate support was provided to asylum seekers from the time of their arrival. The lack of income support for all asylum seekers, not just those who meet strict eligibility criteria, force many into a life of poverty and dependency, creating welfare issues and impacting negatively on physical and mental health. The under resourced and under funded asylum seeker sector currently addresses and bears the cost of many of the gaps that exist in the provision of effective and appropriate care to asylum seekers.

The areas of health care, housing, employment and education are all associated with a range of long-term outcomes that have significant implications for social integration. Adequate provision in these areas leads to individuals who can contribute in meaningful ways to Australian society and economy. Inadequate access to services throughout the refugee determination process may exacerbate or initiate mental and physical health issues, increase social isolation and lead to progressively higher needs.

Employment is strongly correlated with lower risks of mental illness as well as being a key component in recovering from mental disorders. In 1998 research demonstrated that employment is associated with increased independence, sense of self-worth and connections with family members (Baronet & Gerber 1998) and the World Health Organisation cites adequate and equitable employment as having powerful effects on financial security, social status and relations, as well as physical and mental health (CSDH 2008). Asylum seekers who are employed have a better chance of integrating into Australian society. This decreases their dependence on state-provided support systems, including housing support, not only through having increased financial capital but also through more gains in more intangible mental and social resources.

Employment also decreases reliance on the health care system, as does having prompt and adequate access to health care from the time of arrival. Limited access to health care throughout the refugee determination process ultimately leads to longer reliance on the system. Existing illnesses are neglected or inadequately managed resulting in increased morbidity and treatment needs. While many chronic illnesses can be easily controlled through appropriate medication, when these diseases are not controlled in early stages, they can lead to expensive emergency room visits or even hospitalisations. Research from the United States demonstrates the cost-effectiveness of continuous health care coverage, as interruptions in coverage leads to significantly increased hospitalisations for conditions that are easily managed when treated in a time-sensitive manner (Ku et al. 2009; Bindman et al. 2008. Bindman et al. 2008).

This is especially relevant given evidence that refugees and other traumatised individuals have higher prevalence of chronic diseases than mainstream populations (Kinzie et al. 2008; Renzaho et al. 2006; Bischoff et al. 2009).

Providing stable transitional housing prevents future homelessness as well as having a significant impact on the health, both mental and physical, of asylum seekers. Homelessness is inextricably linked with mental illness. For members of this population, who are often already traumatised, a stable and safe environment is particularly necessary to ease their transition into Australian society. Although the connections between homelessness and mental illness in asylum seekers has not been studied, experience in mainstream homeless populations demonstrate that half of the mental illness in this group manifested after they became homeless (Chamberlain, et al. 2007). Furthermore, exiting the system once becoming homeless is difficult, and becomes more difficult over time (Ibid.).

For these reasons, support for asylum seekers throughout the refugee determination process makes practical sense as well as being crucial to Australia fulfilling its obligations under international law. The duty of care to asylum seekers should lie with the Australian Government, rather than the asylum seeker sector. Experience from within the sector demonstrates that, with the provision of effective income support, healthcare, housing, education and employment, asylum seekers can more effectively participate and contribute to the Australian community. This failure of duty of care not only comes at cost for the Australian community but also represents a failure of Australia's international obligations.

Key Recommendations

> Roll existing community-based support programs (Asylum Seeker Assistance Scheme and the Community Assistance and Support Program) for asylum seekers into **one streamlined income support and case management program** accessible to all community-based asylum seekers who have no access to income support.

> The Federal Government to **fund specialist orientation and settlement support** for asylum seekers.

> The Federal Government to legislatively provide all asylum seekers with **universal access to Medicare**.

> The Federal Government to legislatively provide all asylum seekers with **the right to work**.

Recommendations

HEALTH

1. Educate General Practitioners (GPs), the community and public health sector on:

> Asylum seeker physical and mental health.

> Access to entitlements to assist with mainstreaming healthcare for asylum seekers.

This training and awareness raising should fall under the responsibility and budget of the Department of Human Services (DHS) to ensure education for the sector. This education should be supported by specialist agencies – networks such as the Refugee Health Network and the ASRC.

2. **Provide asylum seekers with access to affordable pharmaceuticals** – whether through access to a health care card or similar, or some kind of affordable pharmaceuticals scheme. The Victorian State Government concession scheme for asylum seekers provides a best practice model for such a process.

3. **Department of Immigration and Citizenship (DIAC) funding to also cover health assessment by a GP for ASAS eligibility** under the 'fitness for work' criteria, and the ASAS pending clients be granted access to general healthcare to relieve the burden on charitable services.

4. **Provide appropriate ongoing care in the community to asylum seekers in mental health crisis** to ensure burden of care for vulnerable and at risk asylum seekers does not fall to the asylum seeker sector. This will be achieved by providing Federal Government funding to all community-based health services to enable community care for asylum seekers with mental health issues.

