

**ACROSS-GOVERNMENT WORKING PARTY
ON SETTLEMENT ISSUES FOR AFRICAN
HUMANITARIAN ENTRANTS**

FINAL REPORT

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1. BACKGROUND

There has been a significant change in the demographics of humanitarian entrants arriving in Australia under the Offshore Humanitarian Program in recent years. This poses a significant challenge for both government and non-government service providers. The increase in the number of people arriving in Australia through the Program and, in particular, the accompanying increase in the proportion of new arrivals from African nations, has placed demands on services that are currently not being met.

DEMOGRAPHICS

In 2004-05 over 13,000 people arrived in Australia under the Offshore Humanitarian Program, a 28% increase from 2003-04. Humanitarian arrivals from African nations have increased significantly in the past ten years (see Appendix 4), replacing the Balkans, which were the focus a decade ago. In 2004-05 of the total number of humanitarian entrants, 73% were of African origin, compared with 25% in 2001-02. In 2004-05 the top ten countries of birth for visa grants included Sudan, Liberia, Sierra Leone, Ethiopia, Burundi and Congo. The Department of Immigration and Multicultural Affairs (DIMA) advised that, in 2006-07 and the foreseeable future, the priority for the Humanitarian Program, will continue to be Africa.

In Western Australia (WA) numbers of African humanitarian entrants have risen from 1,223 in 2003-04 to 1,762 in 2004-05. WA receives 13% of all humanitarian arrivals in Australia. This ranks WA third after New South Wales (29%) and Victoria (29%), and is higher than WA's overall population proportion. DIMA has indicated that arrivals in WA during 2005-06 are likely to be approximately 900 refugees and 550 Special Humanitarian Program entrants (sponsored), similar to the planning levels for 2004-05.

According to the 2001 Census the majority of Africans lived in the Perth metropolitan area, with the highest concentrations living in the Local Government Areas (LGAs) of Stirling (30%), Gosnells (14%) and Bayswater (10%). New arrivals continue to increase population in these areas, particularly the northern suburbs of Mirrabooka, Balga and Girrawheen. The two largest religious groups were Islamic (50%) and Christian (43%).

CLIENT PROFILE

African humanitarian entrants are not only vulnerable to the considerable risk factors that affect migrants in general, such as unemployment, poverty, experiences of racism and social exclusion, but also have specific settlement needs that are often complex and unique to this cohort.

One in four African refugees who come to Australia have been tortured and seven in ten have had traumatic experiences such as losing a loved one in violent circumstances¹. Most have experienced displacement from their home country due to war and spent years in refugee camps, with significant health problems resulting from limited access to health care and malnutrition. Often compounding their trauma experiences is the separation from family members and the uncertainty of their safety.

Students from Africa have high educational support needs. Most arrive with little or no formal schooling experiences, limited literacy in their first language and often no exposure to written language. Many students have also witnessed or experienced acts of torture, rape and murder, which can significantly inhibit their ability to engage in a meaningful learning program. The Office of Multicultural Interests (OMI) has been advised that many young people have been child soldiers and are in need of rehabilitation. Life experience of the students is limited, as most were born and raised in refugee camps.

¹ Warrnambool City Council, (2005) 'A Warrnambool Welcome: Learning from the Warrnambool Migrant Relocation Project' Vic Health

The majority of new arrivals are experiencing the impact of torture and trauma accompanied by culture shock. This has a flow on effect to all aspects of health and wellbeing. Frequent physical expressions of emotional distress in torture and trauma victims are common. The nature and level of torture and trauma experienced by refugees requires specialist knowledge and skills that are not ordinarily available through mainstream service providers. Torture and trauma counselling for refugees is a specialist area of work and the demand for services by the general community already exceeds the available resources.

Culture shock, isolation, lack of confidence and low self-esteem further contribute to the trauma experienced by refugees. Consequently, African humanitarian entrants have high needs, not only in relation to education and health, but also in areas of independent living and financial management. The cultural distance between their home culture and the Australian culture is significant and ranges from learning what foods to eat to understanding welfare and banking systems.

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In response to concerns raised by government and community agencies regarding the capacity of current services to meet the needs of these clients, the Hon Bob Kucera MLA, the then Minister for Citizenship and Multicultural Interests, established an *Across-Government Working Party on Settlement Issues for African Humanitarian Entrants* in 2005, chaired by the Hon Margaret Quirk MLA, the then Parliamentary Secretary to the Premier. The aims of the *Working Party* were to:

- identify key emerging settlement issues for African refugees in Western Australia;
- develop strategies for addressing the identified needs; and
- enable better information sharing and coordination of service delivery.

The *Working Party* comprised representatives from the following State Government service providers involved in the settlement of humanitarian entrants:

- Department for Community Development;
- Family and Domestic Violence Unit (FDVU), Department for Community Development;
- Department of Education and Training;
- Department of Health;
- Department of Housing and Works;
- Western Australia Police (WAP);
- West Coast Technical and Further Education (TAFE); and
- Central TAFE.

A list of Working Party members is provided in Appendix 2.

A consultation process to identify issues and priorities was conducted by the *Working Party* from October to December 2005. This involved submissions by State Government service providers, the Department of Immigration, Multicultural and Indigenous Affairs (DIMIA), key Non-Government Organisations (NGOs) involved in the settlement of humanitarian entrants and African community representatives.

The following NGOs made presentations to the *Working Party*:

- Association for Services for Torture and Trauma Survivors (ASeTTS);
- Centrecare Family Services;
- Edmund Rice Centre;
- Communicare Inc;
- Metropolitan Migrant Resource Centre;
- Multicultural Services Centre of WA; and
- Ethnic Communities Council of WA.

A series of consultations were also facilitated by OMI with African community representatives (listed in Appendix 3), chosen for their knowledge of service provision and community involvement with humanitarian entrants. An issues paper was collated from these consultations and representatives from this group presented issues and recommendations, from a community perspective, to the *Working Party*.

The process identified a range of issues, and resulted in a number of recommendations, that are detailed in this Discussion Paper.

2. ISSUES AND RECOMMENDATIONS

2.1 SETTLEMENT SERVICES

A number of issues were raised in relation to the settlement process coordinated by the Commonwealth Government. These are outlined below.

2.1.1 Co-ordination Between Service Providers

Consultations revealed confusion and communication breakdowns between Commonwealth and State Government departments resulting in lack of clarity and delineation of responsibilities. A lack of coordination between State Government service providers was also noted. The Department for Community Development (DCD), for example, reported that too many service providers are providing services for humanitarian entrants and families are unsure of the role of the various services - including on-arrival services. Restrictions on the nature of services that can be provided, and for what period of time, adds to the confusion.

It is recommended that [*Recommendations 1-2*]:

1. a whole-of-government approach to address the needs of African humanitarian entrants be established through memoranda of understanding between State Government agencies and between the Commonwealth and State Government; and
2. coordination mechanisms be developed and established amongst State Government service providers to enable a higher level of inter-agency coordination to address the lack of information sharing, duplication and resource overlap, and enable more appropriately targeted service provision.

2.1.2 Cultural Information and Orientation

Pre-arrival information

Both government and non-government service providers reported that they do not receive sufficient information in time to plan for the needs of new arrivals, such as the establishment of Intensive English Centres in appropriate locations. It was strongly recommended that DIMA provide earlier and more comprehensive notification of new arrivals to relevant agencies to allow for maximum planning capabilities.

Consultations also found that pre-embarkation information provided to refugees in Africa prior to departure in the Australian Cultural Orientation (AUSCO) Program does not prepare them for the reality of life in Australia. It was reported, for example, that some new arrivals believe that they will be given a house and a job when they arrive in Australia. NGOs reported that African humanitarian entrants often have unrealistic expectations about settlement in Australia and, when the reality is very different from perceived expectations, issues of mistrust and uncertainty develop. If this issue is not addressed, the risk is that humanitarian entrants may experience further trauma due to feelings of insecurity, uncertainty and displacement.

These issues were raised in the African Communities Forum on Domestic Violence held by the FDVU in April 2005. Forum participants recommended that DIMA, OMI and relevant non government organisations give consideration to the development of enhanced pre-embarkation and settlement orientation programs, designed and implemented by experienced bilingual and bicultural African workers².

It is recommended that DIMA [*Recommendations 3-4*]:

3. provides earlier notification to relevant agencies of new arrivals to allow for maximum planning capabilities; and
4. review and enhance pre-embarkation cultural orientation information and program facilitation methods, and that information be reiterated as soon as practical on arrival in Australia.

Post-arrival information

Consultations found that current information and cultural orientation programs provided under the Integrated Humanitarian Settlement Strategy (IHSS) and CSSS do not provide adequate information and skills to humanitarian entrants. Agencies, for example, reported seeing clients who, a year after arrival, are not able to access public transport, do not understand Australian currency, lack financial budgeting skills, and do not know how to use kitchen appliances safely. The need for life skills training such as this extends beyond the current IHSS time frame.

