

Acknowledgements

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Executive Summary

Overview

This report analyses access and equity issues relating to refugees on a temporary protection visa (TPV), with an emphasis on labour market participation and health services. The findings discussed in the report are based on an empirical study, conducted by the Centre for Applied Social Research at RMIT University, involving in-depth interviews with 51 refugees living in greater Melbourne and the Victorian regional towns of Mildura and Shepparton. Interviews were also conducted with service providers, health professionals and refugee advocates.

The research was commissioned by a coalition of community agencies consisting of The Salvation Army, Employment Plus, St Vincent de Paul, Uniting Care Victoria and Tasmania, Melbourne City Mission, North Yarra Community Health and World Vision Australia.

The aims of the research were to investigate barriers to employment and health services, as well as identify strategies and initiatives that are being employed to overcome identified barriers. Beyond these specific research aims, this report seeks to increase community awareness about the attempts of refugees to re-establish their lives within the legal and policy constraints associated with the temporary protection visa regime. While critical attention has been given to the policy of mandatory detention, the struggles of refugees living on the other side of the razor wire are stories that have escaped media headlines and the general attention of the Australian public.

While the plight of refugees in the community may be less visible than people being held in detention centres in the desert, this report shows that Commonwealth Government policy is still denying refugees a sense of certainty, hope and material security. Many refugees now live with what they describe as ‘secondary detention’. The central and common concern for all refugees involved in the study was the ongoing uncertainty created by the TPV policy. Uncertainty is an obvious outcome of a policy regime that places people in a state of limbo for a minimum of three years. This report highlights the immediate and longer-term consequences of this policy.

A key finding from the research is that there are extensive barriers to essential services for refugees on TPVs, however, these issues are tangible and easier to address than the prolonged psychological suffering and ‘time torture’ associated with the policy of temporary protection. This finding suggests that there are limits to what can be achieved at the local level of human service practice if government policies actively work against these interests and initiatives. Ultimately, the research shows that people forced to live in a mental and material state of limbo pay a very high price in terms of individual well being, family separation and employment possibilities.

Main findings

Chapter two of the report briefly explores the background to the introduction of the temporary protection visa policy in 1999. The discussion focuses on what the introduction of this policy signified in terms of fundamentally changing the

Commonwealth Government's response to immigration and refugee resettlement. Temporary protection visas significantly weaken the economic and social rights of refugees by denying refugees access to a wide range of Commonwealth Government settlement services.

Previous research, conducted in Victoria and Queensland, has shown that this policy of temporary protection results in material hardship for refugees and creates two classes of refugees, which many community advocates have argued is discriminatory. On this point, much of the human rights literature comes to the conclusion that Australia's policy of temporary protection violates the UN Refugee Convention, which prohibits penalising refugees on account of how they enter a country of asylum. This report provides a clear indication that many refugees do feel they are penalised and punished by the Australian Government.

Chapter three explores how refugees broadly interpret the policy of temporary protection and its impact on people's attempts to rebuild their lives.

- The research findings illustrate a clear and unequivocal connection between the visa status of refugees on TPVs and their self-reported feelings of distress, despair and depression. The deep uncertainty associated with the TPV severely restricts the capacity of refugee participants to recover from a traumatic past, as well as to dream and hope for a better future.

Refugees on TPVs have endured intolerable situations in their home country, a dangerous journey to Australia, unspeakable conditions in detention centres and now they must live with limited freedom and entitlements – despite having met the criteria of a 'genuine refugee' under United Nations guidelines. In light of this legacy of pain and punishment it is not surprising that many refugees were struggling to cope with the stress and mental anguish of being defined as a 'temporary' citizen.

Most participants were deeply concerned, and in some cases justifiably angry, about how they were negatively portrayed by certain politicians and the mass media in Australia. Some research participants indicated that they felt a sense of shame about being labelled a 'TPV', or an 'illegal refugee', because these identities were so thoroughly demeaned and devalued in the public sphere. Other refugees were very clear that their situation was a consequence of policy failure, rather than individual failure.

Negative stereotyping is a form of cultural injustice, reinforcing the social injustice associated with being denied access to economic and social resources. Nonetheless, refugees involved in the study were able to make sophisticated distinctions between the local community and political discourse. All of the participants felt the Australian Government was 'punishing' them, while at the same time they generally found the local community and individual citizens to be welcoming and supportive. This finding is not that surprising given that volunteers, informal networks, community welfare organisations and individual State Governments have shouldered much of the responsibility for meeting the rights and needs of refugees on TPVs.

Barriers to employment and health services

Chapters four to six explore the various dimensions of how refugees on TPVs have attempted to access the housing system, income support arrangements, the labour market and the health services system. In each of these areas there are accounts of direct discrimination on the part of real estate agents, employers and individual health professionals. There are also accounts of indirect discrimination. In the area of employment, for example, the major barriers to accessing the labour market were:

- proficiency with English;
- the temporary protection visa resulting in discrimination;
- poverty traps associated with Centrelink Special Benefit; and
- lack of work experience.

These findings illustrate the consequences of denying refugees on TPVs access to the resettlement services, including the 510 hours of English language tuition offered to refugees on a permanent protection visa. Most participants were still unemployed or had only found temporary or casual employment in low-paid areas of the labour market that failed to match the skills and qualifications they had obtained in their country of origin.

Employment and adequate income were identified by research participants as being very important in helping to maintain a sense of personal pride and dignity, and in objective terms financial independence is an important indicator of a successful refugee resettlement experience. However, the experience of refugees in the study suggests that the right to work is an abstract concept when it is not matched by appropriate supports and services that enable refugees to obtain meaningful employment. The ongoing health needs of refugees were also identified as a barrier to employment and other forms of economic and social activity.

Chapter six, focuses on access to health services and it shows that the health needs of refugees are exacerbated by the experience of mandatory detention and living under a temporary protection visa regime. Identified access barriers in the area of health services included:

- *Long wait times and cost of services* in using Emergency Departments of public hospitals, specialist health care and in relation to public dental health services.
- *Lack of information* and confusion about the health system, especially the difference between public and private services and entitlements.
- *Lack of interpreters and female physicians*, particularly in rural areas.
- *Absence of bulk billing* services in rural areas.
- *Instances of discrimination*.
- *Other settlement needs taking precedence*, particularly in cases where refugees were employed in casual or temporary work.
- *Lack of specialist care* in regional areas.

Poor dental health and difficulties in accessing public dental health services for specialist treatment were a major concern for refugees in the study. Some refugees, for

example, were told they would have to wait three years for dentures. Long wait times in the Emergency Department of public hospitals, exacerbated in regional Victoria by the decline in bulk-billing medical practitioners, were also identified as a barrier to accessing health services. Lack of specialist health providers in rural areas was additionally identified as a significant issue, given that refugees often require various forms of specialist health care, such as trauma counselling.

Despite the significant barriers identified by refugees, most participants involved in the study remained resilient and were committed to rebuilding a future for themselves and their families in Australia. Children were enrolled in local schools and most participants had managed to acquire English language ability, with varying degrees of proficiency. After significant effort and support from informal networks and advocates, most participants had managed to secure a rental property in either the private rental market or public housing. A number of participants were involved in training or educational courses to improve their chances of finding paid employment. In short, refugees on TPVs were making progress towards resettlement and many participants were making a valuable contribution to the Australian community – in spite of living with uncertainty and insecurity.

Chapter seven discusses principles, responses and initiatives that are being employed by networks and community agencies to support the resettlement efforts of refugees on temporary protection visas. The findings confirm earlier research, which found that many community agencies are struggling with the extra demand created by the policy of temporary protection. At the same time agencies and individuals are developing service based and advocacy networks to help ensure that refugees are better able to access health services and the labour market. Refugees on TPVs are also forming their own associations to give themselves a direct voice in the design of services, research activities and in policy debates. These developments indicate the extent to which refugees on TPVs are establishing a future in Australia.

The research findings suggest that many refugees on TPVs have, to varying degrees, actively integrated into Australian society, undermining the political argument that refugees should or could be repatriated to their country of origin. Overseas research has shown that the policy of temporary protection is ‘time fragile’. As time passes, it becomes increasingly difficult for government authorities to uphold the premise of return because the burden of temporary conditions on the individual refugee increases; the refugee’s attachment to their home country is weakened and the number of cases that would involve coercion increase. Moreover, resistance against potential forced deportations is likely to increase over time at both the national and local level, thereby potentially weakening public support for the policy. During the time the research project was conducted a number of coalitions and activist alliances were campaigning to support applications for permanent protection, while at the same time being against the forced deportation of asylum seekers and refugees on TPVs.

In Australia, some refugees on TPVs have been waiting for more than 40 months for a determination on their application for permanent protection. The continuing delay in processing these applications creates immeasurable mental suffering and material disadvantage. In their own words, the research participants call on the Australian Government to offer them permanent protection so that they can rebuild their lives. Understandably, these families and individuals want their suffering to end.

Chapter 1. Project Description

This chapter outlines the background to the study, as well as the research aims, questions and the methods used to document the resettlement experience of refugees on TPVs living in Victoria.

Background to the research

While there is a growing body of international literature on the resettlement experiences of refugees (see Gray and Elliot, 2001) there is limited available research about the experiences of refugees living in the Australian community on Temporary Protection Visas (TPVs). Much of the international resettlement literature is also not directly applicable to refugees living on a TPV, given that the policy is unique to Australia and by definition the visa only guarantees ‘temporary’ residency rights and it restricts access to many resettlement services.

In determining the impact of this policy, some Australian states, such as Victoria and Queensland, have undertaken action research projects with small samples of research participants. In 2001, the Queensland State Government sponsored a pilot study into the impact of the Temporary Protection Visa on recently arrived refugees. This study involved a series of group interviews with holders of a TPV in the Brisbane area and interviews with relevant community service providers. The study found that creating two classes of refugee:

- has a negative impact on the physical and psychosocial health of refugees, their employment prospects and general well-being;
- has created enormous strain on community service providers;
- has unfairly shifted costs for refugee resettlement from the Commonwealth Government to State Governments; and
- represents a discriminatory policy that causes tension within and between ethnic communities, as a result of the linking between “onshore” and “offshore” intake quotas (Mann, 2001).

The Queensland study concluded that the TPV policy severely limits the capacity of refugees to participate in the everyday life and activities of Australian society. The report recommended that there is a need to further examine the implications of social isolation that TPV holders experience in the wider society; clarify the roles and responsibilities of each level of government in the settlement and protection of refugees; and improve access to, and coordination of, community services (Mann, 2001).

Following the Queensland study, the Victorian Arabic Social Services in conjunction with the Centre for Citizenship and Human Rights at Deakin University, released a report examining the impact of the TPV policy in Victoria. This report reached similar conclusions to the Queensland study, while also drawing attention to the complex relationship between the traumatic effects of the TPV policy and trauma experiences in countries of origin and Australian detention centres (Mansouri and Bagdas, 2002). The

Centre for Citizenship and Human Rights is in the process of undertaking further research in this area.

In the area of housing and homelessness, an Australian Housing and Urban Research Institute (AHURI) research project is being conducted on the housing pathways and homelessness situation of temporary protection visa holders. The research is simultaneously being undertaken in three Australian cities: Adelaide, Brisbane and Perth, with interviews being conducted with 150 refugees in each of these cities. AHURI have posted a positioning paper on their website, which provides more detail on the project's methodology (www.ahuri.edu.au). Hanover Welfare Services, based in Victoria, are also conducting a study into refugee and asylum seeker demand for community based homelessness services.

The studies completed or currently being undertaken have explored a wide range of issues about the impact of the TPV policy on individuals, non-government service providers and state government funded services. Previous research has focused on the immediate short-term settlement needs and impact on community organisations. Research evidence about this experience needs to be complemented by more in-depth studies into particular areas of resettlement. In light of the fact that many refugees on TPVs have been living in the community for more than two years, the focus of the Centre for Applied Social Research (CASR) study has been to examine barriers to medium-term resettlement needs, such as employment.

The CASR project was developed in September 2002 in conjunction with a concerned coalition of community welfare organisations in Victoria. The Victorian Social Programme Consultancy Unit and Melbourne Central Division (Salvation Army), Employment Plus (Salvation Army), Melbourne City Mission, St Vincent de Paul, North Yarra Community Health, World Vision Australia and Uniting Care Victoria and Tasmania joined together to fund and direct the research project. These organisations, in conjunction with CASR, developed the research aims.

Research Aims

The purpose of the CASR study has been to better understand the experiences of refugees on TPVs and their attempts to access the paid labour market and health services. The dual focus on employment and health recognises that health problems can be a significant barrier in the attempts of refugees to obtain paid employment, and conversely refugee's employment situation is an important determinant of health. The specific aims of the research have been to:

- develop a greater understanding of the experiences of TPV refugees attempting to access paid employment and health services;
- raise community awareness about resettlement issues for refugees on TPVs;
- complement research being undertaken into the housing and homelessness situation of TPV holders in Australia; and
- identify and develop a range of responses and strategies to address identified barriers, in collaboration with TPV holders and service providers.

Methodology

In addressing these aims the project employed a qualitative research methodology involving face-to-face interviews with both refugees and a range of service providers and health professionals.

Recruiting participants and ethical considerations

A one-page information sheet was developed to assist in recruiting study participants. The information sheet and consent forms were translated from English into Arabic, Farsi and Dari, as community workers informed CASR that these were the main languages spoken by refugees from Iraq and Afghanistan. The information sheets were distributed to community agencies and networks working with refugees on TPVs. Individual community workers in these agencies were critically important in recruiting participants for the study.

Ethical clearance for the study was obtained from the RMIT Faculty Research Committee, which assesses the level of risk of research projects, and examines procedures for ensuring confidentiality, informed consent and minimisation of distress to participants. Clear assurances were given to participants that they could not be identified by information they provided during the research interview. Participants were also assured of the voluntary nature of their participation and that they could withdraw from the study at any time. The researchers had responsibility for ensuring that all names and identifying information were deleted from research records. All research participants signed a consent form, and were given the opportunity to receive feedback about the study.

In addition to these ethical considerations, discussion of resettlement issues and past events may be upsetting and traumatic for the refugee participant. As such, it was important to make provision for support during and following the interviews in the form of counselling or a de-briefing session with a human service worker known to the participant. This practice was successfully adopted in the Queensland research with Temporary Protection Visa holders.

Conducting the interviews

Mr Alperhan Babacan was employed by CASR during the course of the project to undertake a literature review and organise and conduct research interviews. Alperhan performed this task with a great deal of sensitivity and awareness about the refugee situation (The interview schedule developed for the study is included as Appendix A).

A steering committee consisting of representatives from each of the agencies funding and supporting the research project provided assistance and support for the project, particularly in relation to recruiting research participants and providing feedback on early findings and the production of this report.

Interviews were conducted with 51 TPV holders in the greater Melbourne area, and parts of rural Victoria (principally Shepparton and Mildura) where significant numbers of refugees from Iraq and Afghanistan have settled. The rural dimension of the research

sought to draw attention to differences between the city and rural settings in relation to labour market participation and access to health services. Fifteen interviews were conducted with service providers in these locations to ascertain their views of the key settlement barriers.

Profile of research participants and countries of origin

The participants involved in the study came from a range of cultural backgrounds. However, the majority of participants in the study were refugees from Iraq and Afghanistan (35 in total). Refugees from these two countries constitute the largest proportion of the world's refugee population. The following descriptions provide a brief account of the current situation in these two countries.

Iraq is a country of 23 million people. Iraq comprises a range of religious and ethnic groups, however, it is mainly Islamic with Shi'ite Muslims concentrated in the south and Sunni Muslims in the north (Elissalde, 2001). Shi'ite Muslims represent about 60% of the population, while 35% are Sunni Muslims. Christian Assyrians, Kurds and other minorities constitute the remaining 5% of the population. The main languages spoken in Iraq are Arabic, Kurdish and Assyrian. Up until the 2003 invasion of Iraq by American, British and Australian military forces, Iraq was a dictatorship ruled by Saddam Hussein of the Nationalist Ba'ath Socialist Arab Party. Saddam Hussein's regime resulted in the persecution, torture and execution of many Shi'ite Muslims and Kurds. These brutal practices intensified after the 1991 Gulf War, when many Shi'ite Muslims and Kurds rose up against Saddam's regime. 1.5 million refugees fled Iraq after the 1991 Gulf War (Oxfam & A Just Australia, 2003).