ACCESS TO FOOD, METCARDS AND OTHER BASIC ITEMS

1. **Mainstream Emergency Relief (ER) agencies to develop and adhere to internal policies that explicitly express a commitment to assisting asylum seekers** to the same degree as they assist their wider client groups to ensure a long-term safety net. The Salvation Army's *Working Positively with Vulnerable Migrants* policy should be used as an example of best practice for engagement between the asylum seeker sector and the mainstream ER sector.

2. State and Federal ER funding arrangements to require **mainstream agencies to enable seekers to be eligible for their services**.

3. Other Australian State Governments to **follow the lead made by the Victorian Government to introduce a concession rate of travel for asylums seekers**.

HOUSING

1. **State Government to increase the Housing Establishment Fund (HEF)** allocation annually by 50% to the Network of Asylum Seeker Agencies Victoria (NASAVic).

2. **Educate community housing services** with regard to asylum seekers' situations and exit options. NASAVic to be properly resourced and funded to provide this education.

3. **All Emergency Housing Services to be directed by State Government** to provide services to asylum seekers.

4. State Government to **provide nomination rights for transitional properties** to an Asylum Seeker Support Agency.

EMPLOYMENT AND EDUCATION

1. **Provide Federal and State Government funded pathways into Vocational Education** for asylum seekers.

2. Allocate Federal and State Government funding for **traineeship and work experience programs** for asylum seekers.

3. Allocate Federal and State Government funding to **specialist employment services** for asylum seekers.

VULNERABLE GROUPS

1. Establish a **National Commissioner for Children** to ensure the safety and wellbeing of all children and their human rights.

2. The asylum seeker sector and the youth sector **to work together to address the unique needs of young asylum seekers.**

3. **All Emergency Housing Services to be directed by State Government** to provide services to asylum seekers via a policy directive and protocol.

4. DIAC to ensure decisions regarding visa grants at the Ministerial level do not place vulnerable people at higher risk through the provision of **direct grant of the Aged Parent Visa** or alternative visa.

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Glossary

'45-day rule'
The '45-day rule' was a introduced in Australia on 1 July 1997 and allowed only Protection visa applicants who lodged their application within 45 days of arriving in Australia to obtain permission to work and consequent access to Medicare. The '45-day rule' was an arbitrary and unfair policy that resulted in unacceptable hardship for many asylum seekers living lawfully in the community.

Assurance of Support
An assurance of support is a legally binding agreement between an Australia resident or organisation (the assurer) and the Australian Government. The assurer agrees to support the migrant (the assuree) in Australia to prevent the assuree from relying on Centrelink payments.

Asylum Seeker
Asylum seekers are people who have applied for protection and are awaiting a determination of their status. In this paper, the term asylum seeker is used in reference specifically to community-dwelling asylum seekers (i.e. individuals and families seeking asylum who are not currently in detention)

Asylum Seeker Assistance Scheme (ASAS)
The ASAS is funded by the Department of Immigration and Citizenship (DIAC) and administered by the Australia Red Cross. It assists asylum seekers in Australia who are in the process of having their refugee status determined.

This Scheme provides eligible asylum seekers with financial assistance and limited healthcare assistance, plus referrals to other agencies for settlement issues. Eligibility of those with a current on-shore Protection Visa (refugee status) application and awaiting a decision is determined by the DIAC. Eligibility for the ASAS is assessed on being in financial hardship and having awaited a decision at the DIAC for longer than six months or meeting one of the 'exemption criteria'.

The exemption criteria include:

> An unaccompanied minor (under 18 years).
> A person who is unable to work as a result of a disability or illness (mental or physical).
> Parent/s with a child/children under the age of 18.
> A full time carer.
> A person who is unable to work as a result of the effects of torture and trauma.
> A pregnant woman whose medical or social circumstances are such that her health or the baby's health are at risk if she does not receive assistance.
> A person who is the spouse, de facto spouse or sponsored fiancé/e of a permanent resident or citizen of Australia or New Zealand.
> The applicant's financial hardship has resulted from a change of circumstances beyond their control since the last arrived in Australia.

Baptcare Sanctuary
Baptcare Sanctuary is a housing facility for male asylum seekers. The facility accommodates up to 29 residents and priority is given to asylum seekers on bridging visas who have no right to work, Medicare or income support. The facility is managed by Baptcare in collaboration with other agencies, and with the support of the local Brunswick Baptist Church. Along with providing housing, Baptcare Sanctuary provides case management, pastoral care and material aid to asylum seekers.

Brigidine Asylum Seekers Project (BASP)
BASP was initiated by a group of Brigidine Sisters. The group is currently under the auspice of the Brigidine Justice Community and is managed by the BASP Committee. Both of these are made up of Brigidine Sisters and dedicated colleagues and friends of the project.

The project aims to:

> Provide hospitality and practical support for asylum seekers
> Actively network with like-minded individuals and groups who are working for justice for asylum seekers
> Promote advocacy for the rights of asylum seekers

BASP currently has two houses in which asylum seeker men reside for free. The Brigidine Sisters provide regular support, information and referral to asylum seekers residing in these houses.