Consultations supported recommendations of FDVU Forum participants that DIMA, OMI and relevant non-government agencies give consideration to the development of enhanced pre-embarkation and settlement orientation programs.

It is recommended that DIMA [*Recommendations 5-6*]:

5. review post-arrival cultural orientation information and program facilitation methods and that they be enhanced and staggered over a longer period of time, with greater recognition of trauma and culture shock issues; and
6. incorporate life skills training into all cultural orientation programs.

2.1.3 Integrated Humanitarian Settlement Strategy (IHSS)

Commonwealth assistance is provided for humanitarian entrants during the initial settlement period under the IHSS (see Appendix 5). Service providers reported that the current six month period for delivery of services through the IHSS program does not allow for the complex settlement needs of most African humanitarian entrants to be adequately addressed. It is very common for issues to arise in health, mental health and within the family after six months.

Following completion of the IHSS program, new arrivals may access services contracted to NGOs through the CSSS. However, the program relies on referrals and, therefore, does not guarantee delivery of appropriate or timely assistance. DIMA has advised that this issue will be addressed through the new Settlement Grants Program (SGP) that will replace the CSSS from July 2006. Further to this issue, however, consultations suggest that heavy caseloads prevent community workers from providing the intensive assistance and case management required after six months of arrival.

Consultations also suggest that education and support provided through the IHSS program is not meeting the learning needs of African humanitarian entrants. Arriving under the status of humanitarian entrants to a new country can be an extremely disorientating experience and there are a vast number of diverse activities and information to be absorbed in order to successfully integrate into Australian society. These include adapting to a new culture,

² African Communities Forum on Domestic Violence Report, April 2005, DCD Family and Domestic Violence Unit

learning a new language, orientation, learning new systems, such as welfare and banking, and gaining understanding of the legal and justice systems. Issues commonly experienced by humanitarian entrants, whilst learning the multitude of new information and activities, include unemployment, family violence, alienation, discrimination and racism, parenting issues, intergenerational conflict, torture and trauma related issues, and mental illness.

Limitations in the method of delivery or the number of times each instruction is able to be experienced means that new activities will not become the norm and the development of new skills required to function independently will be delayed or simply not acquired. Service providers reported the current IHSS program is not meeting the learning needs of African Humanitarian entrants.

The following recommendations are provided in response to these issues [*Recommendations 7-13*].

7. An *African Community Project* be funded, offering an holistic health and education program, including orientation and cultural transition support, provided by trained professionals in the roles of Psychologist/Trauma Counsellor, Migrant Health Community Nurse and Multicultural Community Liaison Worker. The Project would relieve some of the pressures on mainstream services, increase accessibility and use of services, and ensure language needs are understood and accommodated. It would also promote partnerships and links between relevant agencies and service providers. The estimated budget for providing specialist support services on two pilot sites, i.e., Integrated Service Centres (ISCs), for one year is \$443,000.
8. Intensive assistance be provided to new arrivals for longer than the current IHSS timeframe.
9. Cultural orientation and information provision be improved and staggered over a longer period of time, with greater recognition of trauma and culture shock issues.
10. More funds and resources be provided to research the needs of new arrivals and to develop and implement services and programs to target African humanitarian entrants.
11. A more intensive, case management model for each family be adopted, from the time of arrival, to be more needs responsive and provide greater practical assistance than the current model.
12. Educational programs be more flexible to allow for the extension of English language studies as required and to incorporate cultural orientation, life skills and vocational skills into English language programs.
13. A longitudinal research study be undertaken to evaluate the effectiveness of DIMA settlement programs among African communities.

2.1.4 Access to Mainstream Services

The IHSS provides basic settlement services and relies on the services of State Government agencies and NGOs for ongoing service delivery. Many mainstream services indicated that they are struggling to cope with the added demand and reported that they do not have adequate resources or skills to adequately satisfy client needs. Service providers reported that current resources and funding is not sufficient for them to address the needs of the African humanitarian entrant client group due to the high cost of interpreting services, the extra time it takes to provide a service when interpreting is necessary, and the specialist level of skill required by staff who work with refugees.

The following recommendations are provided to address these issues [*Recommendations 14-16*].

14. Funding and resources be provided to research the needs of new arrivals and to develop and implement services and programs to target African humanitarian entrants.
15. Funding of settlement support services be increased to meet the ongoing settlement needs of African humanitarian entrants. This includes ongoing funding for a range of culturally appropriate services such as trauma counselling, parenting support, youth support, vocational counselling, cultural transition programs, and foundation programs such as cultural orientation and life skills training.

16. Cultural awareness and educational training resources be identified, developed and provided for key mainstream service providers, including General Practitioners (GPs) and hospital personnel, and education, employment and training professionals.

2.1.5 Translating and Interpreting Service (TIS)

The DIMA Translating and Interpreting Service (TIS) provides telephone and on-site interpreting services and translations. Limited free services are provided on application for non-English speaking new arrivals to interpret and translate personal documents. Consultations identified two main areas of concern: firstly, the high cost of translators; and secondly, that there are sometimes no translators available or accessible in the language or dialect of some new arrivals. African community members advised they are often required to translate for new arrivals. This can lead to inaccurate translations and misinterpretations of important information and, potentially, can be dangerous if this relates to the diagnosis of health issues.

Concerns were also raised that the allocation of one fee-free translation per document category was not sufficient, for example, for employment and education purposes. Some humanitarian entrants, who have professional or trade qualifications, have multiple documents that require translating and these are costly to obtain in the private system.

It is recommended that [*Recommendations 17-19*]:

17. the Commonwealth reviews its current policy and fees for TIS for humanitarian entrants and service providers;
18. TIS increase the number of document translations in each category that humanitarian entrants are eligible to obtain fee-free; and
19. TIS address the shortage of available interpreters in new and emerging African languages and dialects.

2.1.6 Regional Settlement

The most significant issue in relation to regional settlement policy raised in the consultations was the lack of appropriate services in rural areas. As the Health Department reported:

In metropolitan areas, refugee entrants have access to a wide range of metro-based specialist refugee and immigrant support services on arrival, but in regional locations there may even be a shortage of general practitioners.³

Access to these specialist services is essential, as they assist new arrivals to link with experienced health and social support services, to develop an understanding of life in Australia, and more generally, to provide the skills and resilience to re-settle. Contact with people from relevant language groups and ethno-specific agencies is also critical.

The 2005 report, *Refugees and Regional Settlement: Balancing Priorities*⁴, related that settling refugees in country towns is not the answer to dwindling regional populations unless support services are improved. Factors influencing successful settlement of refugees in regional communities include the availability of adequate health, housing, employment, counselling, education, CSSS and training services, including English classes, and the quality of relationships with the host community and recognition of their legal rights. Without these the regional settlement experience can have devastating effects on mental health and limit successful social integration.

It is recommended that [*Recommendation 20*]:

20. appropriate infrastructure and support services are provided for new arrivals settling in rural areas.

³ 'Overview Of Health Needs Of New Arrival Refugees And Asylum Seekers', Department of Health, Dec 2005

⁴ Taylor, J & Stanovic, D. (2005) *Refugees and regional Settlement: Balancing Priorities* Brotherhood of St Laurence, Vic.

2.2 PRIMARY AND SECONDARY EDUCATION

2.2.1 Intensive English Centres

Students from Africa have high educational support needs. Most arrive with limited or no formal schooling experiences, limited literacy in their first language and often no exposure to written language. Many students have also witnessed or experienced acts of torture, rape and murder, which can significantly inhibit their ability to engage in a meaningful learning program. Students' life experiences are narrowed since most were born and raised in refugee camps.

Current Commonwealth and State Government funding for the provision of Intensive English programs does not reflect the high level of need of African refugee students. The Commonwealth Government New Arrivals Program (NAP) provides funding of \$5,000 per student (aged six to 19 years) for the provision of a minimum of six months intensive English language tuition. Through local arrangements students are able to access intensive instruction for up to two years at any of the seven primary and five secondary government Intensive English Centres (IECs). The number of government IECs in the metropolitan area has increased from eight to twelve since the beginning of 2005 to accommodate a 40% increase in new arrival students. It is expected that trend will continue in the short to mid-term.

The State Government supplements the Commonwealth funding for IECs through provision of infrastructure and facilities⁵. However, this level of funding does not allow for the intensive assistance required for these students. Some schools reported that funds are at times reallocated from mainstream delivery to provide the required supports in IECs.

The Department of Education and Training (DET) has indicated that school aged refugee and humanitarian entrants often arrive in Australia needing approximately three times the level of support provided to other migrants. This results in students staying longer in IECs and reduces the turnover capacity to allow room for new arrivals.

DET currently provides additional educational services to students aged six to nineteen years to attain the English language proficiency necessary for successful participation in mainstream schooling.