Afghanistan has a population of almost 27 million people, mainly comprised of Sunni Muslims (about 85% of the population) with a Shi'ite minority (mainly comprised of the Dari speaking Hazara group). There are also some Hindus, Sikhs and Jews. Ethnic groups include Pashtun, Tajik, Hazaras, Uzbek and others (Elissalde, 2001). The main languages spoken include Pashtu, Dari and Turki. Afghanistan has a long history of internal conflict and external invasion by Soviet, British and more recently American forces. The 2002 American war on Afghanistan resulted in the fall of the Taliban regime, which had been in power since the mid 1990s. During its reign the fundamentalist Taliban regime targeted many minority religious and ethnic groups, particularly the Hazara Shi'ite Muslims. About 3.5 million refugees have fled Afghanistan and despite the fall of the Taliban regime political life remains deeply unstable in Afghanistan, making it impracticable and unsafe for refugees to return. Afghanis constitute the largest single refugee population in the world, representing an estimated 30 percent of the global refugee population (UNHCR, 2001).

In addition to variations in country of origin there was considerable diversity among research participants in regard to age, gender and family status. The following profile of research participants also shows that the majority of people interviewed had been living in the Australian community for more than two years, which makes this an appropriate group for reflecting on the issues associated with medium-term settlement needs, such as employment.

Total number of interviewees: 51

Gender:

Male	39
Female	12

Age:

18-24	25-29	30-39	40-49	50+
22	5	11	11	2

Country of origin:

Iraq	Iran	Sudan	Eritrea	Egypt	Somalia	Syria	Afghanistan	Not recorded
25	1	2	3	1	1	1	10	7

Languages spoken:

Arabic:	15
Arabic and Farsi:	9
Farsi:	1
Dari:	5
Amharic:	1
Amharic and Tigrinya:	2
Tigrinya and Arabic:	2
Other:	3

Marital status:

Married	not married/single
25	26

Children:

Total married with Children:	22
Total married with no children:	3

Children in Australia:

All children in Australia :	12
All children overseas:	7
One or more child(ren) in both Australia and overseas:	3

Year released from detention:

1999	2000	2001	2002
3	19	19	10

Analysing the interviews and writing the report

All of the interviews were tape recorded and transcribed. Once transcribed the interviews were coded using qualitative computer software (QSR Nvivo), which assisted in organising the interviews into various thematic categories relating to transition from detention centres, housing, employment, health services and income support.

In interpreting the interviews and writing the report it has been important to remember that this is not simply a story of ‘victims’ experiencing a continuing injustice; it is also a story of hope, resilience and survival. In writing the report I have tried to ensure that the capacity and hope of the research participants is respected, as Mark Peel describes in relation to his research with the ‘working poor’:

In writing this story, and weaving their words into mine, one objective must be to describe the tragedies and the suffering without portraying people simply as victims... This must, in part, also be an angry story, a story about the lies which are so safely told and about the smug fantasies of the comfortable. Another objective must be to capture people’s sense of entitlement, their right to say they deserve better, their right to want as well as their proven ability to wait, their desire to want things to be *really fair* (Peel, 2000, author’s emphasis).

Peel alerts researchers to the challenge of finding a balance between revealing the real suffering that people experience and conveying the capacity they have to resist in the face of the suffering and indignities they endure. In the interest of giving voice to these concerns, the report draws extensively on research interview excerpts.

The direct words of the refugees offer a far more powerful articulation of experience than any interpretation I can bring. The aim of this report is to do these stories justice and provide a respectful space to voice the hopes and concerns of refugees living in Australia.

Chapter 2. The context and concept of ‘temporary’ citizenship

Internationally, the concept of temporary protection is not new; various versions of it were codified during the 1970s and 1980s in response to mass flows from South-East Asia and in the context of flight from Central American civil wars (Fitzpatrick, 2000). Temporary protection for refugees was a recurring topic on the European agenda during the 1990s, following the mass outflow from Bosnia Herzegovina during 1992-93 (Brekke, 2001). When the UN’s High Commissioner recommended the use of temporary protection, it was considered the best practical solution to this acute situation (Joly, 1998). The real issue is whether formalisation of temporary protection is either legal or advisable, particularly in cases where temporary protection becomes part of a strategy of relocating refugee protection from the legal field into the realm of politics (Fitzpatrick, 2000).

We can see the consequences of this shift in Australia. In the 2001 Federal Election, for example, the Australian Government made refugee policy a key political campaign issue, helping to provide political justification for the formalisation of temporary protection visas for all ‘unauthorised’ arrivals. The individual experience of refugee resettlement cannot be divorced from the policy and legal context that lays out the practical framework for what rights exist, what services are available and what barriers people might face when appropriate resources are not provided to facilitate the resettlement process. This chapter briefly considers the practice and history of formalising the temporary protection visa regime in Australia. It also aims to define the multiple dimensions of resettlement and the concepts of access and equity, which have informed the interpretation of the research interviews.

Refugees and resettlement in Australia

Australia became a member of the international refugee regime in 1958 with the signing of the 1951 Refugee Convention and the 1967 Protocol, which was intended to extend the scope of the 1951 Convention on Refugees. However, the 1967 definition of a “refugee” still remains inadequate and fails to cover the nature of refugee movements and flows over the past two decades. The international refugee regime fails to address the most common sources of forced migration, including generalized violence and social unrest, epidemics and ecological degradation and there is insufficient recognition of persecution based on gender and sexual orientation in status determination procedures in many parts of the world (Kumin, 2000).

The 1951 United Nations Convention on Refugees¹ defines a refugee as:

Any person who owing to a well founded fear of being persecuted for reasons of race, religion, nationality, membership of a particular social group or political opinion, is outside the country of his/her nationality and is unable, or owing to such fear, is unwilling to avail himself/herself of the protection of that country.

¹ Asylum seekers are defined as a person seeking refugee status whose application has not yet been determined.

Despite its definitional limitations, the 1951 Convention on Refugees does provide the right of refugees to employment, education, the legal system and civil rights. Domestic immigration laws and practices of individual countries shape the interpretation of the Convention's definition of a refugee and the rights to which they are entitled. Signatory countries use the UN definition as a guide for the development of domestic legislation. In Australia, the treatment of refugees is principally governed by the federal *Migration Act 1958* and *Migration Regulation 1994*. The Department of Immigration and Multicultural and Indigenous Affairs handles the administration of these pieces of legislation.

Since 1945, Australia has accepted approximately 650,000 refugees as permanent residents and in the current context approximately 12,000 places are set aside each year for the 'humanitarian' component of Australia's permanent immigration program (Crock and Saul, 2001). This figure includes and now links both 'onshore' (applications made from within Australia) and 'offshore' applications (applications made through the UN High Commissioner or Australian authorities overseas). It is the 'onshore' applications that have become the source of much controversy and contestation in Australia. The Australian Government accuses this group of asylum seekers of being 'queue jumpers' and they are dealt with in terms of 'border protection' policy, rather than the protection of their human rights under the 1951 UN Refugee Convention and the 1967 Protocol.

Australia has historically enjoyed a positive international reputation for its policies on multiculturalism and its interpretation of the Convention on Refugees and the optional protocol. However, it has come under increasing criticism from international and domestic human rights bodies and policy activists for its policies on mandatory detention, border protection and temporary protection. Some critics argue that the temporary protection regime is simply another step in the weakening of refugee and asylum seeker rights in Australia over the last decade. The policy of mandatory detention, for example, was first introduced in Australia in 1992 by the then federal Labor government. It was introduced when the "wave" of people arriving by boat, mainly Cambodians and Chinese, was less than 500 a year. To justify mandatory detention, the government claimed that without it Australia would face a "flood" of unauthorised asylum seekers (Stephen, 2002). The policy was expanded when the Coalition Government came to power in 1996.

The Refugee Council of Australia (2002) argues that as long as Australia persists with the policy of mandatory detention and granting TPVs to UN Convention Refugees, we will be perpetuating suffering, threatening social cohesion and wasting precious human and fiscal resources, as well as losing credibility in the international arena. Australia's highly contested treatment of refugees has been extensively covered elsewhere (see Crock and Saul 2002; Mares, 2002; Esmalie and Wells, 2001; McMaster, 2002) and my intention is not to retrace the detail of these arguments here. What follows is a brief account of the temporary protection visa policy in Australia.

The temporary protection visa in Australia

Since late 1999, all asylum seekers arriving in Australia without authorisation and who are found to be refugees are granted temporary protection visas (TPVs). The visa is generally granted for a period of three years, but in some cases for five years. At the

end of this period, refugees on TPVs could apply for a permanent protection visa (which grants them Australian residency status). However, since September 27, 2001, immigration law now states that 'unauthorised arrivals' assessed as meeting refugee classification, who, since leaving their home country, have resided for at least seven days in a country where they could have sought and obtained effective protection (for, example, Indonesia), will not be able to seek a permanent protection visa. Many unauthorised arrivals entering Australia after 2001 will have only have the right to seek another TPV (DIMIA, 2002a). In other words, many refugees granted TPVs since 2001 will never have the right to permanent protection.

The use of temporary protection type visas in Australia is a relatively recent phenomenon. Although very distinct from the current temporary protection regime, the introduction of the 'safe haven' visa in 1999 was the first time that refugees were granted temporary residency status in Australia. Up until 1999, all asylum seekers arriving in Australia (with onshore or offshore), and who met the UN criteria for a 'refugee' were granted permanent residency. However, in response to war in the former Yugoslavia, and under pressure to offer humanitarian assistance, the Australian Government introduced the 'safe haven' visa. The visa meant that large numbers of refugees could apply 'offshore' in refugee camps and be processed relatively quickly. During the conflict Australia accepted over 4000 Kosovar refugees from refugee camps. In September 1999, the 'safe haven' visa program was extended to include 'onshore' applications. This measure was introduced to encompass 1,450 refugees evacuated from the United Nations compound in east Timor. In both cases, the 'safe haven' visas were introduced as a direct government response to external events.

The temporary protection visa regime is quite distinct because it was introduced as a direct deterrent to 'on-shore' arrivals in the context of what was perceived and constructed as a 'domestic crisis'. The political context surrounding the temporary protection regime is very different, as Crock and Saul (2002: 1) point out:

In the first half of 1999, Australians from all walks of life compassionately embraced refugees from the Kosovo conflict... In contrast, the increasing arrival of "boat people" on Australia's northern coastline stirred anti-foreigner sentiments reminiscent of the darkest days of the discriminatory White Australia policy.

In the current context, the Australian Government systematically employs the policy of temporary protection to coerce refugees into returning home. This is the *hard* side of the temporary protection policy. The generous side of the policy – the reception of large groups – appears first, as in the case of the Kosovars and East Timorese. Only later does the restrictive side – the premise of return come to the foreground (Brekke, 2001). In the case of the Kosovars, for example, the Australian Government was negotiating with about 200 refugees to return home. A minority of Kosovars were reluctant to return to Kosovo because they still felt it was unsafe. Article 33(1) of the 1951 Refugee Convention stipulates that refugees have a right to non-refoulement (ie non-return). Non-refoulement is a fundamental tenet of asylum law, forbidding returning a person who has fear of their life or liberty.

Non-refoulement is a key legal argument mounted against the use of temporary type visas, both the earlier 'safe haven' visas and the current temporary protection regime.

Many Kosovars, for example, still feared for their life at the time they were being encouraged to return home. At the time one Kosovar refugee argued: "...The Australian Government has been very good with us until this time. They saved us, our lives, and they've done everything for us, so I will just plea to them, let us stay until the time comes for us to go back" (Australian Broadcasting Corporation, 12/4/2000). The premise of the policy in this case was for refugees to come, stay and then leave. As Peter Mares (2002: 186) argues, "From the outset, the safe haven offered to the Kosovars had a shadow side, because the government wanted to ensure that their stay would be temporary". Traditionally, Australia has been reluctant to offer only temporary outcomes to refugees; however, the 'safe haven' experience helped to establish public acceptance for the notion of 'temporary protection' (Mares, 2001: 191).

The Australian Government now issues TPVs for all individual unauthorised arrivals. The temporary protection visa regime owes its continuing existence to the political belief that it discourages the 'illegal' entry of asylum seekers into Australia (Einfeld, 2000: 312). In defending the policy the Immigration Minister, Phillip Ruddock (2003) argues that:

What we are saying is there was a right way to come and a wrong way to come and the temporary visa is about saying yes, we honour our obligations but if things change at home, and you can go back, then you'll be going back.

The government also argues that the changes were necessary because of increasing misuse of Australia's onshore protection arrangements by organised people smugglers (Catholic Commission for Justice, Development and Peace, 2001). As a result of the systematic use of this policy, there are now thousands of refugees on temporary protection visas living in the Australian community. As at 29 December 2002, 8,589 TPVs (Subclass 785) have been issued. Over 90% of the recipients have been Iraqis (43%) and 49% have been from Afghanistan (RCOA, 2003).

Crock and Saul (2002) argue that the Australian Government's justification for the temporary protection visa is fundamentally flawed, morally questionable and most probably illegal. They point out that an early 1990s attempt to introduce four-year temporary protection visas for all refugees was abandoned by the Commonwealth Government – not only did it *not* deter asylum seekers, it was considered unworkable. Crock and Saul (2002) suggest that one of the effects of the changes may have been to encourage asylum seeking men to bring their families with them, rather than acting as an anchor for the later (legal) migration of dependents. In 1999, children made up only 13 per cent of asylum seekers arriving by boat. After the introduction of the temporary protection visa in 2001, the proportion of children on boats rose to 30 per cent (Crock and Saul, 2002).

While the UN Refugee Convention does not give refugees the right to permanent relocation, Article 31(1) of the Refugee Convention does specify that refugees should not be discriminated against by reason of illegal entry to a country of asylum. The introduction of a temporary protection visa regime and limited social entitlements constitutes a form of punishment for those who did not apply offshore through formal immigration channels (Crock and Saul, 2002: 106). The Australian Government argues that temporary protection is not a punishment for refugees, but a permissible alternative. Australia now distinguishes between refugees based entirely on mode of

entry. As a consequence of how people arrive in Australia, refugees on a temporary protection visa receive limited entitlements and experience deep and continuing uncertainty. The following table provides a snapshot of the entitlements that refugees on TPVs are eligible for:

Entitlements of TPV compared with PPV

<i>Entitlement</i>	<i>Permanent Protection Visa</i>	<i>Temporary Protection Visa</i>
Commonwealth Income Support	Immediate access to the full range of social security benefits	Access only to Special Benefit for which eligibility criteria apply.
Education	Same access to education as other permanent residents	Access to primary, secondary and TAFE education subject to state policy (access granted in Victoria). Effective exclusion from tertiary study due to imposition of full fees.
Settlement Support	Access to full DIMIA settlement services, including Migrant Resource Centres and ethno specific agencies, interpreter service and integration assistance.	Not eligible for most DIMIA funded services, except for health screening and referral.
Family Reunion	Ability to bring immediate family members.	No family reunion rights, even for spouse and children.
Travel	Same ability to leave the country and return as other permanent residents.	Travel, even if permitted, voids the protection submission.
Work rights	Permission to work.	Permission to work but job search severely restricted by TPV.
English classes²	Access to 510 hours of English language training through AMEP.	Not eligible for federally funded English language programs or translating and interpreting services.
Medical Benefits	Same eligibility for Medicare and Health Care Card as other permanent residents.	Eligible for Medicare and Health Care Cards.
Housing	Assistance with public housing included within settlement services.	Not entitled to on-arrival accomm. Limited access to public housing.

The above table highlights the access and equity barriers created by the temporary protection visa. A successful resettlement experience is contingent on developing language skills, securing employment, re-establishing family relationships, accessing educational opportunities and securing affordable and appropriate housing. Access to settlement services and networks helps to create the sense of belonging that is crucial to

² There will be some changes to these areas of eligibility in light of recent amendments to social security legislation that will see some refugees on TPVs (those that apply for Special Benefit after January 2003) being able to access the Language, Literacy and Numeracy Program provided through Department of Employment Services and Training. The above table was adapted from the Ecumenical Migration Centre's and the Brotherhood of St Lawrence's *Changing Pressures Bulletin* 'Seeking asylum: Living with fear, uncertainty and exclusion', November 2002, [available online]: <http://www.bsl.org.au/catalogue/33.html>

successful integration³ into the host society. Many of these resources are denied to refugees on a temporary protection visa because the Australian Government does not believe this group of refugees should be treated the same way as authorised refugees.

Defining concepts: access and equity, citizenship and resettlement

This section sets out the concepts and defines the terms that have been used to interpret the interview material. In spelling out this framework the intention is not to ‘deductively’ impose rigid concepts on the rich interview material, but to define the orientating ideas that have informed the research design and interpretation of the interviews. There are two key reference points for the conceptual framework used in this report, a human rights approach to access and equity and a sociological understanding of the resettlement experience.

Defining access and equity

Access and equity are defining principles of social policy practice and human rights legislation. They are principles, however, that seem to have fallen out of fashion in Australian political and policy discourse, particularly in relation to multiculturalism and refugee resettlement. Ghassan Hage (2003: 110) argues: “The history of the retreat of the welfare state in Australia is also the history of the retreat of access and equity multiculturalism and the growing emphasis on identity multiculturalism”. Hage (2003) is concerned about what he sees as a trend to substitute ‘cultural diversity’ for basic human rights. This report places access and equity concerns at the centre of the discussion on barriers to refugee resettlement.

