



ethnic  
communities'  
council of  
victoria

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# A Better Option

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Asylum Seekers  
Living in the  
Community  
in Victoria

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Roundtable  
Summary Report

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Ethnic Communities' Council of Victoria Inc. (ECCV) is the *Voice of Multicultural Victoria*. As the peak body for ethnic and multicultural organisations in Victoria, we are proud to have been the key advocate for culturally diverse communities in Victoria since 1974. For 40 years we have been the link between multicultural communities, government and the wider community.

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## Contents

About Ethnic Communities' Council of Victoria .....	3
Introduction .....	3
Background .....	3
Policy Context.....	4
Roundtable discussion responses.....	5
Fragmented access to MediCare support .....	5
Trauma, torture and prolonged detention.....	5
Underutilisation of preventative health.....	6
Lack of ability to earn an income.....	6
Unfair employment restrictions .....	6
Limited resources of charities/NGOs .....	6
Supporter/community engagement .....	7
Inadequate housing accessibility .....	7
Inadequate food accessibility .....	7
Lack of federal leadership .....	8
Difficulty in obtaining data .....	8
Need for meaningful activities.....	8
Public transport anomalies .....	8
Lack of access to childcare .....	9
Lack of focus on the youth .....	9
Refugee Welcome Zones.....	9
Lack of visa database.....	10
IMMI Card confusion .....	10
Role of ECCV .....	10
National inquiry .....	11
Next steps .....	11
Appendices .....	13
Appendix 1 – Roundtable representation .....	13
Appendix 2 – Roundtable briefing paper .....	14
Appendix 3 – Roundtable discussion questions.....	17

*“Despite difficulties experienced by asylum seekers living in the community it is still a better option than held detention”.*

UNHCR Protection Gaps Report, December 2013

## **About Ethnic Communities' Council of Victoria**

The Ethnic Communities' Council of Victoria (ECCV) represents the voice of Victoria's multicultural community. As the peak body for ethnic and multicultural organisations in Victoria it has been the key advocate for culturally diverse communities since 1974 to all three levels of government. ECCV advocates for freedom, respect, equality and dignity for multicultural communities and strives to build a harmonious, vibrant Victorian society.

In 2012 and 2013 ECCV produced a short *Position Paper on Asylum Seekers*. With the increasing number of asylum seekers moving out of held detention to live in the community, ECCV found the need to further explore the relevant issues.<sup>1</sup>

## **Introduction**

This paper *A Better Option – Asylum seekers living in the community in Victoria* highlights a variety of issues concerning the provision of settlement services to asylum seekers living on bridging visas in the community, in the state of Victoria. The emphasis of this paper is derived from in-depth insights gathered during the ECCV roundtable concerning service provision and community based asylum seekers in March 2014. The participants included representatives from local government, State Government, non-governmental organisations, refugee and asylum seekers support organisations, ethnic and multicultural agencies, generic community organisations, charities and a university representative listed in Appendix 1.

The scope of the paper includes a detailed analysis of a wide range of issues that impact on the provision of social, health, employment and other general settlement services to asylum seekers that have been moved from physical detention into the community, on bridging visas (typically Class E).

This report aims to build on the United Nations High Commissioner for Refugees (UNHCR) 2013 *Protection Gaps Report* investigating protection and service gaps affecting asylum seekers on bridging visas in Australia. Without unnecessarily recreating the work of the UNHCR, this report aims to present a Victorian State perspective on the issue; something that was lacking in that UNHCR report.

Victoria houses almost half of all community-based asylum seekers in Australia, as well as a significant portion of those in held detention. Thus it is important to illuminate the challenges and problems faced by Victorian service providers and to suggest some possible solutions and improvements.

## **Background**

As at 31 March 2014 there were 4,484 people in Australia immigration detention facilities and alternative places of detention. Separately, 3,101 people are living in the community after being

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<sup>1</sup> [http://eccv.org.au/library/file/policy/V3\\_Final\\_ECCV\\_Position\\_Paper\\_Asylum\\_Seekers.pdf](http://eccv.org.au/library/file/policy/V3_Final_ECCV_Position_Paper_Asylum_Seekers.pdf)

approved for a residence determination and 24,208 are living in the community after being granted a Bridging Visa E.

The total population in immigration detention in Australia gradually increased throughout the 1990s. It peaked in the early 2000s and began a gradual decrease to early 1990s levels until it spiked to record levels during 2010-2011. It broke the all-time record in 2013 and has been decreasing since then.

Of the 3,101 people approved for a residence determination to live in the community, 42 per cent (1,299 people) are situated in Victoria.<sup>2</sup> Approximately of 12,000 asylum-seekers currently live with a large range of visa statuses, rights and entitlements in Victoria. These range from full rights and benefits to no rights and benefits. Accurate and depictive data on this community of asylum-seekers is difficult to compile.