Ethnic Education Assistants (EEAs)

Schools are allocated Ethnic Education Assistants (EEAs) based on the number of students in IECs and on the languages required. As at May 2005 DET employed approximately 85 EEAs, funded from the Commonwealth ESL New Arrivals Program. At present almost 50% of EEAs are Chinese or Vietnamese speakers and most are permanent employees. This makes it difficult for DET to employ EEAs in the languages of new arrivals, such as African languages, and for which there is likely to be an increase in demand.

The key role of the EEAs is to provide language assistance, including interpreting (if accredited by the National Accreditation Authority for Translators and Interpreters (NAATI)), to liaise between schools and families, and to provide cultural background information to teachers. However, the current lack of EEAs of African background, and/or who speak African languages, limits the extent to which they are in a position to provide support to this group of students and their families.

Additionally, there are currently no dedicated Commonwealth or State-funded programs for kindergarten or pre-primary school refugee students, a practice inconsistent with early intervention research. State and Commonwealth funds are primarily directed towards students of compulsory school age. These services are stretched to support high needs kindergarten and pre-primary students.

⁵ The State Government also provides \$65,000 for interpreting services.

Support Services

The expertise of specialist staff enables increased responsiveness to the needs of new arrivals. Current initiatives available to some IEC students include specialised social skills programs, a breakfast club, art therapy and occupational therapy. Interagency links also enable increased support for students. Key personnel from ASeTTS, the Metropolitan Migrant Resource Centre (MMRC), Catholic Migrant Resource Centre (CMRC), Children's Health Services and local Child Development Centres attend networking meetings convened by DET to facilitate collaborative partnerships in response to the particular needs of IEC African students.

Both directly and through interagency links, DET also facilitates student access to external services, thus contributing in part to social and emotional development. However, additional resources are required to meet the social, emotional, psychological and health needs of these students. A strong recommendation is for expansion of specialised support and health services in schools working in partnerships to meet identified needs.

The following recommendations are provided to address these issues [*Recommendations 21-27*].

21. Intensive English Language programs be made more flexible to allow for students to attend for as long as they need to attain the educational levels required for the transition to mainstream schooling or employment. It is estimated this would require an additional 15.5 FTE teachers and an additional 11.5 FTE Ethnic Education Assistants (EEAs).
22. Teacher to student ratios be lowered to accommodate and reflect the higher support needs of students, specifically:
 - a. African limited Schooling students (required ratio 1:10), (8 Full-Time Equivalents (FTEs));
 - b. Year 1-3 African refugee students with illiteracy (required ratio 1:10), (8 FTEs); and
 - c. additional resources for Stage 3 and temporary visa students (10 FTEs).
23. Youth Engagement and Participation (YEP) workers be employed to cater for IEC students aged 15 to 17 years, in accordance with the State Government's Retention and Transition/Raising the School Leaving Age initiative (4 FTEs).
24. IEC English as a Second Language (ESL) support programs be provided for students in Kindergarten and Pre-Primary Schools. It is estimated that introduction of this program this would require 15 FTE teachers and 8 FTE EEAs, but would reduce future support requirements and resources.
25. School-based curriculum leader positions be established in all IECs to ensure integrated and consistent service provision (2.5 FTEs based on 0.2 FTE per IEC).
26. Teacher training programs be developed and delivered for IEC teachers and EEAs (2 FTEs).
27. African EEAs be employed, ensuring appropriate cultural supports for students and teachers are utilised in the ethnicities and languages of need.

2.2.2 Transition to Mainstream Schooling

Consultations suggest that many refugee students are not achieving the academic standards of the general population in mainstream schooling due to lack of formal education, prior schooling experience and the limitations of the IEC program. This can lead to higher attrition rates and negative psychological impacts on young people who remain in the school system.

Refugee students who do not meet academic standards in mainstream education may experience confusion, reduced self-confidence and low self-esteem, which may be expressed in acts of anger, frustration and disruptive behaviour.

While IEC students may demonstrate significant progress in terms of English language competency, the skill level often remains lower than that required for students to succeed in a mainstream education program. One of the contributing factors is the structure and length of

the IEC program which sees students graduate on completion of a period of study rather than upon reaching a certain level of English language proficiency. Further, mainstream schooling involves studying multiple subjects, about which refugee youth have limited or no prior learning.

It is recommended that *[Recommendations 28-29]*:

28. educational programs be tailored to meet the needs of individual students rather than restricted to a fixed period of time; and
29. resourced transition programs be implemented to improve school readiness and orientation for new arrivals entering IECs and to ensure ongoing support for IEC students entering mainstream education.

2.2.3 Parent Support

Parents' ability to assist their children's education and provide appropriate supports is often reduced by the effects of their own trauma. Consultations found that parents often do not understand information provided by schools in relation to their children's educational needs and progress. Consultations revealed the need for programs to facilitate improved communication between schools and parents in order to create greater support for children at school.

It is recommended that *[Recommendations 30-32]*:

30. programs, for parents, be provided in mainstream schools that offer support, family counselling and training in social skills, life skills and cultural transition;
31. the numbers of EEAs be increased in mainstream schools to meet demand (in the ethnicities and languages of need) and
32. the role of EEAs be expanded to include parent education to provide general and practical information and allow increased liaison between parents and schools.

2.3 VOCATIONAL EDUCATION AND TRAINING (VET)

2.3.1 English Language Training

Currently English Language training provided through the Commonwealth Government Adult Migrant English Program (AMEP) does not enable most humanitarian entrants to acquire English language competence to a level required for VET and employment. The effects of trauma, low literacy levels, cultural differences and disorientation were identified by AMEP providers as issues that impact upon students' capacity to achieve functional English. These issues affect students' abilities to concentrate and learn, locate and access appropriate support services, complete necessary paperwork for various agencies, such as Centrelink, and orientate themselves with the education system and processes.

The AMEP is delivered by State Government agencies and provides 510 hours of free English language tuition to newly arrived migrants. Humanitarian entrants can also access the Special Preparatory Program (SPP), which consists of an additional 100 hours before the 510 commence. The SPP provides an important initial introduction to formal learning, for those that have had little or no previous formal education overseas. The SPP entitlement is 400 hours for students under 25 years of age who have fewer than eight years of education. However, this opportunity is not well accessed as many clients of this age are at High School.

AMEP students who require additional English language training are also eligible for a 400 hours tuition (some humanitarian entrants are eligible for 800 hours) through the Commonwealth Government Language Literacy and Numeracy Program (LLNP). Alternatively, AMEP students have the option of enrolling in Migrant English courses at TAFE. However, these programs do not offer specialist support services to humanitarian entrants

and the competency level required to exit these programs is Certificate III in English Language studies that is only suitable for low-level employment. Moreover, providers report that progress to certificate level achievement is not common. Additionally, LLNP providers only issue certificates on request which means that students are often unaware that they are able to obtain recognition for their studies.

Sponsored Humanitarian Entrants (SHPs) are further disadvantaged as they do not receive automatic assessment for English classes by AMEP providers on arrival. Once in receipt of Centrelink benefits, SHPs are automatically referred to a Job Network Provider (JNP) that may refer them to the LLNP for training until their English language competencies are considered at a suitable level for employment.

Consultations found that some humanitarian entrants are not accessing the 610 hours of AMEP tuition because they become ineligible for the program once they have commenced studies with the LLNP. Whilst the reason some humanitarian entrants are not being referred to the AMEP before the LLNP is not clear, consultations suggest that the competitive tendering funding model discourages coordination and communication between providers and adversely affect the advice provided by organisations when informing clients about the range of options available to them. As Job Network funding is dependent on specified outcomes, this also can result in placement of some clients in low level employment, which requires a low level of English competency, rather than encouraging further education and training to pursue more highly skilled employment.

The impact of limited day care places for children, and associated costs, influences the ability of parents to attend English classes and, therefore, impedes the settlement process for those affected. There are increasingly fewer childcare places in Perth to accommodate the children of parents studying English. Consultations suggest that some childcare centres are reluctant to take children of AMEP students because it is expected that they will be more needy and time consuming. The high cost of childcare services is a further issue for African humanitarian entrants, many of whom have several children.

It is recommended that *[Recommendations 33-35]*:

33. AMEPs be adapted to include vocational pathways, life skills training and cultural orientation;
34. SHPs receive comprehensive, on-arrival information about their education, training and employment options from DIMA; and
35. career counselling be provided by specialist agencies to provide comprehensive information and advice.

2.3.2 Vocational Education and Training

Consultations confirmed a need for targeted programs to improve access to, and success in, VET programs and courses, including Apprenticeships and Traineeships. Due to limited language and educational backgrounds many African humanitarian entrants do not have a level of English language competency, study skills or life skills to access or succeed in VET.