Community Assistance and Support (CAS) Program
The CAS program is funded by the Department of Immigration and Citizenship (DIAC) and administered by the Australia Red Cross.

There are four components to the program:

> Community assistance provided by the Australian Red Cross.
> Immigration information and counselling provided by the International Organisation for Migration (IOM).
> Migration advice provided through Immigration Advice and Application Assistance Scheme (IAAAS) legal providers.
> One-off support provided through DIAC case management.

Eligibility to the program:

> Clients are referred directly to DIAC case management (The Australian Red Cross does to have a role in approving or rejecting access).
> Clients who have exceptional circumstances and vulnerabilities.
> Clients who are unable to access other supports or assistance in the community.

Eligibility to the CAS program is strictly limited and capacity issues are frequently cited as reasons for not being able to accept a referral.

Community Mental Health Practitioners
For the purpose of this paper refers to mental health practitioners working in the community who are registered with Medicare and thus have a Medicare provider number. This can include: psychologists, psychiatrists and social workers.

Housing Establishment Fund (HEF)
The Housing Establishment Fund is a Victorian Government initiative that aims to address and prevent homelessness by providing financial assistance to individuals and families who are homeless or in housing crisis. HEF is a critical component of the Homelessness Service System (HSS).

HEF is primarily used to assist homeless people to access crisis, longer-term or alternative housing options, or to assist them to maintain their existing housing. Eligibility criteria are applied to HEF assistance in order to endure that HEF is distributed to those in greatest housing need.

Homelessness
People who are homeless fall into three broad groups, including those who:

> Sleep rough (i.e. Living in the streets).
> Live in temporary accommodation such as crisis/ emergency accommodation (including refuges, flats, shelters, motels) or are staying temporarily with family or friends.
> Live in boarding/rooming houses or caravan parks with no secure lease and no private facilities.

Hotham Mission Asylum Seeker Project (ASP)
Based at Hotham Mission, ASP works with asylum seeker men, women and children in the community awaiting an outcome on their refugee or humanitarian claim who are without access to income. Through the ASP, Hotham provides free housing, casework and volunteer support, pays for emergencies and provide monthly cash relief. The project relies on the support of the community to be able to continue helping asylum seekers.

Permanent Protection Visa (PPV)
A permanent visa granted to a person to whom Australia has a protection obligations under the UN Refugees Convention 1951 as amended by the Refugees Protocol 1967. This visa permits the holder to remain indefinitely in Australia and to access mainstream settlement services.

Refugee
According to the 1951 Convention Relating to the Status of Refugees, a refugee is a person who, owing to a well-founded fear of being persecuted for reasons of race, religion, nationality, membership of a particular social group or political opinion, and is outside the country of their nationality.

Refugee Determination Process
A person is taken to be in the Refugee Determination Process if their legal case for asylum is at one of the following stages: DIAC, Refugee Review Tribunal, Federal Magistrate's Court, Federal Court, High Court or Humanitarian Request to the Minister.

Substantive Visa
This is a visa other than: a Bridging Visa; a Criminal Justice Visa: or an Enforcement Visa. Examples of substantive visas include: Permanent Protection Visas, Aged Parent Visas, Contributory Parent Visas, Spouse or Prospective Spouse Visas, Tourist Visas etc. Substantive Visas are used to describe the visa that someone arrives in Australia on and also the visa a person receives when the Minister for Immigration and Citizenship makes a humanitarian intervention.

Temporary Protection Visa (TPV)
The Temporary Protection Visa document, introduced by the Howard Government on 20 October 1999, which was issued to person who had been recognised as refugees fleeing persecution. The scheme was controversial, with the Government claiming it was a necessary respond to the misuse of the asylum process by unauthorised arrivals. Refugee advocates described TPV's as a cruel way to treat people as they asylum seekers with an uncertain future.

After being granted a TPV, refugees were required to reapply several years later in case conditions changed in their country of origin. While on a TPV, refugees were forbidden to travel overseas. Under the terms of the visas, they could not access full social security benefits, and were not allowed to sponsor family members for settlement in Australia.

The Rudd Government committed itself to the abolition of the TPV category as part of its Budget 2008–2009 announcements made in May 2008. The regulations providing for the granting of Permanent Protection Visas (PPVs) to all refugees who have established a claim for protection in Australia were introduced into the Federal Parliament in August 2008. From this time, any person applying in Australia for refugee protection will be granted a PPV. Individuals who were, as of August 2008, still on a TPV became eligible to apply for a Resolution of Status (RoS) Visa, which is akin to the PPV. The RoS Visa is granted subject to the TPV applicant undergoing health and ASIO/Australian Federal Police Security checks.

Transitional Housing
This is for people who are homeless or who are at risk of homelessness.

Transitional housing operates on short to medium-term tenancies, usually for a minimum period of three months and a maximum of 12 months for adults and up to 18 months for youth.

The aim of transitional housing is to provide safe and affordable accommodation combined with support form nominating agencies to assist people to begin to address any issues that may have contributed to their situation and work towards reestablishing secure housing as soon as possible.

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