The growing number of Victorian community-based asylum seekers is placing a strain on service provision. Their cultural and linguistic diversity make effective service provision even more challenging, as does their multiplicity of visa conditions and entitlements.

These people arrive in Australia from many parts of the world having fled persecution and other various forms of violence, often having experienced extended periods living in poverty and destitution. As a result of their experiences many new arrivals face significant financial, health and other inequalities. They require more targeted support in order to effectively access services which are crucial to their resettlement.

## **Policy Context**

Since late November 2011, the Government of Australia has released many asylum seekers who arrived by boat into the community on bridging visas, class E (BVEs), following initial health and security checks. Originally, those released on BVEs were typically adult males, the majority of whom were given work rights. If they were determined to be refugees, they were granted permanent protection visas.

This policy changed after 13 August 2012, following the Report of the (Australian Government) Expert Panel on Asylum Seekers. After that date, asylum seekers released on BVEs were not granted work rights and were subject to the 'no advantage principle', under which they were to obtain no advantage compared with asylum seekers or refugees who were waiting to be processed or resettled to Australia from overseas. UNHCR has expressed its concerns about this policy. These asylum seekers are legally liable to be taken to a designated third country for 'regional' processing, although the numbers of asylum seekers affected (some 33,000) make such a transfer only a remote possibility for the vast majority. Policy announcements also indicated that asylum seekers subject to the 'no advantage principle' and found to be refugees might need to wait up to five years before their protection visa was granted. From May 2013 it was announced that families with children aged 16 years and under would be released on BVEs.

On 19 July 2013 the Government of Australia announced that under an arrangement with Papua New Guinea (PNG) all asylum seekers arriving by boat at Australia from that date without valid visas would be subject to transfer to a designated third country for 'regional' processing and would not

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<sup>2</sup> [http://www.immi.gov.au/managing-australias-borders/detention/\\_pdf/immigration-detention-statistics-march2014.pdf](http://www.immi.gov.au/managing-australias-borders/detention/_pdf/immigration-detention-statistics-march2014.pdf)

be permitted to settle in Australia. It is unclear how this policy will play out in practice. In particular, given the limited capacities of regional processing centres that are currently located in both Papua New Guinea and Nauru, it is unclear whether post-19 July arrivals will be detained indefinitely in Australian detention centres pending transfer to a regional processing centre, or alternatively released into the community on BVEs without work rights pending transfer to a regional processing country.

Policy indications from the Australian Government demonstrate an intention to continue to deny work rights to asylum seekers classified as Unauthorised Maritime Arrivals and that access to welfare benefits may be subject to a 'mutual obligation programme'. Further details regarding that programme and conditions for bridging visa holders are yet to be announced. Other policies announced by the Government impacting on asylum seekers in the community include a return to the system of Temporary Protection Visas (TPVs), potential removal of access to legal advice through the Immigration Advice and Application Assistance Scheme (IAAAS), and removing appeals to the Refugee Review Tribunal and restoring an administrative (non-statutory) assessment review process.<sup>3</sup> Those policy predictions that were made by the UNHCR in December 2013 have all become reality. It should be noted that the asylum-seeker/refugee policy is always very fluid.

## **Roundtable discussion responses**

A range of issues concerning social and other services provision to asylum seekers living in the community on bridging visas arose in the roundtable discussion. Participants received a Briefing Paper (see Appendix 2) prior to the roundtable outlining the needs of asylum seekers living in the community outside held detention in Victoria as well as the impact on service providers.

The following sections are a summary of comments made by participants at the *ECCV Roundtable on Asylum Seekers living in the Community* in response to the discussion questions in Appendix 3.

### Fragmented access to MediCare support

- Most participants in the roundtable were concerned about the link between bridging visas, MediCare access and work rights.
- If a bridging visa expires before an asylum seeker's claim is processed, they lose their MediCare regardless. This results in them losing their work rights which are tied to MediCare. It creates a class of people without any healthcare, ability to earn an income or government benefits living in existential limbo.
- Clients that are funded through DIBP contracts with AMES and the Red Cross can have their medical bills paid by the DIBP, but there are problems with billing General Practitioners. The DIBP does not pay the medical bills of non-funded clients.
- The Victorian Department of health has created a health 'safety net' by directing all emergency rooms to treat asylum seekers who show up there. Participants were concerned that this might not be the best way to provide healthcare.

### Trauma, torture and prolonged detention

- Asylum-seekers are entitled to six weeks of free trauma/torture treatment. However many symptoms and other related health issues, such as Post Traumatic Stress Disorder, do not surface until after their six weeks of treatment are over.