Tutoring, additional English language support and mentoring are required to help those already in training. This is particularly the case for teenagers and those in their early 20s who have had limited education opportunities on arrival. It was also noted that there are currently no programs addressing the transition to work requirements of 15 to 18 year olds. This is of particular concern given the current high unemployment rate within the African refugee group, which is conservatively estimated at 12%, nearly two and half times the national average. Bridging courses would provide a foundation for further skills development and enhance employment prospects.

The following recommendations are provided to address these issues [Recommendations 36-39].

36. Training programs be developed and implemented to assist African humanitarian entrants prepare for and access VET programs, including Pre-Apprenticeships, Apprenticeships and Traineeships.
37. Programs be established that incorporate job preparation, work placement, and specific vocational skills, such as computing.
38. Customised training programs be established that cater for the learning levels of entrants, such as teenagers and those in their early 20s who have limited language and educational backgrounds.
39. Bridging courses be implemented to assist African humanitarian entrants in specific vocational sectors. Programs would incorporate ESL support and be particularly tailored to skills shortage areas, such as the Building Trades, Security Industry, Metal Workers, Truck/Bus Driving, Mining, Health English for Nurses and Childcare, which would provide speedy pathways into employment. It is estimated that, for the periods 2006-07 to 2007-08, six additional Bridging Courses would provide places for 180 students at a cost of \$350,000 per annum.

2.3.3 Vocational and Career Counselling

Consultations suggest that African humanitarian entrants are not accessing career counselling services to guide decisions regarding education, training and employment. Some career counselling is provided through the AMEP to assist students choose their next path of study. However, having completed the AMEP many humanitarian entrants do not make use of existing mainstream services.

New arrivals that believe their level of English proficiency is adequate and who choose not to access the AMEP are further disadvantaged as they are, therefore, not eligible for vocational counselling offered through the Program. Options include accessing the Career Development Centre in Perth or relying on advice provided by their Job Network Provider, However, neither of these services currently provide specialist services.

Furthermore, the current model for career counselling, which is based on a self-help model, is problematic for African humanitarian entrants who may not be familiar with computers or service systems in Australia.

The following recommendations are provided to address these issues [Recommendations 40-41].

40. *one-stop-shop* service be established targeting the vocational and career counselling needs of African humanitarian entrants by providing:
 - improved information dissemination and access to services;
 - educational support and advocacy services; and
 - cultural orientation information and programs.
41. a more personalised case management model of service delivery be incorporated into VET initiatives targeting African communities. Knowledgeable case managers, a brokering service and support arrangements, in collaboration with the family, would:
 - speed-up access to information and support services from existing agencies; and
 - enhance entrant's understanding of Australian culture.

2.4 EMPLOYMENT

In Western Australia it has been estimated that unemployment amongst recently arrived African humanitarian entrants is as high as 12%. This compares with approximately 4.1% for the total Western Australian population⁶. Apart from the obvious economic costs to the community, high unemployment contributes to family breakdown, low socio-economic status, crime and violence. In the current environment, high unemployment can result in accompanying feelings of marginalisation and exclusion by limiting participation in social, economic and political life.

⁶ Australian Bureau of Statistics 'Catalogue No. 6202.00'

Discriminatory recruitment practices were identified as a major barrier to employment for Africans by community members. The Murdoch University Centre for Social Research Interim Report *Refugees and Employment: The Effects of Visible Difference on Discrimination*, 2005, showed that Africans experienced unemployment levels significantly above the current national average by approximately 5%.⁷ Respondents described experiences of being exposed to prejudices or explicit discrimination based on their race. A Somali man, a former GP and medical researcher, described his experience:

*I went to an agency that was looking for someone with qualifications and experiences like the ones I have. The receptionist had a hard time in accepting the fact that I was applying for that high position and, after asking me to wait while she talks with her supervisors, she came back to tell me the position was already filled even though the deadline was not until two weeks later.*⁸ (Peisker & Tibury, 2005).

Lack of knowledge and use of employment information services also has a major impact on employment. This is particularly the case for people from new and emerging communities. The 2004 Ethnic Communities Council of WA Inc (ECCWA) report *All Dressed Up and Nowhere to Go* found that, of the 137 young people surveyed, (predominantly from African and Middle Eastern countries including Somalia, Sudan, Ethiopia, Iraq and Afghanistan) more than half had never heard of and/or used vocational counselling services, migrant service agencies or career information centres⁹. Similar issues of concern were raised in these consultations.

Other issues include the perception that English programs are not adequately preparing people for further studies or employment and that Job Network Providers are failing to help people get jobs. It was suggested that this is due to a lack of cultural awareness by providers, and a lack of specialist services, such as those provided by Centrelink through its network of Multicultural Liaison Officers.

The high cost and complexity of overseas qualifications and skills recognition assessment processes prevents many humanitarian entrants having labour skills recognised and utilised. This can result in unemployment or underemployment and the loss of potential injection of skilled workers to the Australian workforce. The DET Career Development Service is currently developing a model to address these issues, and a new model of skills recognition is proposed for introduction in some trades in 2006.

The 2005 African Communities Forum on Domestic Violence held by the FDVU identified unemployment as a critical issue. Forum participants recommended that DIMA and OMI advocate with relevant Government agencies regarding employment and activity services, and opportunities for African communities¹⁰.

It is recommended that [*Recommendations 42-48*]:

42. VET programs be provided which include job preparation, including job application and interviews, and job seeking skills;
43. programs be developed that provide opportunities to gain local work experience and offer support during work practice training;
44. bridging courses be provided to fill skills gaps between qualifications and experience gained overseas and Australian industry standards;
45. the high costs and complexities of skills recognition and assessment of overseas qualifications be examined and addressed;
46. the quality and provision of information on the recognition of skills and qualifications gained overseas be improved;

⁷ Peisker, V., & Tibury, F., (2005) *Refugees and Employment: The Effects of Visible Difference on Discrimination: Interim Report* Murdoch University Perth Western Australia.

⁸ Ibid

⁹ Tan-Quigley, A (February 2004) *All Dressed Up & Nowhere to Go – Implementing strategies to address issues affecting unemployment in young people from new and emerging communities*, Ethnic Communities Council of WA

¹⁰ African Communities Forum on Domestic Violence Report, April 2005, DCD Family and Domestic Violence Unit, Department for Community Development

47. more support be provided for humanitarian entrants to navigate assessment processes; and
48. Multicultural Liaison Officers (MLOs) be employed in Job Network agencies or, alternatively, improve cross-cultural training for Job Network staff.

2.5 HEALTH

2.5.1 Physical Health

Consultations found that mainstream health services are struggling to cope with the high level of demand and complex health needs of humanitarian entrants. The volume, complexity and acuity of health care issues of newly arrived African refugees entering WA has risen significantly over the last 12 months. The Department of Health Migrant Health Unit, which conducts initial health screenings for humanitarian entrants on-arrival, has a permanent waitlist.

African humanitarian entrants have significant and complex health issues. The Department of Health notes that these can be attributed to their experience as refugees, previous minimal level of health care, malnutrition and tropical illnesses, trauma and torture, and lack of hygiene in refugee camps. Sub-Saharan refugees are now frequently arriving directly from refugee camps, where they have lived for up to ten years.

The Department of Health also reports that the current off-shore screening for visa eligibility and pre-departure medical assessments performed in Africa is not always reliable and, in their current forms, do not assist in the health assessments of new arrivals.

On 22 November 2005 the Australian Minister for Health and Ageing announced that there is to be a new Medicare Benefits Schedule (MBS) item from May 2006 to encourage GPs to provide comprehensive health assessments of refugees and other humanitarian entrants within six months of their arrival in Australia. Whilst this is a welcomed reform, there are still significant issues to be addressed in improving access to health services. A number of these issues are detailed below¹¹:

- *Even with the new MBS item, the complex needs of this group may be difficult to meet if there is a shortage of GPs.*
- *Some GPs report being confronted with diseases with which they are not familiar, such as malaria and tuberculosis, which at times may not be diagnosed.*
- *Refugees and similar migrants need to be 'bulk-billed' and GPs who are willing to take bulk-billing clients are difficult to access, particularly within an appropriate distance of the family's residence.*
- *Many refugees do not speak English and interpreting services, even by phone, are not always available in the particular African dialect. In addition, many clients have low literacy levels, which prohibit the use of written information. These issues delay busy general practices and reduce the chances of a refugee family securing an appointment.*
- *Many of the medications required to treat tropical illnesses are either not available or are not on the Pharmaceutical Benefits Scheme (PBS). The PBS currently does not cover vital medications to treat common conditions of new arrivals from Sub-Saharan Africa.*
- *Dental health is poor due to camp living and poor hygiene conditions over long periods. Other than the pain that refugee's experience, the lack of expedient treatment can exacerbate other conditions where adequate diet is concerned, such as vitamin intake. Cost, transport difficulties, long waitlists and bureaucratic processes involved in attending Community Dental Services, are barriers for humanitarian entrants accessing necessary dental treatment.*

¹¹ 'Overview Of Health Needs Of New Arrival Refugees And Asylum Seekers', Department of Health, Dec 2005

- *Due to the lack of access and good linkage to primary care, humanitarian entrants are presenting at hospital emergency departments, which are already functioning at full capacity.*

The Health Department is currently working with the Australian Government to facilitate the inclusion of additional medications on PBS without co-payment, as well as development of appropriate training for GPs and improved provision of appropriate dental services for humanitarian entrants.