Access is a multidimensional concept. In terms of the *Disability Discrimination Act 1992*, for example, access is defined as having physical, communication, attitudinal and information aspects. The *Act* makes reference to all people being treated with respect regardless of age, cultural background, religion, educational level or income level, and physical access is defined in terms of making all public spaces and structures accessible. In the context of the research focus, we can also add access to cultural practices, in regard to valuing and respecting people’s cultural identities and backgrounds and reduced barriers to participating in the public sphere, political life and other cultural activities.

Equity can be defined as a measure of the distribution of social, economic and cultural resources. The literature on equity is somewhat complex and confusing. In some cases it is measured in terms of outcomes, in other cases it is concerned with *equity of access*. The present concern about equity seems to focus mainly on access to care among various groups of the population, but there is little consensus on what counts as “equitable access” (Creese, 1998). However, where equity is defined, all definitions

³ The term ‘integration’ is used extensively in the refugee resettlement literature, which can be problematic if it is seen as being synonymous with assimilation, as this policy and ideology goes against the right to self-determination. In contrast, the term ‘integration’ is used here as a set of policy ideals that oppose the practices of segregation. In theory, integration differs from assimilation in that it is concerned with incorporating minorities into the mainstream so they can participate as equals, while maintaining their cultural identity (Fleras and Elliott, 2003)

contain some view of fairness of the distribution of some resource. It is also related to the idea of a fair distribution between different individuals and/or groups in society (Mooney 1983). This is also referred to as the principle of horizontal equity. In this case, the basic inequity relates making a distinction between refugees, based on how they arrived in Australia. This distinction then has implications for the flow of resources and resettlement services⁴. Access and equity play a critical role in facilitating successful resettlement and attaining basic entitlements.

Barriers to resettlement

Many refugees are involuntary migrants who would have preferred to stay in their own country but were forced to leave, hence assimilation in a host country is not something they would generally aspire to or desire. Mann (2001: 14) argues, however, that the Australian Government approaches the issue of 'unauthorised arrivals' from the assumption that they are migrants: people with choices. They are presented as opportunists, as people who have come to exploit Australian resources, rather than people in need of protection. Matsouki and Sorrenson (1999) argue that people in the host country sometimes have difficulty understanding why people have fled their home countries, which leads to a perception that refugees have 'chosen' to move in order to further their own economic positions.

The Australian Government presents a view that refugees on TPVs should not be discussed in terms of refugee resettlement because they have no permanent residency status. This view is illogical given that refugees on TPVs have a right to live in the community and as such will need housing, English language classes, education, employment and health services. The Australian Government's position fails to acknowledge the transition and transformation that is already taking place. After all, many TPVs have been living in the Australian community for more than two years.

In spite of their limited visa status, refugees on TPVs are living, and in many cases, working in the Australian community and are practically and emotionally engaging in a process of resettlement (Mansouri and Bagdas, 2002; Mann, 2001). In doing so, they must overcome significant barriers, some of which are the direct result of government policy. Some barriers to resettlement relate to the inability to meet the material needs of refugees, other barriers are related to the attitudes, policy and behaviour of the host country (Gray and Elliott, 2001). Both dimensions are important to the empirical discussion about the resettlement experience of refugees on TPVs.

In terms of refugee outcomes, there are questions about what subjective and objective measures can and should be used to gauge a successful refugee resettlement experience. Community standards in relation to housing, income levels, employment, health and

⁴ Access and Equity are core principles of the Australian Government's *Charter of Public Service in a Culturally Diverse Society*. In terms of public services, the Charter defines these terms as:

Access: Government services should be available to everyone who is entitled to them, and should be free of any form of discrimination irrespective of a person's country of birth, language, culture, race or religion; and **Equity:** Government services should be developed and delivered on the basis of fair treatment of clients who are *eligible* to receive them.

wages are one measure, as are legal definitions of what constitutes an appropriate standard in each of these areas. In the context of this report, one measure of resettlement that will be used is *equity of access*. In regard to basic entitlements, refugees on TPVs do not have access to the services and rights of refugees on a permanent protection visa – even though both groups have been officially recognised as refugees. Both groups have similar needs. They are only distinguishable by their visa category, which as previously stated, is associated with their mode of entry into Australia.

In policy and practice the Australian Government treats one group as less ‘deserving’ than the other (Mann, 2001). Frank Brennan (2002: 13) argues that this position is not sustainable on the grounds of equity: “Once asylum seekers are found to be refugees, they should have the same rights as all other refugees, regardless of whether they arrived with or without a visa”. The failure to recognise the humanitarian needs of refugees on TPVs is a barrier to resettlement that shapes many aspects of integration, from practical needs to the symbolic valuing of people’s past and present positions.

The political and policy context of refugee resettlement comes under the umbrella of host country reception. This area of resettlement also includes a focus on issues of racism, public attitudes, media reporting and the extent of ethnic specific community support. Established ethnic communities in Australia can be divided over their support and acceptance of newly arrived refugees, particularly in a political context where onshore and offshore intake quotas have been linked and where ‘unauthorised arrivals’ have been represented by the mass media as the unwanted ‘other’ (Mann, 2001; Pickering, 2001; Hage, 2003).

In addition to cultural and political barriers there are also a range of material barriers to resettlement that are important in framing discussion about the resettlement experience of refugees on TPVs. A 1997 UNCHR overview of the integration of resettled refugees (cited by Gray and Elliot, 2001) noted that constraints to resettlement included, in order of priority:

- lack of employment;
- racism and discrimination;
- delays in family reunification;
- inability to speak the language; and
- lack of recognition of qualifications and experience.

Labour market participation remains a key determinant in integration, not only for its economic value but also for its social and personal value. In Australia, access to the labour market is a key priority in the National Integrated Settlement Strategy. The overall aim of the strategy is to help refugees “...access services so they can become independent, productive members of the community as quickly as possible” (b, 2002). Victorian Integrated Settlement Plans also place an emphasis on employment as a way of encouraging autonomy and as a form of activity that leads to other forms of social participation.

Having access to the labour market means people have the potential to gain greater financial independence and there is a greater capacity to establish and build ‘cross-cultural’ social relations. Employment can be empowering, providing the experience is

not marred by discrimination, harassment or exploitation. Barriers to labour market participation can include language proficiency, affordable and secure housing, direct and indirect discrimination, evaluation of academic credentials, the cost of joining professional associations, transport, child-care and health related problems.

Mental and physical health problems can be a significant resettlement barrier affecting many aspects of social and cultural life. Refugees have experienced adverse life experiences that greatly impact on their health (Das, 2001). Access to health services is therefore a critically important dimension of the resettlement experience, which has knock-on consequences for all areas of social and economic participation, particularly labour market participation. Labour market participation and other resettlement issues are explored in the following chapters of this report.

Summary

The main themes to be drawn from this contextual and conceptual discussion are:

- The temporary protection visa is used by the Australian Government as a deterrent and a form of punishment for all unauthorised arrivals.
- Previous research has found that the TPV is a discriminatory policy that creates two classes of refugees resulting in an inequitable distribution of resources for people with the same level of need.
- Barriers to resettlement are multi-dimensional and include both *individual factors* (positive changes in attitudes, emotional state, adjusting to new conditions) and *social factors* (health, reconstruction of family and entitlements to basic needs). Access and equity are important policy principles for exploring resettlement experiences and assessing the extent to which refugees on TPVs exercise their right to work and have other social rights met.
- Attaining and exercising social citizenship (ie employment, education and housing) and cultural citizenship (ie maintenance of cultural identity, participation in public life) are contingent on how refugees are treated by the host society.

Time is obviously a critically important factor in deciding whether resettlement and integration are successful, as is the process of subjectively and objectively identifying the stressors that prolong suffering, persecution and isolation. Previous research has suggested that the restrictions and limitations associated with the TPV create enormous hardship and adversely impacts on the emotional, mental and material resettlement process (Mann, 2001 Mansouri and Bagdas, 2002). The next chapter of the report explores the wide-ranging impact of the TPV, as identified by refugees living on a temporary protection visa in Victoria.

Chapter 3. Living with uncertainty and insecurity

Introduction

I don't know my future...uncertain. We don't know if they will send us back or give us permanent visa. If they declare what will happen to us then that will help us to plan our future, right now we don't know what to do.

Before discussing specific access and equity issues in relation to labour market participation it is important to focus on how the research participants interpreted their visa status. The legal conditions attached to the TPV and the implications of living with uncertainty were dominant and recurring themes in the research interviews. Many participants in the study described the TPV as a form of suffering, a 'secondary form of punishment', similar to living like 'an island cut off from the mainland.' These metaphors illustrate how the experience of punishment and powerlessness does not end when people are released from mandatory detention centres.

Access issues relating to housing, health, language classes and employment are critically important issues for refugees. However, these problems were considered to be second-order issues by the research participants compared with the ongoing and deep uncertainty associated with a temporary protection visa. This interpretation should not be underestimated in what it says about the personal cost of living with a TPV, given that the refugees involved in the study were struggling to survive on a limited income, often living in insecure housing and some had significant health needs. Despite these difficulties, the most significant barrier for them was the ongoing uncertainty created by the TPV policy.

This chapter explores the different dimensions of uncertainty. The discussion provides an overview of the range of implications associated with living on a temporary protection visa and provides a backdrop to the more specific discussion on access and equity issues relating to employment and health.

Shattered hopes

Having a sense of power and control depends on being able to influence the direction of one's life, whether in regard to residency, family union, employment, health and education or participation in cultural and public activities. In most of the interviews conducted, the pressing issue that refugees kept returning to was the urgent need to have a sense of psychological security and stability so that they could plan, hope and dream for a future free from political persecution, torture and trauma. By definition, the TPV policy restricts the possibility of permanency and associated opportunities that come from having economic, social and personal security in a host country. In contrast, this group of refugees exist in a material state of extended limbo and a mental state of insecurity, fear and uncertainty. The pivotal hope for research participants centred on attaining permanent residency, a state of being that most Australians take for granted:

Once we came here to Australia we were hoping that we would be stable after a very long time of unstable and moving from place to another place. So if there is

any organization which can make more pressure on the government to help us, to get rid of this thing and then we get the permanent residency, I think no more problem would be had, no more issues will be priority (Women's refugee group interview).

On the question of hope, Ghassan Hage (2003: 16) argues "...the key to a decent society is this capacity to distribute opportunities for self-realisation, which are what we might call societal hope." For many refugees in contemporary Australia, 'societal hope' and personal wellbeing are crucial cultural resources that are distributed inequitably, as the following interview quote from a young Afghani refugee illustrates:

We seek asylum in Australia, we were looking for safety, for security, for our families, and ourselves but unfortunately we didn't find it here. The problem is we still living in the same circle of uncertainty and unfairness and we are afraid, we don't know what's going to happen to us.

We began the interviews with refugees on TPVs by asking people to describe the emotional transition from the detention centre to a community setting. Predominantly, in the interviews, it was a case of high expectations, followed by confusion, sadness and shattered hopes.

The following excerpt is a vivid and disturbing portrayal of life in the Woomera Detention Centre. This particular refugee is a young man, 21 years of age, who fled Iraq and went to Iran before making his way to Australia. He now lives in Shepparton with his parents and this is how he describes his ever-present memories of detention:

Before I left Iran to Australia, I thought Australia is going to be my second country, this is what I think my future is going to be, and have friends, freedom, and whatever I want, but when they put me in camp, I saw the prison in camp, my dreams all vanish, all gone. The circumstances in camp was impossible to experience because the food was no good, the water was dirty, the way the officers and the guards there, and only five people or five families every week were released from the camp and come into Australia, and what they have to do is one day they burn the toilets or they stop from eating, and they have the soup and meat, so the officer will feel sorry for them and so the government could do something about it, but didn't work out. But there is still people in camp who have been there for two years, some for three years, and can't go back and they can't come out, and the situation is unbalanced you know, and there is a special camp called...they call it "Crazy Camp" for the people who make trouble and stop eating and put them in there and no lights, nothing... just a small room to fit one person.

Leaving behind the intolerable conditions of the Australian detention centres is an obvious and immediate goal for refugees, yet the constraint on freedom and safety continues when people are living on the other side of the razor wire:

Interviewer: *You were in Adelaide when you came out of detention, can you briefly explain what happened?*

Mohammed⁵: *It was like a dream, not expecting it. We were very happy. We were very happy because we thought that we're finished and we're out of the prison, but unfortunately we found ourselves in a bigger prison, an open prison.*

This reference to the open prison is partly a comment on the travel restrictions attached to the TPV, which prevent overseas travel, sponsorship and the immediate possibility of family reunion. It is also a comment on the powerful legacy of the detention centre experience and the psychological state created by shrinking hope. A refugee community worker describes this experience in terms of sacrifice: *"They sacrificed themselves to come and live in a free country, and they found that their dreams have all vanished"*. One older Iraqi refugee suggested that the TPV is a continuation of the containment and internment he experienced in the detention centre: *"It's detention centre once again"*.

Having access to information about residency and citizenship entitlements is a prerequisite for re-establishing a sense of personal control. Upon leaving the detention centres, however, many people had no idea or understanding of what the TPV entitlements meant until they came into contact with community agencies in capital cities around Australia: *"No the detention centre didn't tell us anything about the visa. They said at three o'clock you will be released, so we didn't know anything until we arrived in Melbourne"*. Another man described how he was told five minutes before leaving Woomera detention centre: *"One of their interpreters came and told us you can't see your family for three years and you can't go out of Australia"*. One refugee, who came straight to Melbourne from Woomera detention centre described how he had to access the Department of Immigration's website to understand the difference between a permanent and temporary protection visa. It is not surprising that many refugees felt shocked and surprised when they realised what the visa would mean, especially for those that were holding onto the hope that they could finally attempt to see their families after months of enforced detention.

While the emotional and mental resilience among the refugee research participants was inspiring, for some the reality of living with the TPV policy represented the final straw: *"Everyone of us has had a long journey before we reached Australia, so we want our suffering to finish here. It's like we have been assisted and they have found we are refugees, why should we still suffer?"* Another interviewee describes the experience of shrinking hope: *"Once we got to Australia we thought we would be safe and protected...and then we came to this...and then we got this Temporary Protection Visa, we thought we were slowly dying again because we started a new form of suffering"*. The term 'suffering' was used by many of the refugees to describe the immediate impact or realisation of living with a temporary protection visa. Many of the interviewees also conveyed a deep sense of sadness about their situation and the predicament of their families.

Family separation and reunification

Refugees place family reunification high on their list of needs (UNHCR 1997, the Canadian Task Force on Mental Health Issues Affecting Immigrants and Refugees 1988). Family reunification helps to protect the family unit when it has been separated

⁵ Names have been changed to protect the anonymity of refugee research participants.

due to persecution. Family reunification lessens the sense of isolation and loss and provides a justification and a direction for the future. As Abbott (cited by Gray and Elliot 2001) comments:

Even though the likelihood of successful reunification is small and the decision beyond the control of the applicant; it is a practical step that meets the emotional needs of the subjects; the need to bring the family to safety; the need to alleviate feelings of guilt by demonstrating to their relatives they are doing everything possible to help them; the need to maintain hope for a safe reunion; the need to re-establish in Australia a familiar environment of family, friends and support to assist in the settlement process.

Yet, family reunion is not a possibility for refugees on TPVs, if they want to retain their temporary protection visas. Refugees on TPVs are forced to choose between reuniting with their families (if that is possible) and trying to remain in Australia for their own protection. Family members may be separated for a period of up to five years under the temporary visa system because refugees on TPVs have no right to sponsor any family members to enter Australia until (and if) they receive a permanent protection visa. Once granted permanent residency, the family reunification process then takes a minimum of two years. As noted earlier, many refugees on TPVs will now never be able to exercise their right to family reunification because they only have the possibility of being granted rolling TPVs. Crock and Saul (2002: 107) argue that "...the denial of family reunion to onshore refugees will inevitably result in psychological distress, impoverishment as money is sent to support families offshore and an extension of the period in danger for the families of refugees still at risk overseas".

For many refugees that we interviewed, particularly those refugees whose immediate families were still overseas, the main stressor was the impossibility of family reunion associated with TPV travel and family reunification restrictions. The following quote from a grieving father illustrates the deep sense of loss associated with this separation: *"When I left there my daughter was 40 days old, and now she is talking to me. I feel very sad"*. This response was typical of the interviewees. The psychological stress does not just affect the individual TPV holders in Australia, it affects whole families still living overseas: *"My wife and my children ask me is there any changes with this legislation, and they are getting very tired and desperate, it's been four years and they are waiting for us and I got my youngest daughter, I haven't seen her...she's four years old now"*.