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<sup>3</sup> UN High Commissioner for Refugees, 'Asylum Seekers on Bridging Visas in Australia: Protection Gaps UNHCR Consultation, 2013', 16<sup>th</sup> Dec. 2013, pp. 2-3. <http://unhcr.org.au/unhcr/images/2013-12-16%20Asylum-seekers%20on%20bridging%20visas%20in%20Australia%20-%20.pdf>

- Deterioration in mental health, as result of trauma and torture, could lead asylum seekers to misbehave and unwittingly break their code of conduct, which results in their being re-detained. This in turn would result in their receiving a negative judgement on their asylum application.
- Participants agreed that staff working on the frontlines in 'high stress' situations (especially detention centres) were not receiving adequate support.
- There is opportunity for local government to work with Foundation House,<sup>4</sup> which is an organisation that provides services to refugees with a trauma/torture background, to improve conditions for service providers and the provision of the service. However, Foundation House suffers from a deficit in funding.
- As insufficient funding is a major setback in this area, a lot of health support is being provided pro bono.

#### Underutilisation of preventative health

- Health service providers need to work on improving the health literacy of asylum seekers and promoting preventative health measures.
- Free local gym membership for asylum seekers is a good program that has been attempted by the Moreland Council, however it is generally underutilised.

#### Lack of ability to earn an income

- Participants in the roundtable agreed that asylum seekers' lack of financial income was an underlying issue and a major source of settlement issues.
- This lack of income is the result of unemployment, underemployment or the inadequacy of government benefits.
- Lack of income undercuts the service providers' ability to address problems in housing accessibility and adequacy.

#### Unfair employment restrictions

- All participants were in agreement that the system of work rights granted to asylum seekers was inadequate.
- Confusion regarding the different work rights of different visas complicated provision of employment services.
- Some employers are apprehensive in hiring asylum seekers because they are unsure of what the visa status of an individual asylum-seeker is or what work rights that status allows.
- Those asylum seekers who were lucky enough to find employment are mostly working in temporary positions, as the outcome of their asylum claim is always uncertain.
- However despite the hesitation, many employers are willing to hire asylum-seekers and this willingness needs to be cultivated.
- The specific problems of asylum-seeker employment were also discussed by the UNHCR<sup>5</sup> and the ARCS<sup>6</sup>.

#### Limited resources of charities/NGOs

- Severe strain is placed on philanthropic organisations to provide urgent material aid to impoverished asylum seekers.
- Charitable organisations are increasingly relying on fundraising. Their resources are strained and limited, and their ability to provide material aid is ad hoc and fragmented.

<sup>4</sup> <http://www.foundationhouse.org.au/about/>

<sup>5</sup> UN High Commissioner for Refugees, 'Asylum Seekers on Bridging Visas in Australia', pp. 7-8.

<sup>6</sup> Australian Red Cross, 'Inaugural Vulnerability Report', p. 17.

### Supporter/community engagement

- Participants felt that a large sector of the community is willing and wanting to give their time and visit asylum seekers in the community and in held detention.
- This needs to be encouraged and further facilitated as it creates community cohesion and is beneficial for the mental health of asylum seekers.
- Unfortunately, the bureaucracy and red tape involved in visiting asylum seekers in held detention is overbearing and deters meaningful visitation.
- The importance of maintaining engagement between asylum seekers and the willing community, or 'supporters', has also been discussed in academia. A study exploring the mental health consequences of long-term immigration detention found that contact with 'supporters' was crucial for the asylum-seekers. 'Several participants maintained relationships with supporters whom they had known in detention, and those relationships continued to be experienced as the most important in the post-detention period. Supporters were seen to understand what they had been through and were people to whom they could turn ... [A]n exception to the tenuous and fraught relationships the participants described were their friendships with supporters who visited or corresponded with them during and after detention. The participants' perspective was that visitors and supporters expressed solidarity with detainees, bore witness to their suffering, and through their acts of care and concern expressed their opposition to the detention policies'.<sup>7</sup>

### Inadequate housing accessibility

- As the underlying issue behind housing accessibility is lack of income, income assistance to asylum seekers must be increased.
- Asylum seekers do not have rental histories and referees. This makes it difficult for them to become eligible for rental housing.
- The uncertainty of their visa status makes it more difficult for asylum seekers to find permanent housing.
- There is not enough variance in the available domicile types.
- Over-crowding is a common problem in asylum seeker housing. It could lead to increased mental deterioration in over-crowded housing occupied by single, adult males.
- The inadequacy and scarcity of housing available to asylum seekers has been extensively investigated by the UNHCR<sup>8</sup> and the Australian Red Cross Service (ARCS)<sup>9</sup>.