In response to these issues at a State level, the following recommendations are provided [Recommendations 49-54].

49. A comprehensive health intake system for all new arrivals be implemented and coordinated with the consortium partners responsible for the IHSS program to address inherent shortfalls in off-shore screening, ensure appropriate diagnosis and treatment, and link refugees into primary health care services, thereby registering all new arrivals with the appropriate health service provider to create a record that can be transferred with the individual.
50. More intensive assistance be provided for humanitarian entrants accessing health services during settlement to allow for cultural orientation, transport and language issues, such as the provision of community liaison health officers to assist new arrivals to access health services in the first six months after arrival.
51. Increased resources be provided for health services, and partnerships established with other service providers to allow better access to services, in particular the provision of increased community migrant health nurses, increased access into specialist outpatient clinics, and child development services.
52. Programs be established offering ongoing training opportunities and resource development for GPs and mainstream health professionals to enhance research capacity concerning refugee health care, including identification of diseases, better treatment protocols, and culturally sensitive training.
53. Programs be established with a network of GPs to ensure that new arrivals are linked to the primary care system and that follow-up care after initial onshore assessment is provided as recommended by the Communicable Diseases Network of Australia.
54. Access to fee-free translating and interpreting services be available not only to GPs but also to other health professionals (such as pharmacists and optometrists).

2.5.2 Mental Health

African humanitarian entrants are not receiving adequate treatment to assist them to overcome the impact of their torture and/or trauma experiences. The socio-political climate of Africa has resulted in most African humanitarian entrants witnessing horrific events, suffering the effects of dislocation and deprivation, and spending many years in refugee camps. The majority of new arrivals are experiencing the impact of torture and trauma as well as culture shock. This affects all aspects of health and wellbeing.

A high percentage of torture and trauma survivors suffer from extreme levels of depression and anxiety, which can manifest in sleep disorders, recurring and intrusive memories, poor self-esteem, difficulty in concentrating, sadness, fear, anger, psychosomatic complaints, and breakdown in family and personal relationships¹². Extreme levels of depression and anxiety have a profound, immediate and long-term impact on physical and psychological health, and can considerably diminish people's ability to function at the most basic levels.

Trauma recovery is a complex and individual process requiring highly trained and skilled specialist staff and an holistic approach to healing. General mental health services do not have the specialist skills required to provide treatment for refugees. Specialist services are overloaded and do not provide for the scale of demand for long-term treatment.

¹² The Forum of Australian Services for Survivors of Torture and Trauma Website: <http://www.fasstt.org.au/impact.html>

Under the IHSS refugees are entitled to an assessment followed by eight sessions of torture and trauma counselling during the first six months of settlement. However, this time frame does not allow for recovery for trauma sufferers who are also experiencing culture shock during the settlement process. Limited services and supports are available after this time. There is a strong need for increased services, both during and after the initial six-month official settlement period.

In addition, there is currently no provision of services to provide torture and trauma counselling for children aged five to twelve years. ASeTTS is finding increasing numbers of Western Australian schools contacting them for assistance with children displaying mental health and behavioural problems related to their refugee experiences.

Compounding these issues is the perception amongst the African community that the Western approach to torture and trauma counselling is neither appropriate nor effective. Western counselling models and approaches are alien to African culture where the norm is informal family based intervention.

The 2005 African Communities Forum on Domestic Violence held by the FDVU identified mental health as a critical issue and recommended that the adequacy of mental health support services for the new and emerging communities in Western Australia be examined¹³.

The following recommendations are provided to address these issues [*Recommendations 55-59*].

55. Access to counselling services for new arrivals be made available for at least two years after initial settlement.
56. Counselling services partner with other key settlement services providers, such as education and health, to provide a coordinated and holistic service for African humanitarian entrants who are suffering from experiences of torture and trauma.
57. Additional funding be allocated to existing specialist services to meet the increasing numbers of new arrivals and the complexity and intensity of their needs.
58. Torture and trauma counselling services for children and youth be implemented in partnership with schools.
59. Research into culturally appropriate and effective trauma counselling for African humanitarian entrants be undertaken with a view for program development and implementation of best practice models.

2.6 HOUSING

Consultations found that African humanitarian entrants are experiencing difficulties in securing housing, including discrimination. There are lengthy waiting times for government housing and there are barriers to accessing private housing, such as cost, referees and racism. Further, African humanitarian entrants are generally disadvantaged in accessing government housing due to the lack of homes to accommodate the large families common to this group (families of ten are not uncommon). Some families have resorted to leasing two separate dwellings to house their large sized families. Unless housing issues are addressed, African humanitarian entrants are at risk of homelessness and related social issues.

The Department of Housing and Works advised that there are a limited number of government houses with three or more bedrooms available, resulting in longer waiting times for applicants seeking larger homes. Commonwealth State Housing Agreement (CSHA) funds for the housing needs of immigrants have been frozen since 1989-1990, and the overall value of CSHA funds to Western Australia since 2001 has declined by an estimated \$89 million and has impacted significantly on the provision of housing for humanitarian entrants.

¹³ African Communities Forum on Domestic Violence Report, April 2005, DCD, Family and Domestic Violence Unit

The IHSS provides for initial accommodation on arrival until placement into a six-month lease. However, limited accommodation services are provided beyond this time. Consultations found that many humanitarian entrants are having difficulty securing private housing after the six-month lease expires. There have been anecdotal reports of systemic racism in the private housing sector towards leasing homes to African humanitarian entrants. Humanitarian entrants do not have access to referees that are required as part of the application process for private rental.

Additionally, many refugees do not have skills to care for properties. The IHSS contract includes training in tenancy skills, however, new arrival leases expire after six months and most problems occur after this time when there is no easily accessible support.

It is recommended that [*Recommendations 60-63*]:

60. the Department of Housing and Works consider, and respond appropriately to, the housing needs of humanitarian entrants;
61. education programs be developed for private sector providers to address negative stereotyping and discriminatory practices;
62. access to multicultural accommodation services be extended for African humanitarian entrants; and
63. tenancy training for African humanitarian entrants be provided beyond the current IHSS program timeframe and incorporated into education programs as part of life skills training.

2.7 POLICE AND JUSTICE

Consultations revealed that some new arrivals have a pre-determined view of the law enforcement system and law enforcement officers that sometimes leads to misunderstanding and confusion. Due to the nature of their experiences in their home country, humanitarian entrants often have a mistrust and fear of the police and other figures of authority. Western Australia Police (WAP) observed that many African humanitarian entrants have only a minimal understanding of the justice system and processes in Australia, and that language barriers and difficulty accessing interpreters in some African languages and dialects, impacted on relationships between African humanitarian entrants and police.

WAP participates in an orientation program for newly arrived refugees provided through the IHSS. The program operates at the MMRC and Centrecare Catholic Migrant Centre (CCMC), and targets new arrivals and covers a general introduction to policing in Australia and an overview of the Australian justice system. In addition, police officers are regularly invited to address new and emerging community groups on issues of concern, such as family and domestic violence, intergenerational conflict and family conflict resolution.

Consultations suggest that new and emerging communities remain unclear about laws regarding issues such as family violence, the implications of violent conduct and of police involvement in domestic violence situations, and the process of the justice system in relation to offences, charges and restraining orders.

The FDVU 2005 African Communities Forum on Domestic Violence identified lack of education on arrival and lack of access to services, or knowledge of available services, as a contributing factor to the presence of domestic violence in African communities¹⁴. The Forum suggested a need for education programs to be staggered over a longer period of time than is currently the case¹⁵.

Since 2001 a number of incidents have occurred between members of the South Sudanese community, Indigenous and Caucasian youth in the Northern Suburbs around Mirrabooka, Balga and Marangaroo. WAP has advised that incidents involving African and Indigenous people are minimal in these areas in comparison to incidents occurring in other areas.

¹⁴ *ibid*

¹⁵ *ibid*

However, the incidents attracted media attention, and consultations revealed that it is the view of many African community members in this area that the broader issues of interracial violence and perceived victimisation experienced by South Sudanese youth living in these areas are not being addressed in an appropriate manner by authorities. African community members have expressed distress at the situation and also a commitment and desire to engage in community initiatives to address the situation and settle harmoniously in the community.

Problems of a similar nature are being faced in other states and territories. Unlike Western Australia, however, most employ full-time MLOs in local districts to assist police interacting with Culturally and Linguistically Diverse (CaLD) communities. New South Wales began appointing Ethnic Community Liaison Officers in 1987 and in 2005 had 34 officers focusing on CaLD communities only. Victoria first employed MLOs in 1990 and in 2005 had 10 officers focusing only on CaLD communities. Queensland first appointed Police Liaison Officers in 1992 and in 2005 had 125 officers with a CaLD and Indigenous focus.