A New South Wales observation study on the psychological impact of temporary protection visas found that thoughts about family induced a sense of guilt among participants because refugees in Australia believed they were relatively safe and comfortable, while their partners and children were in constant danger (Fernandez, 2002). Family separation also takes its toll on the emotional stability of split families now living in Australia. A number of refugees in the study were separated from their family and this situation created a great deal of distress:

Abdul: My three children are living with their grandfather back in Iran and we are crying everyday here and they are crying everyday there and we are separated and we're suffering difficulties here everyday by living with this tragedy.

One middle aged Iraqi refugee, living in Australia with his son, describes the compounding stress associated with isolation, family separation and the ongoing health needs of his son, who has a hearing disability:

Hamid: My suffering starting getting worse and worse because my son is disabled, he can't hear. And they have to teach him a new language and new terms and new words and I don't have the language, the English. And he was like missing his mum and his brothers and sisters overseas and he had to cope with all these new things. So that was very hard for me to cope with by myself, all these things at the same time.

The difficulties of living in this situation can also relate to emotional and practical needs such as childcare, particularly in cultures where family is the only trusted source of childcare. A mother of three children, for example, describes how she was struggling with the challenge and responsibility of being the only parent with her children in Australia, while the children's father was still in Iran:

Jabirah: It was very difficult and dangerous...I have to take responsibility for my children, and myself and be like their father and mother all these two years 'till their dad comes and joins us.

Not having the right to travel overseas or sponsor a relative to come to Australia for family reunification is not only stressful and disheartening, it goes against the thrust of international human rights law and the Australian Government's espoused policy principles on the sanctity of the family unit. The obstacle to family reunion created by the TPV is contrary to international principles that Australia has agreed to, which emphasise that the family is protected by society and the state – principles which aim to ensure that family reunification is respected by governments in their dealings with refugees (Crock and Saul, 2002: 107).

For some participants, the stress of family separation stems from their sense of decency being deeply offended. The TPV policy was perceived to contradict notions of how people should care for each other, particularly those suffering disadvantage:

My heart is broken and tearing and bleeding. Everyday I'm having this feeling about my family and children. I'm wondering why this country will look after their animals and the plants and everything – they are looking after them – why are they treating us as a human like this."

This quote, which came, from a middle-aged Afghani refugee, provides not only an indication of the immense grief associated with prolonged family separation, but also a sense of anger and injustice at how refugees are being treated by the Australian Government. This is not surprising given that host country reception has an important bearing on people's wellbeing, sense of self and attempts to resettle, as the following discussion indicates.

Punishment and persecution

We are like a bird comes into this room...if you get in custody ok, if you open the window for this bird it will be free. So we are like this bird and we came to Australia, if they open the door for us to be free that will be ok for us, so I don't know why the government is treating us this way? Instead of keeping us suffering, it wouldn't hurt the government if it lets us to feel free, to live our normal lives especially when we came from places, from environment, from circumstances which were really severe and full of problems and trauma (Bahir, a refugee from Iraq).

After living through extraordinary circumstances, refugees have a strong desire to obtain a sense of 'normality'. Yet, the uncertainty created by the TPV makes this almost impossible. Reception of the host society is a critical factor in refugee resettlement (Gray and Elliott, 2001). Policies and practices aimed at deterrence and enforced detention do not send a caring message to refugees. The temporary protection visa sends a very clear message to people that they are being punished. Many mass media reports of refugee intakes also perpetuate a view that refugees are a liability, rather than an asset. All of the participants in the study were acutely aware of how the media reported their position in Australia and the political situation in their home countries. The media 'backlash' against refugees generally added to the sense of uncertainty and reinforced the idea that they were being punished.

The terms 'punishment' and 'persecution' were common terms used by interviewees to describe the TPV. The feeling of being punished comes from being discriminated against and being denied basic human rights and freedoms that most of us take for granted, as the following excerpt from an interview with an Afghani refugee, who has recently settled in Mildura illustrates: "*We really appreciate that the Government protect us and saved our lives here in Australia, but I can't find any reason or excuse to not allow us to travel or go overseas to see our family, rather the government chooses to punish us and persecute us*".

Article 31 of the 1951 United Nations Convention relating to the status of Refugees intends that a refugee should not be punished on account of 'illegal arrival'. Yet refugees on TPVs feel very strongly that this is exactly what is taking place. In the interviews there was often a mixture of anger, shock and surprise in response to the treatment that people had received since arriving in Australia. Some participants had very sophisticated understandings about the politics of the temporary protection visa. Since leaving detention, for example, many refugees drew a clear distinction between the reception they have received from the general community and the way they have been treated, in policy and political terms, by the Australian Government. The following research interview excerpt is typical of many responses about how refugees feel they are being treated:

From my experience with Australian people, I find them very kind and generous, good people, the Australian. We wish that the government will be like the Australian people, to give us the opportunity to live a normal life, to contribute in this society, to be a successful Australian, residency here, because we have our children, our young people or next generation, we want them to feel they are part of this society, to contribute and be successful.

This excerpt not only marks a clear distinction between the government and the local community, it also illustrates that there is a willingness to embrace the possibilities of a new life in Australia. These possibilities are put on hold while people wait for a determination on their visa status.

The temporary protection visa regime has a significant impact on resettlement and integration in the host society. A youth worker based in Shepparton describes how the visa status has a powerful effect on both the perceptions of the local community and the identity of the individual TPV:

They don't know whether they should commit to the town, connect to the society, and maybe this is a difference between rural communities and city communities. Rural communities demand commitment, they demand people to be part of the community. They want people to be able to meet their neighbours, and not just to stick with their own community to their own group. They want people to be part of the place, and I think that is especially in Cobram, it's maybe not so much in Shepparton, because it is a bigger city, but in Cobram, they want people to commit to the town and to commit to the community and to make friends and to be part of things. And you know, raise money for the kindergarten and helping the schools and that is really important, and why would people do that on a temporary protection visa? They have got no long-term security.

In this context, security does not mean fixedness: it means the capacity to move confidently within a host country that allows such a confident form of mobility (Hage, 2003: 28). This level of confidence is likely to increase over time, providing refugees are granted permanent protection. Norwegian research into the use of 'temporary protection' for Kosovar refugees found that integration in the host society is increased and attachment to the country of origin is decreased once the temporary period is phased out (Brekke, 2001). At the same time, the longer the policy exists the harder it is to sustain a political argument that refugees should return to their country of origin.

Many of the interviewees could simply not comprehend why they were continuing to be punished by the Australian Government; others resented the fact that their very future was the subject of a 'political game':

Unfortunately, we started to understand that we are in the politics game and that's what they did with the new legislation for the temporary protection visa. Later on it was for their party advantage, on our own suffering...the stereotype had been created, which is a big lie, not the truth...frankly we want to say to the government, please, enough suffering, enough sadness (Bahir, from Iraq).

This man's emotional plea to the Australian Government highlights how refugees on TPVs feel that they are being disrespected and devalued. Other participants were understandably angry about their treatment by the Australian Government and felt they were living in a state of permanent persecution while continually being exposed to 'lies' and media myths:

The Minister of Immigration, whenever he comes to the media, he created bad image or serious type of propaganda against us, that's all he did for us. He

never mentioned anything about our suffering and the way that the Iraqi regime, how bad they've been treating the Iraqi people, and our stories, why we are here, individual or in general...they forgot everything about that. (Usama, from Afghanistan)

The TPV policy is a hurdle the refugees involved in the study did not expect to face when they arrived in Australia, as the following statement from a young refugee from Somalia illustrates: *"They said Australia is a free country. But there is no freedom!"*. This level of anger also made some participants feel bitter about their predicament, which is similar to the findings from observation research undertaken in New South Wales. In this study, most TPV holders presented as anxious and agitated and were full of unexpressed anger against the perceived injustice. The majority were bitter and felt forsaken by both 'man and God'. The psychological losses resulted in a chronic state of depression (Fernandes, 2002).

These accounts strongly suggest that ideas such as 'freedom', human rights and individual 'autonomy' are not universal concepts. They are conditional. Everything hinges on how people arrive in Australia. For a refugee arriving through 'official United Nations channels' it is a sanctioned process of staged resettlement and gradual autonomy, for 'others' it is a case of limited entitlements, paternalism and punishment played out against a background of 'border control' and the politics of fear and division. The relationship between the nation and its subjects played out here has been characterised by Ghassan Hage (2003: 44) as a case of 'paranoid nationalism': "Protecting the good life justifies whatever we do to those who arrive on our shores uninvited. In their minds, ends and means do not exist, or do not apply when it comes to asylum seekers".

Disrespected identities and internalised shame

While many of the interviewees had 'externalised' the source of the problem in terms of the Australian Government's policy, some interviewees internalised their devalued status, and as a consequence felt a deep sense of 'shame' and 'guilt'. One refugee describes this process in the following way: *"I feel I'm not equal or normal person like others here, unusual in this community. Sometimes I try to hide my identity as a TPV because I feel ashamed"* (Hussein from Iraq). This response draws attention to the relationship between recognition and redistribution, which are central to public and political debates about immigration and refugee policy in this country. 'Queue jumpers' and 'illegals', for example, derisive terms frequently used by the mass media and some elected politicians to describe 'unauthorised arrivals' act as a legitimising 'common sense' discourse for the practice of denying refugees and asylum seekers basic human rights and social service entitlements. These relations of inequality and comparing oneself to the 'normal person' create feelings of inadequacy. As Sennett (2003: 117) argues: "...inequality eats into respect, invidious comparison takes the place of sheer neediness, and true shame begins".

The politics of national identity also play a part in host country reception. Underpinned by political concern about the integrity of the nation state, refugees have been cast as a 'deviant' problem that should be expelled from our national borders. Pickering (2001: 171) argues that: "Deviance has been underpinned by the language and politics of exclusion and the dichotomous construction of normality as being whatever refugees

and asylum seekers are not". On this count, there is an 'ideal' refugee – one who doesn't jump queues, arrive illegally, bring disease, harm themselves or their children. These refugees would stand a better chance at inclusion. But there is another kind – "people of that type" – who are threatening because, by their actions, they most obviously do not share a commitment to our Australian values, will not adopt an Australian way of life and can never assume an Australian identity (Harris and Williams, 2003). The construction of this division has had a very profound and personal impact on refugees with TPVs:

You don't feel like you're welcome here...not so much by the people, but by the government. Even they put more pressure on you, they say we're going to decide your future, and it's three years, it's too much. Like if you put the Australian citizen in this situation, can he be patient for this? Can he stay three years without seeing his family? Can he be detained in one place? (Refugee women's group interview)

One interviewee believed that the demonisation of refugees is a convenient way of denying people any claim for justice: *"If we succeed that means we are good people, but the government wants to keep us as bad people so that they can do what they like with us. They treat us badly because they think we are not good people"*. The politics of identity construction are very apparent in this interpretation and it illustrates how identities and the attendant ideologies of legitimacy relate to social relations of power (Brah, 1996). van Dijk (1998), for example, argues that the term 'illegal refugees' is employed in political discourse to induce hostility towards a group that has supposedly 'broken the law', which mitigates against a compassionate concern for the person's welfare.

Within these cultural practices it is not surprising that some refugees on TPVs feel a sense of shame about their visa status, when they are actively and publicly portrayed as the 'other', in much the same way that long-term unemployed people are constructed as passive 'dole-bludgers'. These labels are a form of cultural injustice. Nancy Fraser (1997: 15) eloquently draws attention to the relationship between cultural and social justice:

Cultural norms that are unfairly biased against some are institutionalised in the state and the economy; meanwhile, economic disadvantage impedes equal participation in the making of culture, in public spheres and in everyday life. The result is often a vicious circle of cultural and economic subordination.

In the research interviews, participants were keen to point out that they were more than prepared to work, be an 'active' member of society and contribute to the 'Australian community'. They wanted to correct the popular portrayal of refugees as 'undeserving' and 'passive' consumers of the public good:

The Prime Minister, he doesn't like that we get comfortable, but this is the wrong way. I will work in Australia, I will be working hard, I will not go back to my country, you know, I will support Australia, but this is wrong, what is being done to us. (Shepparton group)

The above excerpt indicates the willingness to identify with Australia as a host country. It also gives an insight into attempts to resist and transform the stigmatised and stereotyped identity of 'queue jumper' and 'illegal' – to reclaim some honour, respect and personal dignity. The above description invokes a sense of injustice at being made to feel unwelcome and 'socially uncomfortable'. Revaluing identity will remain a challenge in cases where refugees on TPVs are understandably wary and cautious about using their voice to correct and challenge the public record about their arrival in Australia.

There have been initiatives that indicate refugees on TPVs are becoming increasingly politicised, using their own voice to challenge these stereotypes, as well as acting in partnership with community advocates, to raise awareness about their predicament. Some interviewees, for example, described how they had lobbied local politicians, attended rallies and speak outs and formed peer support organizations. Recently in Victoria, refugees on TPVs formed their own association (Al-Amel TPV holders Association) where refugees have come together to "...express, share and have a joint voice on many of the issues that we are dealing with daily, as a result of living on Temporary Protection". These forms of organisation and active resistance provide a vehicle for reclaiming and respecting cultural identity, as well as concretely responding to the sense of urgency and anxiety that surrounds the constant threat of deportation, while living as a 'temporary' citizen.

Summary

- All of the refugees interviewed during the course of this project conveyed a mixture of hopefulness and hopelessness. They were hopeful that they would be granted a permanent protection visa, but they also felt hopeless in the face of the 'time torture' associated with the TPV. Many of the refugees expressed a mixture of sorrow, guilt, loss and fear in the face of the uncertainty created by the TPV policy.
- The lack of family reunification and sponsorship rights goes against the sanctity of the family enshrined in human rights law, it creates an enormous amount of distress for individuals, and it leaves overseas family members in situations of continuing danger.
- The experience described by many refugees and service providers suggests that the TPV exacerbates pre-existing trauma, distress and anxiety; it results in feelings of depression and despair⁶; and it severely restricts the possibility of recovery and re-establishing a sense of personal, social and material security.

⁶ Teasing out the precise relationship between pre-existing mental health issues and those exacerbated, or indeed brought on, by the policy of temporary protection visas requires further research. The Immigration Minister, Phillip Ruddock, has denied suggestions that there is a connection between the TPV policy and poor mental health (The Age 7/02/03 **Missing**). The oral testimony of refugees is a form of 'evidence' that illustrates the harmful effect of this policy on people's mental health.

- While access and equity concerns were important, participants in the study emphasised that their overriding concern was the continuing uncertainty and mental suffering associated with the policy of temporary protection.
- Study participants felt that the negative portrayal of refugees and asylum seekers by some politicians and sections of the mass media legitimises the continuing practices of discrimination and cultural injustice.
- All of the participants feel punished and persecuted by the Australian Government, while at the same time they have found the local community and individual citizens to be receptive and supportive.
- A number of refugees on TPVs have established various organisational forms to support each other and express their anger at the way they have been treated by the Australian Government.

Having summarised the personal and psychological impact of the TPV on refugees the next two sections of the report explore the material effects of the policy in areas of housing, income support, employment and health.

Chapter 4. First steps: housing and income support

Introduction

Having established the context of living with temporary protection, this chapter examines the experience of refugees on TPVs accessing housing and income support. It explores the pathways refugees have taken in moving from detention to a community setting, the immediate barriers they faced and the resources they have accessed to address problems relating to securing accommodation and income support. These first steps of resettlement have been covered in other reports (see Mansouri and Bagdas, 2002; Mann, 2001). The intention here is to update and complement this research, rather than duplicate documented findings. This section provides a backdrop for the more in-depth discussion that follows on labour market participation and associated medium term resettlement needs.

Dazed and confused

Most of the participants in the study came direct to Melbourne, but some had spent considerable time in Adelaide, while two participants were initially in Brisbane, and with the assistance from local church based organisations, made their way to Melbourne. One Iraqi refugee, who was originally released to Adelaide, came to Melbourne because he was told there was a large Iraqi community there that would help him get housing and work. Some participants were happy to come to Melbourne because they thought their employment prospects would be better than Adelaide. Despite having different pathways to Melbourne, all the participants gave a similar response to initial questions about what happened the first day they arrived at the reception centre.

Upon arriving at reception centres, refugees were met by representatives from the Department of Immigration, the Bank of Melbourne, Centrelink and non-government organisations. While these sessions were very important, many participants indicated that they felt confused, hungry and tired, as the following excerpt illustrates:

After three days in the bus, that was very hard for me because I'm not sure the food was halal. Even for our prayer time the driver wouldn't stop. Also I have my son, who is ten years old and when we were passing a shopping centre or milk bar he asked me to buy something for him, but I don't have the money and that makes it harder for me. (Mohammed, originally from Iraq)

Exhaustion and stress inevitably takes its toll on people's capacity to retain information. Despite having well organised receptions in Melbourne, most participants indicated that they did not retain much of the information presented by the various representatives. Service providers, from both the government and non-government sectors, who met the refugees upon their arrival in Melbourne, described how the refugees appeared visibly 'shell shocked':

Sometimes they had been on a bus for 72 hours, so they can't concentrate or focus on what we told them and later on we realised they don't know what

they've been signing. They can't recognise the differences between Centrelink, the bank and taxation. (Community worker)

Despite some confusion, many refugees recalled that the reception was very useful in getting access to basic material needs. An important finding is that refugees who had immediate and/or ongoing contact with a community advocate, friend or family member had much better outcomes in negotiating the community service system than those who had no access to social support. Friends and relatives were a major source of support, as were some community workers attached to ethnic specific social services.