### Inadequate food accessibility

- Healthy food accessibility is becoming a major problem for asylum-seekers.
- Due to their lack of income, many families and individuals are left with around \$20 a week to spend on food.
- One participant reported that local asylum seekers in Mildura were trying to obtain food aid from the Sunraysia Mallee Ethnic Communities' Council.
- The issue of healthy food availability to asylum seekers has also been examined in academia. A 2010 study of African refugees recently resettled in Australia found that intake of all major food groups was below the recommended levels regardless of the refugees' proximity to food.<sup>10</sup> The study also emphasised the importance of a healthy diet for asylum seekers. Building on

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<sup>7</sup> Coffey, G.J., et al., 'The meaning and mental health consequences of long-term immigration detention for people seeking asylum', *Social Science and Medicine*, vol. 70, 2010: pp. 2070-2079.

<sup>8</sup> UN High Commissioner for Refugees, 'Asylum Seekers on Bridging Visas in Australia', pp. 4-5.

<sup>9</sup> Australian Red Cross, 'Inaugural Vulnerability Report: Inside the process of seeking asylum in Australia', Jun. 2013, pp. 16-17. [http://www.redcross.org.au/files/ARC\\_VulnerabilityReport\\_LR.PDF](http://www.redcross.org.au/files/ARC_VulnerabilityReport_LR.PDF)

<sup>10</sup> Pereira, C.A.N., Larder, N. & Somerset, S., 'Food acquisition habits in a group of African refugees recently settled in Australia', *Health and Place*, vol. 16, 2010: pp. 934-941.

previous work that identified general chronic malnutrition amongst asylum-seekers, this study concluded that rapid transition to a sugar and carbohydrates based 'western' diet would compound the vitamin and mineral deficiencies experienced by most cohorts of asylum seekers.<sup>11</sup>

#### Lack of federal leadership

- Since 2012 a deficit in communication has been accumulating between the Department of Immigration and Border Protection (DIBP) and local government and service providers.
- There is a feeling that DIBP considers local government and service providers capable of self-leadership and self-organisation, and thus DIBP has not been demonstrating federal leadership on related pertinent issues.
- Local government and service providers find the DIBP difficult to engage.
- Outside of contracted relationships such as between large service providers and the DIBP, local service providers who do not hold contracts find the DIBP very difficult to engage.
- The state-wide *Regional Management Forum* is a good State Government initiative; however the DIBP should be represented at the forum – as they currently are not.
- Lots of other forums that could provide opportunities for engagement and strategic cooperation, such as the *Victorian Settlement Forum*, are no longer funded or engaged by the DIBP.
- Participants felt that negative attitudes towards asylum seekers were emanating from the DIBP.

#### Difficulty in obtaining data

- Crucial data regarding asylum seeker resettlement is either absent or very difficult to obtain. This diminishes the capacity of service providers and local councils to meet the needs of people coming into the community.
- Reliable data, actual or predictive, as well as asylum seeker profiles are also either absent or non-existent. This is especially challenging for frontline service providers.

#### Need for meaningful activities

- There are lots of asylum seekers who are willing to volunteer their time and this should be utilised efficiently. Connections between asylum seekers and their communities should be cultivated.
- Asylum seekers have a growing interest in activities at the local library, local gym membership and self-paced computer-assisted English classes, as well as other community activities.
- The participants stressed that these activities must be locally organised and run.

#### Public transport anomalies

- A majority of asylum seekers rely on public transport. If their access to it is hampered, then their ability to utilise settlement services is diminished.
- Concession cards are crucial for their access to public transport; however concession cards expire with bridging visas. Thus if an asylum seeker's bridging visa expires before their claim is processed they are left with no work rights, no MediCare, no benefits and unable to access public transport.
- Even with the concession, some asylum seekers can only afford to leave their residence a limited amount of times per week.
- Because of their precarious situation, some asylum seekers are forced to abandon certain services as they cannot afford public transport and are located kilometres away from where they need to go.

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<sup>11</sup> Pereira, C.A.N., Larder, N. & Somerset, S., 'Food acquisition habits in a group of African refugees', pp. 934-941.

### Lack of access to childcare

- Childcare is not accessible or affordable for asylum seekers. The Commonwealth Government no longer funds childcare for asylum-seekers on bridging visas.
- It is difficult for asylum-seeker parents with several children to work as their access to childcare is not subsidised.
- If one parent is absent, the other parent must remain at home with the children and is unable to go to work or utilise settlement services.
- Some of the participants described the situation of many asylum seeker mothers who were forced to remain at home to care for numerous children and not able to leave their residence to attend English classes and supportive services. Their confinement to their residence is further reinforced by a lack of income and lack of public transport access.