None of the 14 WAP local districts have a MLO dedicated to these duties and one officer who has a strategic project focus undertakes a MLO role.

It is recommended that *[Recommendations 64-67]:*

64. MLOs be appointed throughout police local districts dedicated to duties involving interaction, consultation and liaison with ethnic communities to improve the flow of information between ethnic communities, police and other relevant service providers;
65. additional and targeted programs and services, specifically aimed at African entrants, be established to include further educational roles regarding law enforcement and include active recruitment of Africans into WAP;
66. community education programs for humanitarian entrants be made available for a longer period of time; and
67. community programs, based on ongoing interaction and mediation between different ethnic groups, be initiated and supported.

2.8 FAMILY AND COMMUNITY

2.8.1 Youth

Trauma, loss, peer pressure, differing social norms in relation to alcohol and other drug use, adjustment difficulties and socio-economic disadvantage are some of the factors that place African refugee youth at risk of substance misuse, unemployment, homelessness and involvement with the judicial system. When both internal and external support is scarce refugees may 'self medicate' with alcohol or drugs in order to deal with their pre-existing trauma symptoms.

There are growing concerns about violence among African youth and there have been instances of conflict between Indigenous and African youth in the metropolitan Mirrabooka area. There is now an African gang that call themselves the African Kings that are immersing themselves in the gang culture in Northbridge on the weekends.

It is recommended that the following programs be established *[Recommendations 68-70]*.

68. Community programs and training to meet the growing need and number of complex problems experienced at family and school level.
69. Youth focused programs and activities to enable young people to talk of their experiences and be given opportunities to participate positively in the community.
70. Capacity building programs and training, using bilingual and bicultural African workers, be implemented to develop skills to enable members of African communities to assist one another.

2.8.2 Intergenerational Conflict

Many families experience intergenerational conflict. Parents often expect their children to adopt traditional values and roles from their home country, while young people can feel pressure directly from friends, and indirectly from the general cultural context, to adopt 'Western' or 'Australian' values and roles. Parents face issues such as challenges to discipline, a loss of respect from their children, and children leaving home as a result of conflict. Some parents become frustrated because of their children's belief that they have the freedom to do whatever they wish and there can be a clash between children's sense of independence and the constraints imposed by their parents.

Consultations revealed that African parents do not approve of youth allowance benefits provided by Centrelink, as they believe that it gives young people too much freedom and autonomy. There is a belief that the way that information on youth rights is presented by Centrelink, as part of the IHSS orientation, encourages children to leave home and does not inform young people about their responsibilities. Parents believe that this information can, and should, be presented in a different manner and some advocate that the information should not be presented at all.

It is recommended that *[Recommendations 71-73]*:

71. services be provided to assist young people, parents and families to address issues of intergenerational conflict and offer long-term support;
72. capacity building programs and training, using bilingual and bicultural African workers, be implemented to develop skills to enable members of African communities to assist one another; and
73. Centrelink reviews the information about benefits provided to parents and youth on arrival.

2.8.3 Child Discipline Practices

Consultations revealed there are several issues confronting African parents, such as a perceived lack of clarity in the community about the consequences of incorrectly disciplining children, limited assistance for parents dealing with the cultural clash in managing their children and youth, and differences in child discipline and child minding practices. Parenting punishment styles and individuals' rights are very different in Australia when compared to Africa. Parents often feel they have little power over their children's behaviour and there can be confusion and mistrust of authority due to a perception that they may be accused of mistreating their children and, subsequently, shamed in their community and/or have their children removed from their care.

DCD provide a range of parenting services to humanitarian entrants, including a parenting information library, parenting groups and multicultural playgroups. However, DCD reported that there is a higher demand on these parenting services than can be met with current resources.

Concerns were also raised regarding the safety of some child minding practices of some African humanitarian entrants and that carers may not be as vigilant as necessary when supervising their children. DCD reports that it is quite common for children as young as 9 or 10 years of age to be left at home caring for babies and other children.

The Mirrabooka Parenting Service, in conjunction with the Metropolitan Migrant Resource Centre and ASeTTS, conducts sessions on parenting with new arrivals. These sessions include bi-cultural workers who translate written material and discuss issues such as food and nutrition, child safety in the home, supervision, discipline and child protection. However, the 45-minute session provides only a basic introduction to these issues and more instruction is required. While longer sessions would not be appropriate, as only limited amounts of information can be absorbed at one time, additional sessions are needed.

Difficulties in accessing interpreters and translators in some of the languages and dialects of the new and emerging African communities also limits participation in programs and understanding of written information.

Of concern is the perception in the community that there is nowhere for parents to go to receive support and assistance when faced with the challenges of overcoming the aforementioned parenting issues. This is particularly challenging for single mothers who lack the support of an extended family. There is an urgent need for greater resourcing of parenting programs to address these issues and improve information and access for African humanitarian entrants. There is also a critical need to address negative community perceptions about child welfare services, and the fear associated with DCD services, before cultural and disciplinary issues can be addressed effectively.

It is recommended that [*Recommendations 74-78*]:

74. parenting, child protection and safety information be provided in community languages, and in both verbal and written forms;
75. resources for parenting programs be increased to improve information, access and support for parents;
76. provision of information and cultural awareness programs be increased to address the fear associated with child welfare services;
77. targeted programs be developed, focussing on parenting and youth issues, through consultation and collaboration with elders, families and community members; and
78. capacity building community initiatives be funded to support communities to find their own solutions, such as *cultural consultants*, community members to assist their communities with parenting support, parent-teen mediators and education support.

2.8.4 Family Reunification

Many African humanitarian entrants desperately want reunification with family members. However, there is often confusion about sponsorship processes and responsibilities, and sponsorship can interfere with settlement priorities. Sponsorship delay has a negative psychological impact, as does the increased responsibility surrounding sponsorship.

It is recommended that [*Recommendations 79-81*]:

79. more discussion and information about the sponsorship process be provided for new arrivals;
80. support be enhanced for humanitarian entrants that sponsor other family members; and
81. African Communities be assisted in accessing the No Interest Loan Scheme (DIMA) to help bring separated families together¹⁶.

2.8.5 Financial Difficulties

Many humanitarian entrants are accruing significant debt. Particularly affecting refugees from village backgrounds, where money was not used as currency, is the inability to budget. A lack of understanding of the costs associated with living in Australia also impacts on their ability to budget. Sponsored humanitarian entrants begin life in Australia with a debt because they must repay their airfares. Many humanitarian entrants aim to send as much money as possible to family in their home countries and overlook the need to meet their own financial obligations.

It is recommended that [*Recommendation 82*]:

82. financial management programs be incorporated into settlement services with options for long-term support and access.

¹⁶ ibid

2.8.6 Family Breakdown and Domestic Violence

It is not uncommon for the settlement difficulties experienced by some members of the African community to manifest in alcohol abuse and domestic violence. This has presented a number of challenges for service providers and communities.

The FDVU assisted in the formation of the African Communities Family Support and Domestic Violence Planning Group that aims to develop practical, community based strategies to reduce the level of domestic violence in the community. The FDVU and the Planning Group held an African Communities Forum on Domestic Violence in April 2005 to address this complex issue. The Forum produced a broad range of strategies and recommendations. Several of the recommendations endorsed by the Planning Group are detailed elsewhere in this Paper, and the others are detailed below.¹⁷

- *Consultations be held between government agencies and African community representatives to determine how best to respond to their needs.*
- *African communities be assisted to identify funds to set up men's, women's and youth support groups.*
- *written information be provided in local/national African languages on domestic violence, the legal system, support services and ways in which family and friends can assist. Alternative provision of information for people with low literacy skills, such as use of radio, video and CD, also be provided.*
- *Consideration be given to the development of a culturally appropriate family counselling service for the African communities, including the employment of qualified African counsellors and welfare workers.*
- *Culturally appropriate conflict resolution teams from the communities be trained regarding both cultures and the legal system.*
- *General community education and awareness sessions on domestic violence, the legal system and support services be developed for the African communities.*
- *Training be provided for community leaders, elders and religious leaders from the African community in domestic violence, the legal system, conflict resolution and anger management.*
- *African communities establish a social group to facilitate interaction and recreational activities for members of the African communities in Perth.*
- *FDVU continue to facilitate and support contact with providers of men's services and African representatives to ensure that the services develop responses appropriate to African communities.*
- *FDVU advocate with relevant agencies, including men's service providers, regarding the provision of education programs for African men regarding domestic violence and the law, conflict resolution and anger management.*
- *Service providers develop understanding and skills in working with diverse African communities.*
- *Government concentrates on early intervention and preventive programs to deal with 'men in crisis' and 'men at risk' situations within new and emerging communities, with the aim of supporting families and ensuring that police are involved as a last resort.*

2.8.7 Strengthening Communities

Community Awareness and Education Programs

Consultations revealed that African humanitarian entrants experience racism and discriminatory attitudes and practices. Lack of cultural awareness amongst the wider community prevents some African humanitarian entrants from accessing some services and opportunities, such as accessing local GPs, leasing private housing and securing employment.