Both formal and informal support were important in these early stages. Studies undertaken in England with Kurdish refugees found that the importance of informal networks in giving practical help often seemed to be greater than that of formal refugee associations (Gray and Elliott, 2001: 36). Our research suggests that both formal and informal support were very significant. The important role played by community advocates and informal supports was very apparent in finding accommodation and housing, particularly in regard to overcoming discrimination in the private rental market.

Housing and homelessness

"If you have not a house, you have not anything." (Ahmed, from Iraq)

The above interview quote concisely illustrates the profound importance of secure and affordable housing. Accommodation and housing accessibility was not a major focus of this research, given that the Australian Housing and Urban Research Institute (AHURI) and Hanover Welfare Services are conducting studies in this area. However, it is important to provide some sense of people's experience in accessing appropriate, affordable and secure housing because accommodation and housing arrangements have an enormous bearing on people's capacity to access employment and education, which is a focus of the discussion later in the report. Conversely, people's income support and/or paid employment significantly impact on their capacity to secure appropriate housing.

Refugees face a number of access related difficulties in the housing market. The European Council on Refugees and Exiles (ECRE) Taskforce on Integration⁷ (1999) notes that many refugees face accessibility problems due to:

- housing shortages;
- discrimination by the receiving community, in particular from landlords;
- lack of choice, sometimes with housing far away from other facilities such as education and child care; and
- failure to recognise special needs

⁷ The ECRE Task Force on Integration is a consortium of six lead agencies and a secretariat working under the auspices of the European Council on Refugees and Exiles (ECRE), which is responsible for policy development to combat social exclusion of refugees and asylum seekers across the European Union.

Our research confirms the existence of these barriers in the Australian housing market; however, the research findings also indicate that in addition to these factors, poverty, overcrowding and lack of information are significant housing issues for refugees on TPVs living in Victoria. Three participants informed us that they were spending more than half of their limited income support on housing costs, which left little money for other living expenses. One young Somali refugee who lives in a small flat in Footscray said that he had to forego prescribed medicine because of the cost of his rent and other bills. This young refugee lived by himself.

A lack of affordable housing options, such as public housing, means that many refugees on TPVs seek housing in the private rental market. Unfortunately, the private rental market in Australia has the disadvantages of discrimination, areas of high cost and often the need to prove a satisfactory rental history. All of these present significant barriers to new refugees on TPVs. While discrimination in accommodation is illegal in Australia it is difficult to prove, particularly at the application stage where landlords are not required to provide any reason for rejecting an application.

Private rental housing in areas of high demand and close to essential services is often unaffordable for people on income support, even with the add on of rent assistance. Some people seek to overcome these costs through shared living arrangements, which in some cases can lead to overcrowding, as the following example illustrates: *“We were living like three/four of us in one house, sharing everything and combining our money to pay for rent, for food, for bills. It was very crowded.”* One of the General Practitioners working with refugees on TPVs indicated that situations of overcrowding are leading to poor health outcomes:

I have one woman with children who has been living with her sister and her children for over 18 months and the friction and stress is huge. It’s a problem because people feel like they are living on other people’s charity. They are quite proud and dignified people. It all leads to poor health outcomes”.

Other studies have shown that physical health problems are more acute in rental housing, especially in cases where there is significant overcrowding (Waters, 2001). Limited incomes and lack of choice are the sorts of structural difficulties that give rise to situations of overcrowding.

Having better access to tenancy information about rights and responsibilities may address some of the barriers identified here; however, negotiating the housing system is a complex task. It is especially difficult when you are new to the country, speak little or no English and have little or no knowledge about the distinction between the different housing tenures in Australia, let alone your rights as a prospective tenant. While permanent protection visa holders have their accommodation needs addressed as part of the on-arrival accommodation package funded by the Commonwealth Government, refugees on TPVs have had to rely on community workers, the state government and/or established informal support networks, such as family and friends to secure accommodation. Having access to an advocate was critically important in securing accommodation in the private rental market, as the following account indicates:

Jamal: I stayed with friends initially for about two weeks and I moved to private rental.

Interviewer: *Any problems in getting private accommodation?*

Jamal: *I had difficulty in the beginning because I don't have rental history, so was very hard for me to get private accommodation. But there was a real estate agent, he's Arabic and my friends know him and he said to me: 'I'll be like your guarantor if you'll take this house', and I promised him I'd look after it, and that's how I got it.'*

One community volunteer, who works in a parish based service providing a small number of houses and other forms of support to refugees, informed us that he had used a similar strategy to secure private rental properties. He was able to build up contacts with three real estate agents in one suburb and he would put himself and the Parish Priest down as referees. 'Character references' were incredibly important for refugees with no rental history. Without a reference this group were likely to be considered 'high-risk' by real estate agents and landlords. Another Iraqi male refugee reports that he became very despondent after being knocked back by real estate agents more than 20 times:

So I'd been rejected 20 times by agents and that was very hard for me. I had no rental history. I was thinking of going back to Adelaide because I couldn't stay any longer with my friend and his children. Then someone from a local migrant group came with me to the agent and she talked to them, and he was a Muslim man, so didn't have the same discrimination as the others. And that's how I got my unit, but it's not in very good condition.

Direct and indirect discrimination are significant access barriers in the private rental market, and difficult to prove as landlords do not have to give any reason for refusing to let premises. It is doubtful that a complaint from an applicant denied private rental housing would be allowed under tenancy legislation as no tenancy agreement exists, so the only recourse would be to seek compensation and/or an apology through the Equal Opportunity Commission (San Pedro 2002:4). There is little incentive to pursue action as it will not address the person's immediate housing need. A small group of Iraqi refugees living in Melbourne informed us that they had consistently tried to get housing in places like Broadmeadows, but when asked for identification the refugees could only produce their temporary protection visa. They indicated that this was obviously insufficient to secure housing and felt it probably led to rejection due to discrimination because of their visa status. Despite being told 'we'll call you back' they were always rejected.

Discrimination was also an issue in rural and regional centres. A housing worker, based in Mildura, indicated that private rental discrimination was common practice when the first wave of refugees from Iraq arrived in Mildura: *"The Iraqis were trying to get a simple little flat but if there is one other person ahead of him they were always going to give it to the other person. That was very difficult in the early days and now we are always looking for second hand furniture for them."* According to local workers there are about 200 refugees from Afghanistan and Iraq living in the Mildura area.

Providing information and educating landlords and real estate agents is one strategy in addressing issues of discrimination and improving accessibility. The Equal

Opportunities Commission Victoria and Consumer Affairs Victoria, in consultation with community agencies, recently released a renting rights and responsibilities guide for landlords and estate agents in Victoria. The publication provides practical information on how to communicate with and respect the housing rights of migrants and refugees (Equal Opportunities Commission, 2002). Tenants will also need to be made aware of their rights. San Pedro (cited by Foley and Beer, 2003) argues that insufficient knowledge of the housing system, together with language and cultural barriers, can result in tenants not asserting their rights as tenants.

Lack of knowledge about the housing system and discrimination are not the only barriers to overcome. Securing a private rental property also involves significant establishment costs, such as rental bond, four weeks rent in advance and utility costs (phone, gas and electricity). Some people found out through families they stayed with, or community workers, that they might be able to access bond assistance through the Office of Housing, while advance rent was paid through either borrowing the money or using what little savings people had⁸. Household furnishings are also a prohibitive establishment cost. Many people relied on donations from charities. A young Somali male refugee indicated that even though he had been living in his private flat for several months he still had no fridge. The high cost of private rental means that refugees on limited incomes are struggling to meet other costs associated with housing, such as furniture and essential utilities.

These up front costs (such as bond loan and rent in advance required in the private rental market) are less of an issue in public housing. Being 'non-discriminatory' is an official objective of public housing. The *Commonwealth State Housing Agreement 1999* stipulates that housing assistance should be provided 'on a non-discriminatory basis'. In addition, public housing tenants on low incomes pay a subsidised rent, which is kept at around 25% of income, making this option more affordable. Adequate supply of public housing, however, continues to be an issue for all groups, not just refugees. This can mean long wait-times. Refugees are an identified 'priority housing' target group for public housing in Victoria, which helps in reducing the time it takes to be allocated housing. However, ongoing support may need to be provided by the housing authority and non-government support agencies to maintain the tenancy.

The condition of the property can also be an issue, particularly at the low-cost end of the private rental market. A number of interview accounts suggest that people's housing was not in good condition, which raises issues about the increased utility costs associated with poor quality housing (especially heating). The costs associated with poor quality housing are issues confronted by thousands of low-income housing consumers across Victoria. One of the compounding factors for refugees, however, can be the appropriateness of the housing, particularly in light of whether the housing environment is conducive to a process of recovery from trauma. Feeling unsafe or living in crowded conditions may inhibit the recovery process for refugees. The following excerpt from an Afghani refugee family illustrates the effect that people's housing and living environment has on well-being:

⁸ The lack of financial and human resources evident in these accounts challenges the view that 'unauthorised arrivals' have large sums of money at their disposal.

The general problem is that we were in the detention centre for so long we had all this mental distress and also that from the experiences in our country, we were like mentally, totally not comfortable. And when we came out they put us in these flats. They were really high, it really caused a lot of problems because it wasn't comfortable.

The flats being referred to are located in a high-rise public housing tower block located in the inner-northern suburbs of Melbourne. While the location of this housing is convenient in terms of community services, the housing is not always appropriate⁹. Appropriate housing is a defining principle of the right to adequate housing as outlined in the United Nations Convention on Economic, Social and Cultural Rights. In the Australian context, appropriate housing has been defined as “housing being appropriate to the lifecycle stage, household composition and cultural orientation of the residents” (National Housing Strategy, 1992: 6).

Many of the impediments to appropriate housing identified in current housing literature stem from the combination of insufficient or misdirected management practices, a general shortage of public housing stock, private sector discrimination and the difficulties experienced by newly arrived communities in advocating for their needs (Refugee Young People and Housing Issues Working Group, 2002).

Refugee's choices about accessing appropriate housing were limited by the overwhelming and immediate need to secure some form of shelter for themselves and their families. For many people, their first few days or weeks after leaving detention involved staying in either an expensive motel/hostel, emergency accommodation or temporarily staying with friends¹⁰ or family. Moving around in temporary forms of accommodation means that these refugees were living in a state of ‘secondary homelessness’ (Chamberlain and Mackenzie, 1998: 21). In 1999, the Ecumenical Migration Centre, based in Melbourne, noted that it was common for people of culturally and linguistically diverse backgrounds to reside with family and friends during periods of housing transition (cited by Refugee Young People and Housing Issues Working Group, 2002).

Most refugees in our study had moved from this stage of homelessness and temporary accommodation and were residing in either public housing or private rental. In Mildura, a small number of refugees were living in longer-term community housing run by non-profit agencies. In some cases, people had submitted applications for public housing, but were still living in private rental. Whether private rental was sustainable depended to a large extent on whether people could maintain a steady source of ‘adequate’ income. The initial, and in many cases, continuing source of income for refugees on TPVs is the Centrelink Special Benefit payment.

⁹ Some public housing ‘high rises’ are currently the focus of refurbishment and redevelopment.

¹⁰ Some people in the study had spent short periods of time living with individuals and families who had offered rooms in their house through the Spare Rooms for Refugees initiative developed by Kate Durham and Julian Burnside (<http://www.users.bigpond.com/burnside/refugees.htm>).

Accessing Income Support

Having access to a means of income support is an immediate and practical need for all refugees. Farmer and Hafeez (1989) argue that ‘the level of income of a refugee is the most successful indicator of a special adaptation in a host country’, with a sufficient income being defined as the minimum required to support the principal applicant(s) and their immediate families. In terms of income support, refugees on TPVs are only eligible for Centrelink Special Benefit and limited family related payments. Of the 8,589 TPVs that have been issued in Australia to December 2002, over half the refugees were receiving Special Benefit, with the remainder being either dependents of another applicant, in employment or supporting themselves through other means.

Permanent visa holders are treated as ‘residents’ for the purpose of Centrelink payments. This grants them immediate access to Newstart, Youth Allowance, Austudy, Parenting Payment and other benefits that match their circumstances and living arrangements. They also get access to full Job Network services and programs. In contrast, TPV holders are only eligible for Special Benefit, which is a discretionary Centrelink payment only paid in hardship circumstances. The rate of payment for Special Benefit is generally in line with other forms of Centrelink payment, depending on household characteristics.

Special Benefit, however, has a number of restrictions that do not apply to other allowances. Newstart Allowance, for example, provides the full allowance even with additional fortnightly earnings up to \$62. For additional income between \$62 and \$142 a fortnight the allowance is reduced by 50 cents in the dollar. In contrast, Special Benefit recipients have one dollar deducted for every dollar earned through paid employment or other forms of earnings. This high rate of deduction reduces the financial incentive to undertake part-time work. ‘In-kind’ assistance such as free board can also result in a serious reduction in Special Benefit payments (again it’s a dollar for dollar deduction).

There are also study restrictions associated with Special Benefit. People over the age of 18 are only entitled to undertake part-time study, which is generally interpreted as less than 15 hours per week. This policy denies people the right to education, and it has a serious effect on young students enrolled in secondary schools. An Iraqi mother of two teenage children was very concerned about this restriction: *“When they get to 18 they won’t be eligible anymore for any studies because they are temporary protection visa holders. This affects the future of my children”*. Some of these limitations on the capacity to study have recently been lifted and these changes are discussed in the next section.

In general terms, Special Benefit has tighter payment criteria and stricter income testing criteria than any other form of Centrelink income support payment. These restrictions can create significant levels of hardship for refugees on TPVs. Our research interviews reveal that accessing Special Benefit was relatively straightforward and in most cases was undertaken at the initial reception in Melbourne. Remaining on Special Benefit for extended periods of time, however, has raised a number of difficulties and disincentives for refugees who wish to move from income support to financial independence. To summarise, some of the issues reported in the interviews include:

- study restrictions, associated with Special Benefit limitations;
- poverty traps, associated with benefit deductions associated with earnings;
- not being eligible for other Centrelink and Job Network services, which would greatly assist in addressing both vocational and non-vocational needs: and
- confusion about the conditions attached to Special Benefit, which can result in loss of payment.

In relation to the last point, some of the refugees in the study were not fully aware of their responsibilities and rights. Some of the participants, for example, who were working part-time or on a short-term contract basis, found themselves having a debt to Centrelink because they did not inform Centrelink that they were undertaking paid work. A refugee from Afghanistan described his situation as follows: *“I got paid, and lost about \$500 in tax and got about \$800, and now Centrelink I owe them \$566 dollars and I have to pay”*. Another refugee described how she was doing a cleaning job five hours per week for eight months (\$150 a fortnight) and then she found out that Centrelink deducted half of this amount. She informed us that she was unaware that Centrelink would deduct dollar for dollar. In this case, the person ended up doing volunteer work because there was no financial incentive in working a small number of hours part-time. An Iraqi refugee informed us that he had started work in April 2002, was working twelve to thirteen hour shifts at night, sleeping during the day and as a result failed to inform Centrelink immediately about the change in his circumstances. This Special Benefit claimant ended up with a significant debt to Centrelink. These work disincentives led one refugee research participant to declare: *“...we just end up working for nothing you know”*.

There were also examples where people had been penalised for sending money overseas to their impoverished families. Service providers informed us that some TPV holders were sending a proportion of their limited earnings back to their country of origin to provide much needed material support for immediate family members. One young refugee informed us that many people were depending on him back home and that he had to send half of his earnings from factory work back to his village in East Africa. In these instances the refugees did not think they had to declare the income to Centrelink because they were not using it meet their living costs here in Australia. Some refugees also had debts as a result of costs incurred when they fled their country of origin: *“I have to repay heavy debts because of how I got here. I only got here after borrowing money from friends and I’m trying to repay them.”* These sorts of examples highlight the issues that arise when a large bureaucracy such as Centrelink confronts the individual complexity of the refugee situation.

The level of confusion and potential consequences associated with Special Benefit restrictions may potentially increase in light of recent Commonwealth Government legislative changes to extend and formalise full activity testing and mutual obligation requirements for TPV holders on Special Benefit. These changes were not in place when the interviews were conducted. However, it is worth discussing the potential effects of the legislative package in light of what is known about the experience of refugees on TPVs and the limitations associated with Special Benefit.