### Lack of focus on the youth

- There was resounding agreement amongst the participants that there were no 'youth oriented' settlement services
- There was an agreement that 'youth services' should be separately identified in the context of settlement services.
- This point has also been picked up on in academia. In a study of youth with refugee backgrounds living in Melbourne, it was pointed out that '[S]ubstantial gaps exist in services for adolescents. Importantly there is no coordinated youth focus in early resettlement programs which in turn has resulted in the inability of educational and employment policies to meet the needs of this population.'<sup>12</sup>
- The Commonwealth Government only funds schooling for asylum seekers until they turn 18.
- Many asylum seekers do not have the chance to go to school as early as Australian children, if they go at all. Thus many asylum seekers are forced to graduate High School before they receive the same amount of education as Australian children.
- This disparity in education is carried on through to the tertiary level as the Commonwealth Government does not provide HECS or HELP loans to asylum seekers for university education.
- The tertiary sector should provide more fee-reduced places for asylum seekers as many of them have educational aspirations that should be realised.
- Young people who live with their families find accessing services especially difficult as the government funds the ARCS to provide services only to 'unaccompanied minors'. That excludes those living with their parents.
- A forum that focuses on the youth and includes refugees and asylum seekers would be useful.

### Refugee Welcome Zones

- Creating safe, open and welcoming space in the community for asylum seekers was identified as important by the participants.
- The Refugee Council of Australia has developed a framework of establishing Refugee Welcome Zones. These are simple local council areas that have made 'a commitment in spirit to welcoming refugees into the community, upholding the human rights of refugees,

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<sup>12</sup> Correa-Velez, I., Gifford, S. M. & Barnett, A. G., 'Longing to belong: Social inclusion and wellbeing among youth with refugee backgrounds in the first three years in Melbourne, Australia', *Social Science and Medicine*, vol. 71, 2010: pp. 1399-1408. (p. 1399).

demonstrating compassion for refugees and enhancing cultural and religious diversity in the community,' and there is a simple process of 'becoming' a refugee welcome zone.<sup>13</sup>

- The Municipalities Association of Victoria is holding an event in June 2014 that will promote this concept further in the attempt to reenergise and swap 'good practise stories' between the participating councils.

#### Lack of visa database

- Due to the multiplicity and complexity of visa types and conditions for asylum-seekers and refugees, service providers understandably need a comprehensive, user-friendly guide to assist effective service provision.
- Whilst the DIBP has produced such a document, the participants agreed in chorus that the DIBP document is not comprehensive or user-friendly.
- Comprehensive visa information is required not only by service providers, but by the wider community services network and it is crucial for effectively providing settlement services.
- The Federal Government is perceived as expecting service providers to supply and update such a document themselves. This has resulted in at least one school in Dandenong having compiled their own chart of visa types and entitlement for their use. The participants found the burden of producing such a chart to be an unacceptable task for a community group.
- It is of crucial importance that such a document, which includes all current visa types and the entitlements they provide, and that is presented in a comprehensive and user-friendly manner, is developed by the DIBP. It is also very important that this document is stored within a system that allows for it to be updated quickly and for that information to disseminate amongst the service provision network.
- Service providers need to be informed of the latest and most pertinent information in regards to asylum seekers and refugees.

#### IMMI Card confusion

- As asylum seekers are released into community detention on bridging visas, the DIBP provides them with IMMI Cards that they use as official identification and for accessing services.<sup>14</sup>
- IMMI Cards are supposed to be valid for the duration of the bridging visa however their expiration dates do not match.
- Sometimes the expiration on the IMMI Card will run out before the expiration on the bridging visa. Many service providers see the IMMI Card expiry date as the expiry of the bridging visa and therefore refuse services to asylum seekers who may still be able to access them.

#### Role of ECCV

- ECCV should be represented on the Network of Asylum Seekers' Agencies, Victoria (NASAVic).
- ECCV should coordinate with the Refugee Health Network, the Refugee Council of Australia, NASAVic and the Asylum Seeker Resource Centre.
- The Asylum Seeker Resource Centre runs the *Right to Work* campaign, which promotes the issue of asylum seekers' work rights. The ECCV should be involved with this campaign and it is time to actively promote it again.<sup>15</sup>
- ECCV should advocate for more fee-reduced places in tertiary institutions for asylum seekers.

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<sup>13</sup> Refugee Council of Australia, 'Refugee Welcome Zones: Local councils building a culture of welcome for refugees', Dec. 2013, p. 3. [http://www.refugeecouncil.org.au/g/131219\\_RWZ.pdf](http://www.refugeecouncil.org.au/g/131219_RWZ.pdf)

<sup>14</sup> <https://www.immi.gov.au/visas/humanitarian/immicards/>

<sup>15</sup> <http://righttowork.com.au/>

### National inquiry

- On 3 February, the Australian Human Rights Commission launched an inquiry into children in closed detention.
- Participants urged ECCV to make a policy submission to the National Inquiry into Children in Detention.