¹⁷ *ibid*

Unless systemic attitudinal and structural barriers are addressed there is a risk that African humanitarian entrants will become marginalised and alienated within the community and prevented from full participation in society. Education and training programs are required that target a range of service providers so that programs have maximum impact on the general community.

It is recommended that *[Recommendation 83]*:

83. community awareness and education programs be developed to target racism, discriminatory attitudes and practices, and improve cultural awareness amongst the general population, such as:

- key mainstream service providers, including GPs and hospital personnel, and education, employment and training professionals; and
- service providers with which African humanitarian entrants regularly interact, such as real estate agents, supermarket staff and transport staff.

Research

The consultations revealed the diversity of refugee communities in terms of ethnicity and language groups and varying education levels. Emerging African communities have a range of social, emotional, economic and community needs that cannot be met through a one-size-fits-all approach. Interventions and service provision for humanitarian entrants need to be tailored to individual circumstances. In order to gain a better understanding of the needs of African humanitarian entrants and to examine the effectiveness of current settlement programs, more research needs to be undertaken in this area.

It is recommended that research be undertaken in the following areas *[Recommendations 84-86]*.

84. A longitudinal research study be undertaken to evaluate the effectiveness of the IHSS program among African communities.

85. Intervention and interaction methods employed in providing services to African humanitarian entrants. Consultations reported that better integration models need to be developed based on a framework of attachment theory, relational and interpersonal practice, and be presented in a reiterative manner for the African humanitarian cohort.

86. Discrete funding be allocated for mainstream services to research, develop and deliver real solutions for working with African humanitarian entrants.

Capacity Building

Consultations revealed that, with government support, some issues can be tackled on a community level but assistance is required through strengths-based, solution focused and capacity-building models of intervention.

It is recommended that *[Recommendation 87]*:

87. capacity building training be provided to support and strengthen emerging African communities and African community members trained as cultural consultants to assist their communities to meet areas of need, including leadership, governance, submission writing, measures of accountability, cross-cultural awareness, housing, legal and justice issues, parenting, parent-teen education and education support.

3. APPENDICES

APPENDIX 1: REFERENCES

- Australian Bureau of Statistics 'Catalogue No. 6202.00'.
- Department for Community Development, Family and Domestic Violence Unit (2005) *African communities forum on domestic violence report*.
- Department of Health (Dec 2005) 'Overview Of Health Needs Of New Arrival Refugees And Asylum Seekers'.
- The Forum of Australian Services for Survivors of Torture and Trauma Website: <http://www.fasstt.org.au/impact.html>
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- Tan-Quigley, A (February 2004) *All Dressed Up & Nowhere to Go – Implementing strategies to address issues affecting unemployment in young people from new and emerging communities*, Ethnic Communities Council of Western Australia.
- Warrnambool City Council, (2005) 'A Warrnambool Welcome: Learning from the Warrnambool Migrant Relocation Project', Vic Health.

APPENDIX 2: WORKING PARTY MEMBERSHIP 2005

Hon Margaret Quirk MLA (Chairperson)
Parliamentary Secretary to the Premier (2005)
Minister for Citizenship and Multicultural
Interests (2005-2006)

Ms Eileen Hull
Manager, Career Development Service
Department of Education and Training

Ms Cheryl Barnett
District Manager, Mirrabooka Office
Department for Community Development

Superintendent Kristine Leo
Western Australia Police Service

Dr Shirley Bowen
Executive Director of Population Health and
Ambulatory Care
North Metropolitan Area Health Service

Mr David Ryan
Director, West Coast TAFE

Dr Leela de Mel
Executive Director
Office of Multicultural Interests (OMI)

Ms Majella Stevens
Acting Manager, Literacy and Numeracy
Department of Education and Training

Mr Richard Flack
Program Manager, Adult Migrant English
Program (AMEP), Central TAFE

Mr Robin Wood
State Manager, Rental Services
Department of Housing and Works

Mr Mark Glasson
Executive Director
Family and Domestic Violence Unit
Department for Community Development

APPENDIX 3: AFRICAN COMMUNITY CONSULTATIONS

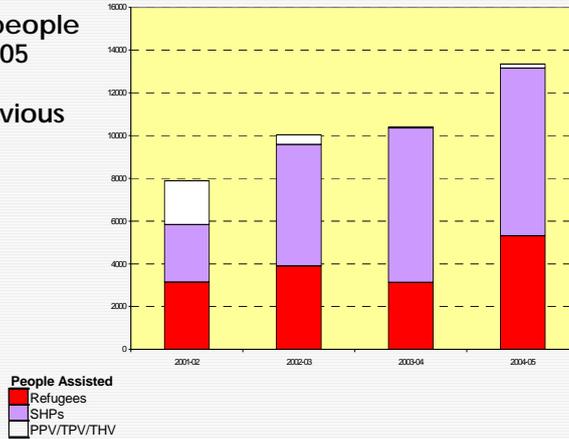
The following people participated in the African community consultations facilitated by OMI during October to November 2005.

- Ruth Sims, Chairperson West African Women's Group WA, Liberian Community.
- Deng Mador Koch, Youth Policy Officer, Ethnic Communities Council of WA (ECCWA), South Sudanese Community.
- Alfred Odongkara, Senior Policy Officer, Ethnic Communities Council of WA (ECCWA).
- John Lucky Little, Chairperson, Sierra Leone Organisation WA.
- Patrick Johnson, President, Liberian Community WA.
- Sahardeed Roobleh, Multicultural Services Centre WA (MSCWA).
- Herman Chikonga, President, Congolese Community WA.
- Maria Pia Umulisa, Bicultural Worker, Association for Services to Torture and Trauma Survivors (ASeTTS).
- Mulugeta Reda, Community Settlement Services Scheme (CSSS) Worker, Communicare.
- Kumsa Bellew, Catholic Migrant Resource Centre (CMRC).
- Chaplain Kara Yokoju, South Sudanese Community Association of WA.
- Segun Olowoyo, Nigerian Community Networker.
- Grace Roberto, Australian Red Cross Tracing Service.
- Ibrahim Kokay, Community Liaison Officer, Metropolitan Migrant Resource Centre (MMRC).
- Sophia Karutjudo, Community Settlement Services Scheme (CSSS) Worker, Multicultural Services Centre of WA.
- Gemechu Denbali, Multicultural Services Officer (MSO), Centrelink.

Participants were drawn from the Liberian, Sudanese, Ethiopian, Congolese, Burundi, Tanzanian, Nigerian and Sierra Leone communities in WA. OMI expresses gratitude and appreciation to all those who participated in the consultations.

DIMIA: Humanitarian Entrants Assisted 2004-05

- Record number of people were assisted 2004-05
- 28% more than previous year
- 60% more refugees
 - > places
 - > visa processes
 - Group arrivals
- Links in Australia

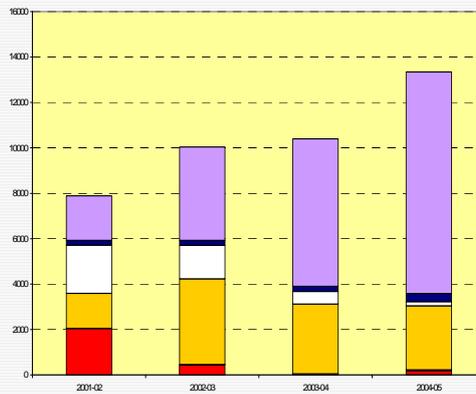


DIMIA: Humanitarian Entrants settled by source region 2004-05

- < Africa
 - Sudan
 - Liberia
 - Sierra Leone
 - Ethiopia
 - Burundi
 - Congo
- > Middle East/SW Asia

People Settled by Source Region

- Africa
- Asia
- Europe
- Middle Eas & SW Asia
- TPV/THV/PPV



¹⁸ Annual Report 2004-05, Department of Immigration and Multicultural and Indigenous Affairs (DIMIA)

Australia's Humanitarian Program

Australia has a planned annual Humanitarian Program to ensure it responds effectively to global refugee and humanitarian developments. The Program also ensures that support services are provided in Australia to meet the specific needs of humanitarian entrants. The Humanitarian Program has two components:

- The Offshore Program offers resettlement as a means of protection and a durable solution for people who need humanitarian assistance and who have no other option available to them.
- The Onshore Program offers protection to people in Australia who have been found to be in need of protection under the 1951 Convention and the 1967 Protocol relating to the status of Refugees (Refugees Convention).

The **Offshore Program** consists of these visa categories.