Non-mutual obligation and changes to Special Benefit

In September 2002, the Family and Community Services Legislation Amendment (Special Benefit Activity Test) Bill was introduced into the House of Representatives. The purpose of the Bill was to place into the *Social Security Act 1991* an activity test and mutual obligation requirements (that currently apply for unemployed people on Newstart allowance and Youth Allowance) to Special Benefit recipients with a Temporary Protection Visa. In the second reading of the Bill, the Minister for Children and Youth Affairs, Larry Anthony, argued that the Bills aims to ‘encourage social and economic participation by treating work force age holders of visas in a similar way to Australian nationals; that is they will be required to be self-reliant and to fulfill a mutual obligation to the Australian community’.

The Bill proposed that the changes would apply from January 1 2003 to all new recipients of Special Benefit who hold temporary protection visas. In practice, this meant that TPV holders would be subject to a new Special Benefit Activity Test, requiring holders of a TPV to search for work, participate in vocational training, the Work for the Dole program and to enter into Special Benefit Activity Agreements, similar to Preparing for Work Agreements. In light of some obvious concerns about the impacts of the proposed legislation the Bill was referred to the Senate Community Affairs Legislation Committee on 16 October 2002. The Committee was to consider the following issues, in light of the fact that holders of a TPV have absent or poor English, high levels of poverty, unstable accommodation and few resources:

- the ability of people to comply with complex mutual obligation requirements;
- the impact of breaching and financial punitive measures on already disadvantaged people;
- the ability of job network providers to provide language and culturally appropriate employment services; and
- the ability of TPV holders to access the review and appeals system.

In considering these issues the committee invited written submissions and heard oral evidence from a number of relevant experts and government departments. The Senate Committee received 52 submissions relating to the Bill, many of which expressed serious concerns about the potential impact of the policy. These included doubts about the complex administrative requirements, rate and impact of breaching and access to appeal and review (Senate Community Affairs Legislation Committee, 2002). Other submissions argued for full access to Job Network intensive assistance, provision for full-time study and greater access to English language classes. After deliberating on these submissions and a public hearing the Senate Committee recommended that the Bill proceed. The Bill was passed in December 2002.

The Australian Democrats and the Australian Labour Party both prepared Minority Reports as a way of indicating their dissent from the Senate Committee’s decision. The Minority Report of the Australian Labor Party (2002) noted that:

The proposal’s aim to treat all job seekers the same is not fulfilled by the legislation – TPV holders on special benefit do not receive the same financial support as jobseekers on Newstart. They do not have access to all Job Network services, in particular Intensive Assistance.

In terms of Centrelink penalties and activity testing, holders of TPVs are to be treated exactly the same as those on Newstart¹¹, yet when it comes to accessing the full range of benefits, resources and programs that are available to other jobseekers, holders of TPVs will in fact be treated less favourably and as a result inequitably. Many participants involved in the study gave a strong indication that they wanted greater levels of support and assistance from Centrelink: *“Centrelink is not very helpful, they say, look by yourself, we’re not going to help because according to your visa, you’re not eligible for any help. We’ll give you a Special Benefit and that’s it”*.

Job Network Intensive Assistance would be one practical step that could provide refugees on TPVs with equal access to the resources available under this stream of government assistance, which in practice uses a case management approach to access resources to assist people into paid employment, ranging from training courses to new clothes for job interviews. Yet, access to Intensive Assistance has been ruled out. Access to the Personal Support Program would also acknowledge that TPVs have other barriers they need to address before they can become ‘active job seekers’. This would seem to complement the fact that refugees on TPVs can access some services for survivors of torture and trauma.

One concession has been made. TPV holders who apply for Special Benefit after January 2003 will now be exempt for 13 weeks from the activity test. Moreover, the changes will make it possible for Special Benefit recipients over the age of 18 to study full-time without losing their benefit. This measure is a welcome modification of the part-time ruling (generally interpreted as no more than 15 hours study per week) that currently applies to Special Benefit. However, there are important qualifications to this provision. The types of study that can be undertaken include secondary studies and short vocational courses. Full-time tertiary studies, such as bachelor degrees and above are not included in this provision because the government believes that this form of study does not offer immediate benefits. Arguably, these limitations considerably weaken the study concessions associated with the new legislation.

More positively, refugees on TPVs will potentially have access to Commonwealth Government funded English training program known as the Language, Literacy and Numeracy Program provided through Department of Employment Services and Training. Many of the participants in this study expressed a desire to have access to more intensive English classes, as a way of preparing them for work and participation in other activities. As one participant indicated: *“four hours of English a week isn’t enough for me, because my English is not enough to find training or work”*. Other refugees on TPVs described how they could not get access to English classes at all. The following example is typical of many refugees’ experiences in the first few months of leaving detention: *“The first six months when I was released, I thought I will be focusing on the language, concentrate on this, but unfortunately I couldn’t find a place to study”*. Refugees on TPVs will undoubtedly welcome improved access to English language classes, given the fundamental importance of English speaking ability in relation to gaining employment and negotiating the service system.

¹¹ There are provisions in the legislation to exempt special beneficiaries from the activity test where a person has caring responsibilities, is temporarily incapacitated for work and other prescribed situations (Senate Community Affairs Legislative Committee, 2002)

Advantages of the legislative changes (English classes and potential for limited full-time study) may be outweighed by the disadvantages. First, an entitlement to study full-time without losing Special Benefit does not address the financial barriers for holders of a TPV to education, given that tertiary institutions still consider them to be full-fee paying overseas students. Second, the changes only apply to new Special Benefit applicants with a TPV, which leaves the existing refugee population on a TPV without these benefits, creating yet another class of refugee. It is not clear what will happen if an existing holder of a TPV goes off Special Benefit for work reasons or to study full-time and then reapplies for Special Benefit.

More broadly, it remains unclear how Centrelink will administer the legislative changes at the coalface, given that, at the time of writing, the crucial computer systems and organisational procedures have not yet been updated to handle the changes. Many of the operational procedures and rules are still to be implemented. The level of confusion about what the policy changes mean may result in people receiving incorrect advice and as a consequence losing part or all of their benefit. Centrelink penalties could have dramatic effects on TPV holders who move into defined 'areas of low employment', which is a category that attracts a Centrelink breach.

In the case of Victoria, the research confirms that a significant number of refugees on TPVs, mainly from Iraq and Kosovo, have moved into central and northern Victoria to live in rural communities to undertake seasonal picking work, or in some cases develop farming projects in areas like Cobram and Shepparton. The interviewees also reveal that a significant proportion of refugees currently living in Victoria have been transient since being released from detention centres, thus making continual contact with Centrelink problematic. Standard Centrelink reviews of Special Benefit are not going to be appropriate in these circumstances, particularly since the Centrelink review form for Special Benefit is only printed in English. If recipients fail to return this form, they immediately lose their benefit.

The non-vocational and specialist needs of refugees raise another set of issues in relation to the legislative changes. Refugees on TPVs would benefit from having their non-vocational needs met before they are sent off to a Work for the Dole scheme. Yet, holders of a Special Benefit will be ineligible for services offered through the Personal Support Program, Centrelink Personal Advisers, Transition to Work programs – all of which offer specialist assistance for people who have either been out of the workforce for a significant amount of time or who need to address health and other personal needs.

Refugees on TPVs are people exiting intolerable conditions in detention, with limited or non-existent English skills and who are likely to be suffering mental trauma and stress, or physical health problems. Discussion about implementing legislative changes to income support raises important questions about the capacity of Centrelink to deal sensitively and appropriately with refugees on TPVs, even with the considerable skill level of Multicultural Service Officers¹² (MSOs) and other specialist Centrelink staff. There will also be ongoing issues around consistency and streamlining the process of

¹² Many Centrelink Multicultural Service Officers (MSOs) have at least endeavoured to minimise confusion through organising information, supporting community workers and setting up job clubs.

reporting. Some refugees wanted more meaningful contact with Centrelink and less 'form filling'. Three participants in the study found the level of Centrelink reporting to be a burden. This was the case because these participants either had caring responsibilities, health needs and/or they had difficulty accessing public or private transport.

One Afghani refugee, living with his wife and two children aged three and seven, described the situation as follows:

The problem I have with Centrelink is that my wife has to fill out a looking for job form because she got young children. I asked many people like me and they had children and were exempt from these forms. I went to Centrelink and told them that and they said "no", because you've got a temporary protection visa. The people I knew had a temporary protection visa, and even when she was in the hospital, she had to fill out these forms.

Another refugee from Afghanistan informed us that his 16 year old son, who is a full-time student, was requested by Centrelink to start submitting a Job Seeker form. He was surprised about this requirement, particularly since none of his friends had been subject to the same request. These examples raise questions about inconsistent treatment, which can arise when administering a discretionary payment like Special Benefit across many different regional Centrelink offices.

The issue is not simply one of policy implementation. The recent legislative changes raise serious questions about the ethics of subjecting people already suffering disadvantage to a punitive income support system. The small concessions that have been made in the legislation for holders of a TPV may ultimately not be worth the potentially much greater risk of exposing people to full activity testing and breaching, which in the worst case can result in a total loss of Centrelink benefit for a period of eight weeks. The negative consequences of the Centrelink breaching regime on Newstart Allowance and Youth Allowance recipients are well documented.

Refugees on TPVs are very vulnerable to the effects of breaching, given their precarious position in housing, employment and social support. Language difficulties also raise the prospect of this group attracting a high rate of breaches. There are also questions about whether refugees on TPVs will be prepared to appeal an unfair decision, given the length of time involved and that they may have a fear of officialdom and do not want to jeopardise their application for permanent protection. The Independent Review of Breaches and Penalties in the Social Security System (the Pearce Report) found that there were inherent failings in the design and implementation of the breaching system causing many "unemployed people to suffer arbitrary, unfair or excessively harsh" penalties (ACOSS, 2002).

On this point, it should be acknowledged that there are significant problems for many jobseekers in accessing Job Network employment services (see Productivity Commission, 2002; Eardley et al, 2001). There is a certain consistency between the practice of issuing 'temporary protection' visas to refugees and the trend in the Commonwealth Government's welfare reform agenda to treat 'dependent' beneficiaries as having only a temporary and conditional claim on income support.

In many areas of social policy, the subjects of the welfare state are increasingly being constructed as ‘self-reliant’ individuals or ‘active’ citizens, with the main pathway out of ‘social exclusion’ being participation in the paid work force. Accordingly, the Commonwealth Government now prefers to view people as being “...reliant on income support temporarily” (Department of Family and Community Services, 2002: 2). The privileging of work and temporary forms of income support raises important questions for groups of people, such as refugees and people with disabilities, who have significant non-vocational needs.

The concerns with the employment services system and income support are troubling, yet they seem to be missed by the politicians who supported the legislative changes in the name of equal treatment. In the second reading of the Bill in the House of Representatives, for example, National Party MP, Kay Hull, spoke strongly in favour of the legislation:

These people do not want to be treated differently. They do not want to receive special benefits and not give something back in return. They have come to this country to develop and to give something back...it will involve them in many worthwhile community projects that will give them a sense of belonging and a sense of place.

Returning to the earlier discussion about the emotional and mental effects of the TPV, a greater sense of community belonging and place is more likely be achieved by abolishing the policy of temporary protection visas. The incremental changes to income support do not address the reality of insecurity, uncertainty and trauma exacerbated by the Temporary Protection Visa policy. Current income support conditions and penalties seem to work against, rather than with, the strong desire of many refugees on TPVs to gain a greater sense of financial independence through participation in the paid labour market. The next chapter of the report will explore other barriers to labour market participation.

Summary

- Access to informal or informal support networks, including individual community advocates, was critically important in making the transition from detention to community living. This level of support was invaluable in assisting people to access much needed information about what was available, negotiating the social services system itself and in accessing the private rental market and other forms of longer-term housing.
- In many cases, community advocacy and other forms of material assistance were provided with no recognition or support from the Commonwealth Government. In areas like public housing, it is the State Government that has picked up the cost of providing housing.
- Participants in the study found it very difficult to secure long-term housing. A number of participants reported instances of discrimination in the private rental market. Having no rental history or form of identification other than a temporary protection visa was a major access barrier in the private rental

market, as was poverty, which affected the capacity to meet establishment costs and other living expenses.

- The work disincentives and poverty traps associated with Special Benefit, which reportedly resulted in Centrelink debts for about a quarter of study participants, raise fundamental policy questions about whether Special Benefit is the right payment for people who are living in Australia for at least three years and who are both keen to work and highly motivated to gain greater financial independence.
- The recent legislative changes that have brought TPV holders under the umbrella of Centrelink activity testing and mutual obligation seem to create many risks and offer few benefits. TPV holders will now be subject to the same penalties as other unemployed job seekers, however, they will not be eligible for the services that other claimants receive, such as Job Network Intensive Assistance, personal advisers and much needed non-vocational assistance, such as the Personal Support Program.

Chapter 5. Labour market participation

Introduction

Just to be able to do something, to work, to contribute to this society, to feel that I'm doing something and not only on Special Benefit. Like the government or whoever can helps us, within a few months we will be able to improve ourselves and won't be relying on the Centrelink payment and we will develop more.
(Kazim, from Iraq)

Labour market participation is an important determinant of integration in the host society. Labour market participation can mean not having to rely on social security benefits, which for many refugees is a source of 'shame' (Mann, 2001). Employment provides the means to meet basic living expenses and develop social relationships beyond immediate family and ethnic specific networks. Valtonen (1998) observes that refugees who are unemployed from the outset are very likely to be excluded from the host society, since the main source of social contact with other groups is often through the workplace.

Employment has multiple benefits for refugees, providing the labour market experience offers fair working conditions and meaningful employment. In Australia, Iredale and Darcy (cited by Gray and Elliot, 2001) found that refugees fared worse than other non-English speaking background immigrants in terms of unemployment, earnings and occupational attainment.

This chapter of the report profiles the labour market experience of research participants. The first section of the chapter profiles the employment status and skills of refugees on TPVs. The second part considers barriers to labour market participation as identified by participants, other Australian researchers and the international literature on refugees and employment. Although refugees on TPVs have the right to work, in practice this right is severely restricted. The temporary visa category is a distinct disadvantage for refugees attempting to access employment in a highly competitive job market and where many small and large employers refuse to employ anyone with a temporary protection visa.

Employment status and skill profile

This section describes the employment situation of refugees on a temporary protection visa and it provides a backdrop to the discussion on barriers to employment. Documenting the employment status of interviewees provides a snapshot of how well refugees are negotiating middle-term settlement needs, such as securing employment, within the context of having a temporary protection visa. More broadly, this discussion helps inform the potential development of existing and new employment programs for refugees.

Employment status

At the time of interviewing, most adult research participants (more than half of the interview sample) were unemployed. Another quarter of the sample, mainly the young

adults, were enrolled as students in either secondary school or TAFE, while another quarter of the interview sample were engaged in part-time, temporary or casual work. Only four of the interviewees had permanent full-time positions. One of these was in the human services sector, specifically aged care. The other three permanent positions were in manufacturing, as factory hands or as machine operators in abattoirs.

It is worth noting that participation in voluntary work was high among participants, indicating that paid work is not the only form of activity that has worth and value (Little, 2002). The sorts of voluntary activities undertaken by participants included being a community bus driver, interpreters and individuals involved in a range of advocacy and campaigning activities. The motivation for voluntary work was often a mixture of altruism and a pragmatic response to the need to acquire work experience in Australia (domestic experience), which is a major barrier to labour market participation discussed later in this section.

Where refugees were employed it was often tenuous, with part-time, contract or casual work being the most common form of employment. The following quote highlights the precarious nature of many refugee's employment status:

I've been on temporary protection visa for about two years and haven't got any job for two years. I just got one, for four months – after two years of looking for a job! And then it's like the job is far from here, it takes one hour to get there but I have to do it you know.

Most part-time work undertaken by refugees was reported as being less than two days work, which does not provide much financial incentive to work given the dollar-for-dollar deductions attached to Special Benefit. This micro-experience of casual and temporary work is consistent with broader labour market trends over the last two decades where many areas of the labour market have been effectively 'casualised' (the growth of a range of non-standard, less secure forms of employment - casual, temporary or contract - and a relative decline in the standard model of full-time, permanent work), particularly in the retail, manufacturing and hospitality industries (Saunders, 2002).

Areas of the labour market accessed by refugee participants were generally concentrated in secondary forms of employment or the services sector. In the Melbourne area, employment was concentrated in taxi driving, security services and labouring or factory work. Three male participants, aged in their 30s, had managed to gain employment as casual security officers working at sporting events, a mental health facility and bank security. Entry to these positions was conditional on doing a minimal training course and sitting an entrance test. Yet, refugees on TPVs are not eligible for Job Network Intensive Assistance, which is one way of meeting these sorts of training costs required for these forms of employment. This meant the training costs had to be met by the refugees. In one case, an individual refugee was able to borrow the money from a friend and in another case a participant was able to save a proportion of Centrelink Special Benefit to pay for the course. A number of other refugees living in the greater Melbourne area were in the process of training to be taxi drivers, again on a casual or part-time basis. Proficiency with English and licensing costs were the main barriers to this form of employment.