In summary, this report presents the insights gathered at the ECCV March 2014 roundtable discussion regarding asylum seekers living in the community on bridging visas; related service gaps; and the issues and challenges that service providers face in providing effective social and other settlement services to these asylum seekers.

Subjects discussed at the forum included: the provision of housing/employment/health and other essential services; questions of youth/women/ marital service provision as well as strategies of minimising discrimination; and current and future asylum-seeker policy environments. Where appropriate, the insights that were gathered from participants are supplemented by brief academic material.

The number of service gaps and challenges faced by service providers are many. The challenges faced by asylum-seekers living in the community often add up to a state of destitution. There are, however many substantial *and* incremental reforms that, if initiated, would alleviate some of the burdens on service providers as well as improving the relatively low living standards and conditions of asylum seekers in the community.

### **Next steps**

ECCV believes that despite the challenges experienced by service providers and asylum seekers since their quick release out of held detention, it is still a better option for them to live in the community whilst their claims are being processed. In an endeavour to move forward, better coordinate and improve those conditions, ECCV intends to respond to the issues raised this paper as follows.

In response to recommendations by participants at the roundtable discussion, ECCV subsequently made a policy submission to the Australian Human Rights Commission on the *National Inquiry into Children in Detention*. The submission is available on the ECCV website at <http://eccv.org.au>

Furthermore ECCV proposes to:

- a) Disseminate the ECCV roundtable summary report *A Better Option – Asylum seekers living in the community in Victoria* to the Federation of Ethnic Communities' Councils of Australia (FECCA) as an advocacy avenue to the Federal Government and DIPB.
- b) Seek representation on the Network of Asylum Seekers' Agencies, Victoria (NASAVic).
- c) Advocate to all levels of government that work rights be granted to asylum seekers living in the community.
- d) Encourage the promotion of positive stories of the willingness of many local employers to hire asylum seekers.

- e) Engage with local government regarding the provision and better promotion of meaningful activities for asylum seekers such as cost-free local gym memberships and activities in local libraries such as self-paced computer assisted English classes.
- f) Engage with the Victorian State Government directly and the Federal Government through FECCA regarding the issues of fragmented and fractured access to MediCare and cost-free medical and health emergency services; public transport concessions for asylum seekers; and adequate long-term mental health support.
- g) Advocate for separate youth services for asylum seekers through FECCA and the Federal Government.
- h) Engage with State education authorities to explore fee-reduced tertiary places for asylum seekers.
- i) Advocate to DIPB and FECCA for a comprehensive user-friendly guide to current visa types and their entitlements for service providers in Victoria.

ECCV proposes to disseminate the summary of issues in this report to the roundtable participants including the Victorian Office of Multicultural Affairs.

ECCV expresses its appreciation to Oleksiy (Alex) Romanov, ECCV Policy Unit Intern and author of this paper and acknowledges his hard work and dedication in arranging the roundtable consultation and researching the relevant topics.

For more information contact Dr Irene Bouzo, Senior Policy Officer, ECCV at email [ibouzo@eccv.org.au](mailto:ibouzo@eccv.org.au) and phone 03 9349 4122

## **Appendices**

### **Appendix 1 – Roundtable representation**

Asylum-Seeker Programs Manager, AMES

Chair, New and Emerging Communities Advisory Committee of FECCA

City of Greater Dandenong

Director, Asylum Seeker Resource Centre

Executive Officer, ECCV

Foundation House

Melbourne Uni RAS (Researchers for Asylum Seekers)

Moreland Multicultural and Settlement Services Network

Municipal Association of Victoria

Policy Officer – New and Emerging Communities ECCV

Policy and Projects Officer, Office of Multicultural Affairs and Citizenship, Department of Premier and Cabinet

Policy Unit Intern ECCV

Program Manager, BaptCare

Senior Policy Officer ECCV

Settlement Services Program Manager, Southern Migrant and Refugee Centre

Wesley Mission Victoria, Community Detention Program

Wyndham Education Services

## Appendix 2 – Roundtable briefing paper

### 1. INTRODUCTION

As at 31 March 2014 there were 4,484 people in immigration detention facilities and alternative places of detention. Separately, 3,101 people are living in the community after being approved for a residence determination and 24,208 are living in the community after being granted a Bridging Visa E.<sup>16</sup> The growing number of community-based asylum seekers is placing a strain on service provision. Their cultural and linguistic diversity make effective service provision even more challenging.