Permanent Visas

The **Refugee Category** includes visa subclasses: 200 Refugee; 201 In Country Special Humanitarian; 203 Emergency Rescue; and 204 Women at Risk. Refugees are people subject to persecution in their home country who have been assessed as having a strong need for resettlement by the United Nations High Commissioner for Refugees (UNHCR). Many do not have family or friends in Australia.

The **Special Humanitarian Program (SHP) Category** comprises visa subclass 202 Global Special Humanitarian. SHP entrants are people outside their home country who have experienced substantial discrimination amounting to gross violation of human rights. SHP entrants have a proposer in Australia – a friend, relative or community organisation who has agreed to assist them settle in Australia.

Temporary Visas

The Temporary Humanitarian Visa (THV) has two categories: 447 Secondary Movement Offshore Entry Temporary; and 451 Secondary Movement Relocation Temporary. These Visas are for people who have bypassed or abandoned effective protection in their country of first asylum and for whom humanitarian entry to Australia is appropriate.

The **Onshore Program** consists of the: 866 Permanent Protection Visa (PPV); and 785 Temporary Protection Visa (TPV). Asylum seekers who have entered Australia lawfully on genuine documents and are found to be refugees and meet character requirements are able to access a PPV. Asylum seekers who entered mainland Australia unlawfully (without a valid visa or on fraudulent documents) and who are found to be refugees and meet character requirements are granted a TPV, which gives them residence for three years in the first instance. TPV holders can apply for a further protection visa, which may be a permanent visa.

The Return Pending Visa (RPV) provides 18 months stay for former TPV and THV holders whose further protection visa applications are unsuccessful, to enable them to make orderly arrangements for departure. The Removal Pending Bridging Visa (RPBV) was introduced to enable the release, pending removal, of people in immigration detention who have been cooperating with efforts to remove them from Australia, but whose removal is not reasonably practicable at the time.

¹⁹ Australia's Support for Humanitarian Entrants 2004-05, October 2005, Australian Government, DIMIA

Services Available to Humanitarian Entrants

Australian Cultural Orientation (AUSCO) Program

AUSCO is a pre-embarkation cultural orientation program to help humanitarian entrants prepare to settle in Australia, and aims to provide entrants with the knowledge to improve their settlement prospects; develop realistic expectations of life in Australia and help them acquire information about Australian culture and society prior to arrival. In September 2003 AUSCO was implemented in Kenya and has since been expanded to locations in Egypt, the Sudan, Uganda, Tanzania, Guinea, Ghana, Sierra Leone, Jordan, Lebanon, Syria, Turkey, Pakistan, Iran and Thailand.

AUSCO is delivered over a three-day period in the clients' local language. The curriculum covers topics such as: the journey to Australia; Australia's political and legal systems; assistance and services provided to humanitarian entrants; health care; transport; employment; and education.

Specialised Settlement Support for Humanitarian Entrants

The IHSS provides intensive on-arrival support to refugees and SHP entrants to help them settle in Australia. It aims to help humanitarian entrants achieve self-sufficiency as soon as possible by providing specialised services on a needs basis. Contracted service providers deliver a suite of specialised services, which includes the following.

- **Initial Information and Orientation Assistance (IIOA)** provides information and links entrants to the services they need in the initial stages of settlement.
- **Accommodation Support (AS)** offers entrants accommodation on arrival and assists them to secure long-term accommodation as soon as possible.
- **Household Formation Support (HFS)** provides entrants with a basic package of material goods to start establishing a household.
- **Early Health Assessment and Intervention (EHA)** helps entrants to overcome physical and psychological health problems and encourages health care providers to be sensitive to the needs of humanitarian entrants.
- **Proposer Support (PS)** helps proposers to fulfil their role of assisting SHP entrants to settle.

The intensive assistance provided under the IHSS is intended for the initial settlement period, which in most cases is about six months. When humanitarian entrants exit the IHSS, they are referred to general settlement services provided through Migrant Resource Centres (MRCs), Migrant Service Agencies (MSAs) and organisations funded under the CSSS.

Specialised Settlement Support for Unaccompanied Humanitarian Minors

Unaccompanied humanitarian minors are covered by the *Immigration (Guardianship of Children) Act 1946* (the IGOC Act) that ensures that minors who arrive in Australia unaccompanied have a legal guardian. Minors subject to the IGOC Act become wards of the Minister for Immigration and Multicultural and Indigenous Affairs.

Long-Term Settlement Services

The following mainstream settlement services are available to humanitarian entrants.

Adult Migrant English Program (AMEP)

The AMEP has two core functions, i.e.: to assist new arrivals to develop basic English language skills; and to provide general orientation to new arrivals to help them participate in the wider Australian society and access available services. The AMEP provides up to 510 hours of English tuition to help new entrants settle into, and participate in, Australian society. Additional hours are available to some humanitarian entrants who qualify for special assistance under the SPP.

The Translating and Interpreting Service (TIS)

TIS provides telephone and on-site interpreting and translations and is an important safety net for those facing language barriers to successful participation in the community. Humanitarian entrants can access TIS on a fee-free basis depending on circumstances. Fee-free interpreting services are provided to help humanitarian entrants (Australian citizens or permanent residents) who do not speak English adequately to communicate with doctors, local government authorities, trade unions, parliamentarians, and community based, non-profit and non-government welfare organisations. TIS also provides translation of settlement-related, personal documents for migrants and humanitarian entrants free-of-charge within the first two years of their permanent residence in Australia.

Migrant Community Services

Migrant community services assist migrants and humanitarian entrants to participate equitably in Australian society as quickly as possible after arrival. Services are targeted to meet the settlement needs of recently arrived humanitarian entrants and family stream migrants with low levels of English proficiency. Settlement assistance is through:

- provision of settlement information and referral services;
- facilitation of community capacity building; and
- promotion of client needs to mainstream service providers.

Services are provided through MRCs/MSAs networks and organisations funded under the CSSS. These will be combined to form the Settlement Grants Program from 1 July 2006.

MRCs/MSAs and CSSS organisations provide complementary services to humanitarian entrants receiving IHSS assistance, but do not duplicate IHSS services.

No-Interest Loan Scheme

The No-Interest Loan Scheme helps proposers to meet the travel costs of SHP visa holders.

APPENDIX 6: ACRONYMS AND ABBREVIATIONS

AMEP	Adult Migrant English Program
AS	Accommodation Support
ASeTTS	Association for Services to Torture and Trauma Survivors
AUSCO	Australian Cultural Organisation
CaLD	Culturally and Linguistically Diverse
CCMC	Centrecare Catholic Migrant Centre
CMRC	Catholic Migrant Resource Centre
CSHA	Commonwealth State Housing Agreement
CSSS	Community Settlement Services Scheme
DCD	Department for Community Development
DET	Department of Education and Training
DIAC	Department of Immigration and Citizenship
DIMA	Department of Immigration and Multicultural Affairs (renamed on 23 January 2007 to the Department of Immigration and Citizenship (DIAC)).
DIMIA	Department of Immigration and Multicultural and Indigenous Affairs (renamed to DIMA on 27 January 2006).
ECCWA	Ethnic Communities Council of WA Inc
EEA	Ethnic Education Assistant
EHAI	Early Health Assessment and Intervention
ESL	English as a Second Language
FDVU	Family and Domestic Violence Unit
FTE	Full-Time Equivalent

GP	General Practitioner
HFS	Household Formation Support
IEC	Intensive English Centre
IGOC	Immigration Guardianship of Children
IHSS	Integrated Humanitarian Settlement Strategy
IIOA	Initial Information and Orientation Assistance
ISC	Integrated Service Centre (referred to as African Community Project in Discussion Paper).
JNP	Job Network Provider
LGA	Local Government Authority
LLNP	Language Literacy and Numeracy Program
MBS	Medical Benefits Schedule
MLO	Multicultural Liaison Officer
MMRC	Metropolitan Migrant Resource Centre
MRC	Migrant Resource Centre
MSA	Migrant Service Agency
MSCWA	Multicultural Services Centre of WA Inc
MSO	Multicultural Services Officer
NAATI	National Accreditation Authority for Translators and Interpreters
NAP	New Arrivals Program
NGO	Non-Government Organisation
OMI	Office of Multicultural Interests
PBS	Pharmaceutical Benefits Scheme
PPV	Permanent Protection Visa
PS	Proposer Support
RPBV	Removal Pending Bridging Visa
RPV	Return Pending Visa
SGP	Settlement Grants Program
SHP	Special Humanitarian Program
SPP	Special Preparatory Program
TAFE	Technical and Further Education
THV	Temporary Humanitarian Visa
TIS	Translating and Interpreting Service
TPV	Temporary Protection Visa
UNHCR	United Nations High Commissioner for Refugees
VET	Vocational Education and Training
WA	Western Australia
WAP	Western Australia Police
YEP	Youth Engagement and Participation