Outside of Melbourne, in regional centres of Victoria such as Mildura and Shepparton, refugees on TPVs were engaged in seasonal fruit picking work or on small agricultural farming projects. Fruit picking workers are typically paid according to the number of fruit bins they fill. An average income from fruit picking work is in the vicinity of \$300 per week (although it can be higher), which places this type of work at the bottom of the average weekly earnings scale. In Mildura the average picker harvests two hundred buckets of sultanas, earning \$80 for the day. The busiest picking season in Victoria is from January to March each year, although work can be found all year round, as a Centrelink officer from Mildura pointed out:

If you're talking about unskilled labour grape picking is underway now so the refugees are picking grapes, there will be oranges after that and then after that it will be grapes again. There is pruning in the wintertime and there are also some jobs in wineries, which requires unskilled labourers.

While fruit picking is relatively accessible for refugees living in these areas, they are also competing with backpackers who are attracted to this type of work while travelling around Australia. Many refugees in the study saw fruit-picking work as a short-term strategy. Fruit-picking work as a major source of employment raises questions about the sorts of work that refugees can be confined to if their skills and qualifications are not recognised here in Australia. Participants in the study possessed a wide range of skills and qualifications, but most were unable to find work in their chosen trade or profession.

Skills profile

Refugees experience some of the highest rates of unemployment and underemployment of all migrants, despite their high level of skills and qualifications (Scull, 2002). In the context of the present study, lack of employment was not a reflection of low education levels or lack of qualifications. Participants proved to have a high level of education, qualifications, language and other skills.

Some participants had a background in trades, others possessed professional skills and qualifications, while some people had run their own businesses as traders or as shop owners in their country of origin. In the area of trades, the sample included two electricians, two mechanics and one hairdresser. Teaching was the dominant profession across the sample. There were six participants who had been employed as teachers in their country of origin. Other professional qualifications included three engineers, two information technology technicians, one accountant, one physiotherapist and one senior public servant.

Professional qualifications were measured by having obtained university education in their country of origin. About one quarter of the participants had undertaken tertiary studies, which confirms earlier research about the relatively high level of education among refugee populations (Gray and Elliot, 2001). Another quarter of participants had obtained, or were in the process of obtaining, secondary school qualifications. Gender is an important variable in relation to education. Of the seven women involved in the study, only one had obtained secondary school qualifications, while the other six had no formal education. This finding partly reflects the position of women in countries such

as Afghanistan. Under the Taliban regime, for example, Afghan women lost their ability to work, were frequent victims of abuse, and were denied access to food, health care, education and other resources (Wali, 1999).

Of the 12 participants aged between 18-22 most were students or had recently finished school and were enrolled in TAFE or a Community Jobs Program. Three of the participants in this age group, who were formerly students in their country of origin, had found some form of temporary work in Victoria as factory hands or working in retail. Many of the students expressed a strong desire to access tertiary studies in Victorian universities, but felt limited by costs and eligibility.

Over the past two years an increasing number of universities have begun providing educational access to TPV holders, through scholarships or fee waivers, while others are currently developing scholarship schemes. These universities include: RMIT University, Charles Sturt University, Griffith University, University of Technology Sydney, Australian National University, University of South Australia, Flinders University, University of Western Australia, Curtin University and Notre Dame. Similarly the Australian Vice Chancellor's Committee has held discussions with DEST (Department of Education, Science and Training, 2003) aimed at reducing the fees TPV holders pay to enter Australian universities.

In many cases this action has been spurred by requests from TPV holders and their advocates, who have encouraged universities to take action. A prominent case was that of Yousif Latif, a NSW TPV holder who scored a University Admission Index Score of 97.10 but was unable to take up a university place due to fees of \$31,800. This year, Yousif was offered a fee waiver place in Medical Science at UTS. In other cases universities are developing access policies to accommodate TPV holders who have not completed high school in Australia, and may not have documentation of previous overseas qualifications. Qualification recognition is also a barrier to labour force participation.

Barriers to labour market participation

The most important thing is to improve my English and the second one is to get a permanent protection visa because without it, it's not easy to get a job.
(Abdul, from Afghanistan)

The high rate of unemployment and underemployment identified in the previous section raises important issues about barriers to labour market participation. The three main barriers to labour market participation identified by refugees are:

- temporary visa status;
- proficiency with English; and
- lack of domestic work experience.

Other barriers that were discussed by interviewees included health problems, racism/discrimination, the mismatch between skills and available work in Australia, age barriers (particularly for factory work and labouring), lack of recognition of their skills and lack of transport.

The barriers identified in this study are consistent with other empirical research. The Canadian Taskforce on Mental Health Issues Affecting Immigrants and Refugees (cited by Gray and Elliot 2001) identified barriers to trades and professions as:

- language proficiency;
- evaluation of academic credentials;
- allocation of credit for foreign experience;
- examinations; and
- systematic discrimination.

Re-establishing a career is a major difficulty for refugees, particularly when refugees may have no proof of their qualifications (Robinson, 1999). Another major barrier identified in New Zealand and Australian research is lack of domestic work experience and lack of understanding on the part of employers about the background of applicants from other countries (Gray and Elliot, 2001; Scull, 2002). The research participants referred to all of these barriers in their discussion about their employment situation; however, the temporary protection visa appeared as one of the dominant themes.

Systematic discrimination: the temporary protection visa

The temporary protection visa is one of the barriers because when you tell the employer about the details of your personal background and the situation that brought you here, and your residency, they feel worried. They feel worried to hear someone is living temporarily in Australia. I don't know why the employers are afraid of the situation (Muhab, from Iraq).

I can't get a job around here. They look at my visa and they say no straightaway. The boss says no! (Group interview with refugees, Shepparton)

These quotes illustrate the extent of misinformation and discrimination on the part of some employers. They also suggest that the temporary protection visa is a barrier in itself because it ends up defining refugees on TPVs as a 'high risk' group because there is no certainty that can be offered to the employer. This characterisation is a major disadvantage in a highly competitive job market where there are more applicants than jobs available.

Being classified as 'temporary' appears to be significant regardless of whether the employment vacancies are casual, part-time or permanent full-time. Moreover, the visa category appeared to be a barrier across a variety of industries. A common theme in the interviews is a history of multiple 'rejections' by employers. Some participants have been looking for work for more than eighteen months with little or no success.

The stories of rejection are littered with descriptions of how the temporary protection visa has been a major barrier to securing labour market participation. A young male refugee from Afghanistan, who has been living in Australia for almost two years, describes his efforts to secure employment in the manufacturing sector. Hakim had heard that a large motor vehicle manufacturing company was undertaking a recruitment drive. He attended the group interview with many other applicants. He was subsequently rejected on account of his visa during the last stage of the screening process, as a consequence of 'company policy':

After the group interview I was filling out the form and when he was explaining to us about the things he said to us about these things, he said the policy of Toyota is they won't accept temporary visa. They said you need permanent visa or citizenship. I said you got my visa this morning and you didn't say anything. He said because I didn't read it. Some of the companies don't employ anyone who are not permanent residents. Of course, it is trouble for them.

The last part of this excerpt indicates that the rationale for this practice is to minimise the 'trouble' associated with employing refugees with a temporary protection visa. It also suggests that this practice is widespread. This latter claim warrants further investigation.

Research undertaken in Queensland found that some potential employers were informing refugees on TPVs that they were not permitted to employ them. The Queensland research suggests that recently increased penalties for the employment of people holding temporary visa categories such as tourist visas had led to the mistaken belief that TPV entrants do not have the right to work (Mann, 2001).

A number of refugees reported instances of what they perceived to be employer discrimination. This issue was a dominant theme with young refugees, suggesting that the issue of systematic discrimination in relation to the TPV is compounded by ageist attitudes towards young people, or by the fact that many young people have very little labour market experience, thereby putting young refugees in a position of double disadvantage. The group interview with young refugees from Horn of African states identified many examples of perceived racism and discrimination:

You call up and they say here is the fax number, send us your resume. You send them the resume and they check your name...an African name and you don't hear back. I mean I'm not saying that I can't prove they're racist, but I can feel it, I can feel it. When I have got an interview I don't feel like I'm judged by the way I can physically work, but I've been judged by the way I talk or the way I look. If they said show me how you can work, I could show them how well I work, but I don't get the chance. (Young refugee group interview)

This account highlights a theme that was common across many of the interviews. Participants indicated a strong desire to obtain work, however, many of them were still waiting for the chance to 'prove' their ability, dedication and skill. In this context, it is also important to recognise that there are examples where employers have actively supported the employment of refugees on TPVs. The owner of the local abattoir in Young, New South Wales, has gone on radio and presented in other forums to praise the character and commitment of the refugees on TPVs that are currently working in his business. This employer has been a strong advocate of granting refugees on a temporary protection visa permanent protection status. This example highlights the sorts of positive cultural transformations that take place when employers and ordinary Australians develop personal relations with refugees, which transcend the stereotypes described in chapter two.

These positive experiences in workplaces are only possible when refugees obtain employment, which is dependent on having an adequate level of English proficiency.

Refugees in the study, with little or no English ability, had great difficulty even being able to search for jobs. Participants who had found employment reported that they found work either through friends or through reading the employment section of newspapers. Not being able to read English made this latter task impossible.

Proficiency with English

English language ability is critical to both economic and social aspects of resettlement (Fletcher 1999). The following interview excerpt from an Iraqi refugee living in Shepparton illustrates the economic and social consequences of not having adequate proficiency with English:

I was looking for job in a few places like grocery shop or fruit shop, but I've been rejected. My main problem is the language because I can't understand the society and the society can't understand me. Because of my language I can't even go to look for too many jobs.

When asked about overcoming the main barriers to employment, proficiency with English was seen as a high priority. Despite widespread recognition about the critical importance of language ability to successful resettlement, refugees on a temporary protection visa are denied the 510 hours of free tuition that is provided to refugees on permanent protection visas (although this may be partly addressed through changes to Special Benefit discussed in the previous chapter).

Despite the lack of support from the Australian Government, most participants in the study had managed to access some form of English language classes, through the TAFE system or through non-government organisations operating on grants from the state government (is another example of cost shifting from the Commonwealth to State Governments). While refugees on TPVs had found these classes helpful, they expressed a view that they would be able to learn English more quickly if they had access to more hours of tuition. Many participants were not satisfied with only having access to a few hours of tuition per week.

Some participants resorted to less formal means of learning English. One interviewee, a refugee from Afghanistan, describes how he picked up some English by spending time with people 'hanging around' the high rise public housing flats in Fitzroy and Collingwood.

Abdul: After being released from detention I spent a few months at Collingwood. There's a lot of people there asking for cigarettes. I gave them some cigarettes and they gave started teaching me English. I spent a lot of time there until two or three in the morning. It's the only way to learn.

Interviewer: *So have you been to any training courses at all?*

Abdul: After three or four months, a friend of mine told me there's a Fitzroy Learning Network. And I went to there and they welcomed me very well. They tried to help in different ways and they welcomed me very well. They offered us English class, computer class, even sometime they try to help with finding a job,

or how to make a resume, how to do everything. Yeah, that's the Fitzroy Learning Network.

This case illustrates the determination that refugees have, and the creative means that they employ, to satisfy the urgent need to learn English. The organisation mentioned, the Fitzroy Learning Network, is a community based multicultural Neighbourhood house and adult learning centre in Fitzroy, an inner-city suburb of Melbourne. The Fitzroy Learning Network places a particular emphasis on working with refugees, asylum seekers and migrants. Refugees on TPVs have accessed the service to gain both tangible and non-tangible benefits, such as English-speaking skills, personal confidence and a means of overcoming isolation through contact with other refugees and workers. All of these factors are critical to finding a pathway to employment, as the following case study illustrates:

MOHAMMED

My village was high in the mountains of Afghanistan, overlooking the ancient Buddha statues in Bamiyan. My people are the Hazaras who have been persecuted for centuries due to religious and ethnic differences. A severe drought and the Taliban's destruction has meant that nothing lives here peacefully anymore and things began to be very unsafe for my people. I escaped Afghanistan in 1999 because I was afraid for my life. I spent 10 days in the ocean in a small boat with 40 strangers. After 3 days, we lost our way because of the storm. For 6 days and 6 nights it was dark, we could not see the sky. On day 10 we ran out of oil and food, the boat broke down but the sun came out and so did the Australian police. I still have trouble sleeping when I think of the journey.

It is a terrible thing when you risk your life to come to a free and democratic country and they lock you up without any crime being done and separate you from your family. I spent 7 months in Woomera Detention Centre with no communication to the outside world. We just waited and waited and no one would answer our questions. I now have many health problems because of my time spent there. I was eventually granted a Temporary Protection Visa and sent to Melbourne.

Three days after arriving in Melbourne I found Fitzroy Learning Network. For me it was a beautiful experience when the Network welcomed me. They gave me free English lessons that I could not get anywhere else, as my visa does not allow it, and free clothes, furniture and accommodation in the high rise flats of Fitzroy. My son is three and a half now and when I talk to him, he asks me what I look like. When I left, I had two babies now there is only one. I fear that if my son sees me he will not love me because he does not know who I am.

In February 2003, my case for permanent protection will be looked at, then who knows what will happen. But I never want to go back because there is no life for Hazaras in Afghanistan. I know I will never be safe there. When you are going somewhere and you don't know anyone there you feel like you are in the middle of many people but alone. You cannot do anything because you don't know anyone, and you can't make friends because you can't communicate.

[The Network used fundraising money to buy Mohammed and a friend the tools and equipment necessary for them to use their building expertise in Australia. That \$300 investment, along with a lucky break when the Network's auditor put them in contact with her neighbour who gave the men Australian work experience, has led to Mohammed and his friend now employing others in their own building businesses].

Now I am working as a tiler thanks to the Network and whenever I am not working I invite all my Afghani friends to come and meet me here because I feel like this is my home, like they are my family. When I am at home I think about my problems and feel very lonely but here I am free to relax. From the beginning until the end, I have died one hundred times. I am never sure, what the next step is or what the next day holds. The Network has given me hope and a way to escape my suffering and hopelessness. I do not know what my life would be like without them. Source: FLN (2002: 5).

In addition to the importance of obtaining proficiency with English as a necessary first step towards gaining employment, the above case study highlights the pivotal role that Australian work experience and skill recognition plays in accessing the labour market.

Lack of work experience and qualification recognition

It's very hard finding a job. And once you find a job, they say no experience, nobody want you. Experience is the first thing they ask (young person's refugee group, Melbourne).

Lack of work experience is an issue affecting all job seekers, particularly young people who are entering the workforce for the first time. Despite these similarities the refugee experience is also unique. Adult refugees often have a high level of skills, qualifications and experience; however, these skills and experience are often discounted because they were not acquired in Australia.

Recent research undertaken in Queensland identified lack of domestic work experience as the biggest barrier to employment for refugees (Scull, 2002). That research involved a skills audit of refugees living in the Brisbane area. The main finding was that despite a wide variety of skills and experience amongst the refugees involved in the study, very few refugees had gained any employment.

Our research reflects and reinforces the findings from the Queensland study. Lack of domestic work experience was rated by research participants as a major barrier to gaining employment:

It was hard for me to look for a job because wherever I go, they always asking for experience, even if I want to go for a cleaner they ask for experience. I've been in Woomera camp, where can I get the experience from? I'm from a detention centre...but now I'm going with my friend, he's working as a painter, so I go with him once a week just to get some experience hoping he will employ me with him or to get some experience somewhere else.

The following description from an Iraqi refugee living in Shepparton illustrates the significance of domestic experience, the compounding problem of his visa status and the failure to recognise overseas qualifications:

One day I applied for job at Big W Supermarket and he told me: 'Have experience?'. And I said I have experience on overseas and I have certificate here, which say Certificate of Refrigeration. And he told me, 'I'm so sorry, really it's not your fault, but this is my fault because you don't have experience in Australia, we can't give you a job. I said, I will work hard, cleaning, anything and he said 'Okay I'll call you back and he's not called me back. I've applied in Melbourne for so many companies and stuff like that. I've just been putting my name down, but it's for nothing because they say they can't help me because I'm on temporary protection visa.

For refugees with university and professional accreditation, equivalency and accreditation procedures can be an obstacle to the practice of their profession or the continuation of studies (Robinson, 1999) The Australian Government has implemented

a number of strategies and programs to address this issue, however, refugees on a temporary protection visa are either ineligible or are required to pay a higher fee for these services.

The Bridging for Overseas Trained Professionals program administered by the Commonwealth Department of Education, Science and Training provides both bridging courses and access to loans (similar to the deferred payment arrangements available under the Higher Education Contribution Scheme) to assist overseas trained professionals to meet the costs and requirements of working in their chosen profession in Australia. Refugees on a temporary protection visa do not meet the residency requirements for this program and are therefore ineligible for this vital form of government assistance.