Asylum seekers arrive in Australia from many parts of the world having fled persecution and other forms of violence, often having experienced extended periods living in poverty. As a result of their experiences many new arrivals face significant health and other inequalities. They require more targeted support in order to effectively access services which are crucial to their resettlement.

### 2. HOUSING/ACCESS

- An ultra-competitive, hyper-expensive rental market is forcing asylum seekers further out of the CBD, where rental prices might be cheaper but opportunities for employment fewer. Their access to vital resettlement services is diminished geographically.<sup>17</sup>

### 3. EMPLOYMENT

- Recognition of qualifications is far too expensive and prevents meaningful participation in the workforce. Level of education/qualification does not seem to be a contributing factor to the employability of an asylum-seeker.<sup>18</sup>
- Only 15% of asylum seekers with work rights are employed. A much larger number display a willingness to work or volunteer, however their lack of English is only one of the barriers they face in trying to gain employment.<sup>19</sup>

### 4. TRAUMA

- The health of asylum seekers is deteriorated not only by the conditions which they flee, but also by the arduous migration process. It is likely they were prevented from or were not able to access quality healthcare at their point of origin.
- Asylum seekers are often traumatised and arrive with a range of mental disorders including: PTSD, depression, anxiety and suicidal tendencies. Not only from the conditions which they have escaped but also from the journey to Australia, which is traumatising in-of-itself.

### 5. HEALTH RISKS

- Large numbers of asylum seekers arrive with deficiencies in vitamins D, B<sub>12</sub> and Iron amongst others. These deficiencies can be extra harmful to malnourished children. The most recent arrivals are the most likely to have vitamin deficiencies.<sup>20</sup>

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<sup>16</sup> [http://www.immi.gov.au/managing-australias-borders/detention/\\_pdf/immigration-detention-statistics-march2014.pdf](http://www.immi.gov.au/managing-australias-borders/detention/_pdf/immigration-detention-statistics-march2014.pdf)

<sup>17</sup> Australian Red Cross, 'Inaugural Vulnerability Report', pp. 16-17.

<sup>18</sup> Marston, G., 'A Punitive Policy: Labour force participation of refugees on temporary protection visas', *Labour & Industry*, vol. 15, no. 1, 2004: pp. 65-79.

<sup>19</sup> Australian Red Cross, 'Inaugural Vulnerability Report', p. 17.

<sup>20</sup> Pereira, C.A.N., Larder, N. & Somerset, S., 'Food acquisition habits in a group of African refugees', pp. 934-941.

- Inability to transition to a healthy diet (which can be unaffordable by itself) quickly enough will compound the problems arising from vitamin deficiencies and could result in the development of metabolic syndromes. Several studies have observed higher rates of obesity and diabetes in second generation migrant populations.<sup>21</sup>
- Asylum seekers donate blood at a lower level than the national average of 3% of the population. This can result in a shortage of rare, ethno-specific blood types that can only be sourced from and received by those migrant and asylum-seeker communities. This is also comparable to organ-donation.<sup>22</sup>

## 6. HEALTHY DIET

- Intake of all major food groups is lower than the recommended level in many asylum seekers; even if they have access to affordable, healthy food.<sup>23</sup>

## 7. WOMEN

- Asylum seekers need access to ethno-specific maternal and prenatal health services. Many asylum seekers attempt the journey to Australia while pregnant, or become so a short time after arrival. The pregnancy and/or birthing could be complicated by harmful traditional practices.<sup>24</sup>
- Research suggests that asylum seeking women experience high levels of domestic violence and chronically underreport the abuse. Domestic abuse and violence is likely to be intensified by the stress and worry brought on by the migration.<sup>25</sup>

## 8. FAMILY CONFLICT

- The extensive range of mental disorders suffered by asylum seekers will create marital and familial conflict within their families. Those with the worst mental disorders will have trouble integrating into Australian society, socialising with others and finding work.<sup>26</sup>

## 9. YOUTH

- There is no youth specific focus in early resettlement programs, thus later programs are struggling to pick up the slack. The resettlement process can become as traumatic as the pre-migration context.<sup>27</sup>
- The speed at which they learn English will be the most important factor in determining how quickly asylum seekers find work and how successfully they resettle. This especially applies to young asylum seekers.<sup>28</sup>

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<sup>21</sup> Ibid., pp. 934-941.

<sup>22</sup> Polonsky, M. J., Brijnath, B., Renzaho, A. M.N., "They don't want our blood": Social inclusion and blood donation among African migrants in Australia', *Social Science & Medicine*, vol. 73, 2011: pp. 336-342.

<sup>23</sup> Pereira, C.A.N., Larder, N. & Somerset, S., 'Food acquisition habits in a group of African refugees', pp. 934-941.

<sup>24</sup> Riggs, E. et al., 'Assessing maternal and child health services in Melbourne, Australia: Reflections from refugee families and service providers', *BMC Health Services Research*, vol. 12, 2012: pp. 117-133.

<sup>25</sup> Ghafournia, Nafiseh, 'Battered at home, played down in policy: Migrant women and domestic violence in Australia', *Aggression and Violent Behaviour*, vol. 16, 2011: pp. 207-213.

<sup>26</sup> Coffey, G.J., et al., 'The meaning and mental health consequences of long-term immigration detention', pp. 2070-2079.

<sup>27</sup> Correa-Velez, I., Gifford, S. M. & Barnett, A. G., 'Longing to belong', pp. 1399-1408.

<sup>28</sup> Ibid.

## 10. DISCRIMINATION

- Racism, exclusion, injustice and discrimination, whether perceived or real, have defined the resettlement experience for large numbers of asylum seekers living in community detention in Australia.<sup>29</sup>

## 11. PROLONGED DETENTION

- Immigration detention and other measures that prolong obtainment of refugee status (such as Temporary Protection Visas<sup>30</sup>) exacerbate the psychological disorders of asylum seekers, as well as creating new psychological distress in the form of Chronic Anticipatory Stress Disorder and memory/concentration loss. The latter is compounded B vitamin deficiencies.<sup>31</sup>

## 12. POLICY RESOURCE CUTS

- In December 2013 the Government decided to disband the Immigrant Health Advisory Group, to be replaced with a single-position Advisor. The Group operated since 2006 as an independent body providing the Government with advice on the health and mental health needs of asylum seekers. The last chairperson of the group has been chosen to fill the single Advisor position. Concern has been raised that this might impact the quality of the advice.<sup>32</sup>

## 13. FUTURE ISSUES

- The reintroduction of Temporary Protection Visas would contribute greatly to a range of problems that asylum seekers, and communities trying to house them, are facing.<sup>33</sup>

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<sup>29</sup> Correa-Velez, I., Gifford, S. M. & Barnett, A. G., 'Longing to belong', pp. 1399-1408.

<sup>30</sup> <http://www.abc.net.au/news/2013-12-02/labor-votes-with-greens-to-block-temporary-protection-visa/5130188>

<sup>31</sup> Correa-Velez, I., Gifford, S. M. & Barnett, A. G., 'Longing to belong', pp. 1399-1408.

<sup>32</sup> <http://www.abc.net.au/news/2013-12-16/coalition-disbands-immigration-health-advisory-group/5158084>

<sup>33</sup> <http://www.abc.net.au/news/2013-12-02/labor-votes-with-greens-to-block-temporary-protection-visa/5130188>

## **Appendix 3 – Roundtable discussion questions**

### **HOUSING/ISOLATION**

1. What are the service gaps and issues regarding housing service provision and what can be done to address them?
2. How could services be delivered more effectively to geographically isolated asylum seekers?
3. What could be done to diminishing that isolation?

### **EMPLOYMENT/MEANINGFUL ACTIVITIES**

4. What are the service gaps and issues regarding employment service provision and what can be done to address them?
5. Should service providers promote volunteering to asylum seekers if employment options for asylum seekers are limited?

### **HEALTH**

6. What are the service gaps and issues regarding physical health service provision and what can be done to address them?
7. What are the service gaps and issues regarding mental health service provision and what can be done to address them?
8. How could access to health services be improved for asylum seekers?

### **WOMEN/YOUTH/FAMILY**

9. What are the service gaps and issues regarding youth language programs and what could be done to address them?
10. Which resettlement programs should have a larger youth focus?
11. Could resettlement services be divided between those catering to youth and those catering to adults and what effects will this have on the quality of service provision?
12. Regarding violence against women (i.e. domestic violence), to what extent does cultural sensitivity hinder the provision of services?

### **TRAUMA/PROLONGED DETENTION/DISCRIMINATION**

13. What are the service gaps and issues regarding service provision to extremely traumatised asylum seekers and what else could be done to address them?
14. How can service providers ameliorate asylum seekers' perceptions of being discriminated against?

## **VISAS TYPES**

15. What are the pertinent issues regarding changes to temporary visas for asylum seekers for example is Protection Visas (051) preferable to Bridging Visas E?
16. What services can visa holders access?
17. What significant effects do changes in visas have on service provision for example short notice release from held detention?

## **FUTURE AND OTHER CONSIDERATIONS**

18. Are there any pertinent issues around improving services for asylum seekers living in the community?
19. How effective is representation on the strategic advisory networks in Victoria? Should ECCV be represented?

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