The National Office of Overseas Skills Recognition (NOOSR), also administered by the Commonwealth Department of Education, Science and Training provides a wide range of advice and assessment services to overseas-trained migrants and refugees. If you are an Australian citizen or permanent resident and wish to apply for a NOOSR educational assessment, the payable fee is \$145. If you are not a permanent resident, the payable fee is \$300, more than twice as much (www.dest.gov.au). Refugees on TPVs are therefore either ineligible or must pay considerably more for forms of assistance that would help them continue their chosen career here in Australia.

What often happens in cases where skills and qualifications are not recognised is that refugees work in industries or positions that fail to meet their level of skill and/or experience. One participant in the study, for example, was able to secure permanent employment as a trainee nurse in a suburban aged care facility six days per week, four hours per day. This position did not match his qualifications and experience:

INT: *You're a physiotherapist? Do you get to use any of your qualifications in your current job? I mean do you get to do any physiotherapy...*

Shamil: *No. Even if I want to go to study I can't. My case manager at the Brotherhood of St Laurence rang the Association about physiotherapist and told her last December they have meeting about it maybe I can do exam here in something like physiotherapy.*

This refugee is a qualified physiotherapist, but has not been able to have his skills recognised. Iredale and Darcy (cited by Gray and Elliot, 2001) note that refugees in Australia are less likely than other immigrants to have resumed work in their occupations, even though they were more likely to have had a managerial/administrative, professional or paraprofessional job in their country of origin. Thus, refugees on TPVs face 'blocked opportunity' and confinement to the secondary labour market on the basis of ethnicity and their precarious status (Chan and Christie, cited by Gray and Elliot, 2001).

Other identified barriers

In addition to the three main barriers identified in this research (visa status, proficiency with English and domestic work experience) there was a range of other factors that

went against securing employment. Participants in the study mentioned age, childcare needs, health problems and lack of transport as barriers to employment.

Childcare and transport were very real practical problems for refugees. Limited income meant many refugees had no capacity to own a car, which meant relying on friends or workers when private transport was required to travel to and from work, as is the case in shift work. One community advocate, working with a group of refugees in south Melbourne, described how he drove a young refugee to work at 4.00 am five days a week. This practice was not sustainable and the man had to resign from the position because he had no transport. Childcare was an issue for separated refugee families where there was only one parent in Australia performing all of the caring responsibilities, as in the following example: *"I'm here alone and I've got two kids, under the school age, and I have to look after them. I can't look for work"*.

The age barrier arose in the context of refugees being told by employers that they were 'too old' for physical work in areas such as the building industry or factory work. A male refugee, in his early forties, describes how age has become a barrier in areas of work that require less skills and qualifications:

I tried a lot to get work but my English is no good. I tried with the meat factory many times but because he saw my age he rejected me. Finally I pleaded with him, 'you promised to find me a job', so finally I worked with him, but the work is very hard and tough for me now, but I have to do it.

This excerpt highlights the lack of choice in relation to employment. Refugees who have their careers or education interrupted are likely to find themselves in this position, facing limited employment opportunities and being older than other people employed in these industries. Experience of trauma and torture and disruptions to education and working life contribute to this disadvantaged position.

The nexus between physical health and employment outcomes is particularly acute for refugees, given the health needs that arise from being physically tortured and the lasting impact this has on the resettlement experience. Hakim, a persecuted Shiite Muslim, who fled Iraq in the mid 1990s, discusses the relationship between his continuing health problems and his employment prospects:

Before I left Iraq I was in prison. I was put in jail and subjected to heavy torture and mistreatment. I was hit by cables. I was hit in the knees and legs. So I can't look for any sort of work that involves heavy duties, like factory work. I can't look for such work. The only thing I thought to do is to join training course as a taxi driver, and now I'm trying to finish my course.

Access to health services and discussion of health needs is explored in detail in the next chapter of the report. Despite the hardships and the barriers to employment identified here, the benefits of employment were seen as very significant. Where refugees had found work, it gave them a sense of pride and it had the potential to improve physical health, according to one General Practitioner working with refugees and asylum seekers:

I'd say those who do have work, they seem to fare a bit better, they have a little bit of self-esteem, they have something to do with themselves. They keep physically active, whereas the ones who have nothing to do have more time to worry, they have no hope and nothing happening in their lives to give them hope.

Accessing the labour market was reported by refugees as having a positive influence on mental health problems, such as depression, because it gave people something to concentrate on other than the uncertainty associated with their present visa status, or the trauma of their past. The following quote from a young refugee from Afghanistan illustrates the central role that labour market participation plays in facilitating resettlement:

When I got a job I felt happy, but if I just stay here from the morning til the evening just walking around it makes me depressed or stressed. I felt shy and ashamed that someone thought I was just sitting here. I'm embarrassed because people may look at me and say he's not employed. In our culture it's very bad for someone to stay at home, to not be working.

This excerpt helps to explain the high rate of volunteer work and community based activities undertaken by refugees on TPVs. While the activity and purpose associated with voluntarism has its own reward it lacks the material benefits and financial independence that paid employment brings. In general, the research findings show high levels of activity, whether this is in relation to undertaking English lessons to obtain work, voluntarism or various forms of insecure paid employment. The research indicates that this group of people are very motivated to find work, despite significant barriers, many of which stem directly from Australian Government policy.

Summary

- The three main barriers to employment identified in the research are the temporary protection visa, English language ability and lack of domestic experience.
- Unemployment is very high among this group, despite the fact that many participants have been living in the community for more than two years and are actively looking for employment.
- The findings suggest that the right to work is somewhat theoretical, given systematic discrimination by some employers towards people on temporary protection visas, the lack of English tuition and no formal support for skills recognition.
- Despite relatively high levels of skills and qualifications among research participants, the employment of refugees on TPVs was found to be concentrated in low-paid industries and the work is often casual, temporary or part-time.

Chapter 6. Accessing health services

Introduction

Poor health can have a significant and lasting impact on an individual's general well being and overall social functioning. Ill health, for example, can restrict employment opportunities. Conversely, working and living conditions can have a detrimental impact on health. Inadequate housing conditions can lead to poor health, as can unsafe or stressful work practices (Mullins and Western, 2001: 8; Little, 2003). Poor health is a significant burden for many refugees and if health needs are not addressed they can be a continuing barrier to many forms of economic and social participation. Taking account of the physical and social environment is essential to developing a social determinants model of health. The policy environment is important in this regard.

Earlier sections of this report have explored the immediate and daily impact of the temporary protection visa policy and the lasting legacy of the detention experience on people's mental health. This chapter of the report focuses more on the question of access to both mental and physical health services for TPVs released from detention and living in Victoria.

This chapter also examines how refugees on TPVs negotiate the health system. The aim of this discussion is to also identify barriers to accessing health services. This discussion does not provide a detailed assessment of the health needs of refugees, however, some specific health issues are discussed in the context of illustrating how refugees on a temporary protection visa access health services.

Conceptualising health: the social model

Our research interviews with refugees concentrated on both mental and physical health and recognised that there are many dimensions to health. The World Health Organisation defines health as a state of complete physical, mental and social well-being, not merely the absence of disease. The World Health Organisation also defines health as a fundamental human right (WHO 1978).

A holistic understanding of health accords with what is commonly referred to in the health literature as the 'social determinants of health'. The social determinants of health model recognises that the social and physical environment has a large bearing on the health of individuals. This is emphasised by the fact that there exists a gradient in the occurrence of disease that favours those higher up the socioeconomic ladder. Lifestyle factors and access to health services are at most only a partial explanation for this social gradient in health (Marmot 2000). The health situation of the Indigenous population of Australia is a case in point, where high infant mortality rates, low life expectancy and high rates of drug and alcohol dependency are more common compared with the non-Indigenous community despite "universal access" to health care (Ring and Brown, 2002).

Internationally, the social determinants of health model is widely accepted as a credible framework for understanding the social context of individual health problems. The

World Health Organization (1998) defines ten interrelated aspects of the social determinants of health model:

Aspects of the social determinants of health

1. The need for policies to prevent people from falling into long-term disadvantage.
2. How the social and psychological environment affects health.
3. The importance of ensuring a good healthy environment in early childhood.
4. The impact of work on health.
5. The problems of unemployment and job insecurity.
6. The role of friendship and social cohesion.
7. The dangers of social exclusion.
8. The effects of alcohol and other drugs.
9. The need to ensure access to supplies of healthy food for everyone.
10. The need for healthier transport systems.

This list is comprehensive and importantly it includes a social policy dimension, which can take into account the impact of Australian immigration and refugee policies, such as mandatory detention and temporary protection visas. Social determinants, as defined by the World Health Organization, also include a focus on the impact of work on health and how the social and psychological environment affects health. This latter factor is particularly relevant to the case of refugees on temporary protection visas, given the detrimental impact of the policy on people's mental health. While comprehensive in scope, these ten factors are also quite vague and abstract. As such they need to be considered in the context of individual countries and with respect to different population groups, such as refugees.

Health needs of refugees on TPVs

Health plays an important role in the resettlement process. Previous trauma and untreated illnesses, for example, can be a significant resettlement barrier (although it may also be a result of persecution or just inadequate health services in country of origin). Several studies have assessed the health needs of refugees. In the United Kingdom, one in six refugees have a physical health problem severe enough to prevent them from going about their daily life and two thirds have experienced anxiety or depression (Carey et al. cited by Harris and Telfer, 2001). Feelings of insecurity experienced by refugees can amplify and extend the duration of their illnesses. Post-migration factors such as discrimination and lack of social support and unemployment have been identified as major contributors to anxiety and depression in refugees, with children being particularly vulnerable to suffering prolonged psychological distress after resettlement¹³ (Harris and Telfer, 2001).

In terms of mental health, Silove and Steel (1998) have undertaken survey research using various internationally recognised instruments to measure the psychological health of asylum seekers. They suggest that stressful events in Australia may impact

¹³ The Human Rights and Equal Opportunities Commission has been conducting an Inquiry into Children in Immigration Detention. The Terms of Reference for the Inquiry have included a focus on the health and well being of children living in the community after a period of detention (http://www.hreoc.gov.au/human_rights/children_detention/terms.html).

adversely on pre-existing anxiety, depression and post-traumatic stress disorder. The following list contains the factors that they identified as contributing to poor psychological health:

- Number of traumas experienced in home country
- Interviews with immigration officials
- Racial discrimination
- Unemployment
- Not having a work permit
- Delays in processing refugee applications
- Conflict with immigration officials
- Loneliness and boredom
- Poverty

Although the study was focused on asylum seekers, many of these factors continue to apply in the case of asylum seekers who have been granted refugee status with a temporary protection visa. Previous sections of this report have identified that refugees on TPVs face high levels of unemployment, isolation, poverty, racial discrimination and delays in processing their application for permanent protection. While refugees on a temporary protection visa have the same cross-section of health needs as other refugees, they must also contend with the uncertainty of being a ‘temporary’ citizen while awaiting a determination on permanent visa applications.

Refugees on TPVs must also live with the legacy of conditions in mandatory detention centres. There is mounting evidence about the negative health impacts of mandatory detention on refugees and the lasting effects this has on refugees living in the Australian community. A recent article in *The Medical Journal of Australia*, by Steel and Silove (2001) reported that prolonged detention of asylum seekers appears to cause serious psychological harm. Regular hunger strikes, acts of self-harm and self-mutilation in Australia’s detention centres attest to the psychological stress and trauma associated with prolonged detention of asylum seekers. The sorts of health issues arising out of an environment of prolonged mandatory detention will undoubtedly have an effect on the post-detention experience of refugees living in the community

In regard to physical health, a recent study commissioned by the NSW Refugee Health Service (2002) into the health needs of refugees living in western Sydney (including TPV holders) found that many refugees had chronic diseases and health problems including:

Chronic diseases

- Epilepsy
- Diabetes
- Hypertension
- Illnesses caused by stress

Chronic health problems reported by refugees

- Liver problems
- Baby health needs, such as feeding and weight gain
- Drug and alcohol issues

- Stomach pains
- Rashes
- Sleep problems
- Headaches as a result of torture
- Digestive problems
- Back pain
- Elevated cholesterol levels
- Generalised body weakness and non-specific body pain

Some of these problems are associated with the journey to Australia and past persecution. Manderson et al. (cited by Gray and Elliott, 2001) point out that migration itself is a life altering event, exacerbated for many by the extreme distance between home and host countries and the cultural, economic and political differences between the two.

Deprivation and profound loss can lead to serious ill health, which can in turn affect the ability to learn new skills, acquire education and secure employment. Within the framework of a social determinants model of health and refugees, the loss of social networks is an important determinant of health, as is negative media reporting, continuing uncertainty and family separation (Mann, 2001). Dr Mitchell Smith (2000: 26), Director of the NSW Refugee Health Service, found that among TPV holders:

Psychological distress is common, as is a mix of poor nutrition, lack of dental hygiene, limited oral health care and physical trauma. The management of chronic conditions such as diabetes has frequently been interrupted...difficulties that TPV holders may have with anxiety, sleep disturbances and the like resulting from refugee trauma may well be exacerbated by their worries about their family and their own future.

Interviews with general practitioners working with refugees in Victoria, drew a similar connection between the psychological and social environment and its effect on physical health:

GP: *There are chronic illnesses that have been poorly treated in the past, like diabetes, hypertension, and those sort of general practice type illnesses. Some I think are definitely stress related. Like there is a lot of gastric reflux, much more than one would expect. Psychological issues are huge, as are malnutrition, people with vitamin deficiencies and weight loss.*

INT: *What do you see as the contributing factors to the psychological issues?*

GP: *It's the combination of what they've been through in their country of origin, getting here and the fact they are in limbo. They don't have citizenship. Uncertainty is a big factor.*

Psychological stress

The Temporary Protection Visa is a different stage of the psychological war. First of all we are discriminated as a group of people who are not equal to the

others, and at the same time, we have the same condition as the others – they got refugee status and a whole right (Mohammed, from Iraq).

The above excerpt illustrates how the TPV is perceived as fundamentally inequitable because of the way it makes a false distinction between people in similar circumstances. The quote also points to the continuity between pre and post-detention experience. Australian research suggests that between 20% and 60% of refugees have undergone severe trauma and suffer from Post Traumatic Stress Disorder, anxiety and/or depression, which can appear in somatic pains, sleep disorders and flashbacks (Aggett, 1996). Addressing pre-existing mental health conditions and psychosomatic illness is a clear need for this group of people.

In terms of this research, what was less clear prior to undertaking our study was the effect of the Temporary Protection Visa on the mental health of refugees. The continuing effect of the detention experience on individual mental health is also relevant in this context. Medical personnel working at the Woomera Detention Centre reported that they have treated people showing severe signs of depression, anxiety and psychosis; they have also treated many instances of self-harm (Proctor, 2002). Prolonged detention is likely to have a lasting impact on mental health after people are on the other side of the razor wire, and the TPV policy exacerbates and inhibits the recovery process.

General Practitioners working with refugees on TPVs in Victoria provided numerous examples of the trauma associated with detention and temporary protection: *“I can think of three men who have been through detention and still have no determination. One of them has been incredibly traumatised. He claims that he was beaten up and ate light globes. He was released because of his psychological state. He’s one of the most traumatised people I have ever met”*. This account implicates the policies of mandatory detention and temporary protection as important determinants of health.

In thinking through these issues, what is summarised here are the oral testimonies of those that live with the prolonged mental suffering of being a ‘temporary’ citizen. Focusing on the psychological dimensions of displacement is not to suggest that refugees are unable to adjust due to previous suffering (Bihi, cited by Gray and Elliot, 2001). There were many people involved in our study, both refugees and service providers, who suggested that ill-adjustment and psychological distress is the direct result of policy failure, not individual failure. From this perspective, the level of psychological distress conveyed in the interviews is not an example of individual weakness; it is an indication of a policy weakness.

Service providers and health specialists working closely with refugees have observed the effects of the TPV on people’s capacity to recover from past trauma and re-establish hope and a belief in a better future. The Victorian Foundation for Survivors of Torture and Trauma (VFST) is an organisation that was established in 1987 to assist the emotional and physical recovery of refugees from the traumatic events they experienced prior to arrival in Australia. In attempting to give their clients a sense of hope for the future VFST works on the assumption that a) the client has the assurance of permanent protection from the Commonwealth Government and b) the Commonwealth Government has not played an active role in prolong their persecution

once on Australian soil. Neither of these assumptions holds when working with refugees on a temporary protection visa.

Trauma and political repression lead to a destabilisation of previously held assumptions and the loss of meaning, identity and trust (Martin, 2002). In their experience of working with this group of refugees the VFST argues that there is an immediate and obvious link between these conditions and the onset of chronic depression and anxiety. Beiser (1999) also argues that the stresses of resettlement jeopardise previously healthy individuals and exacerbate pre-existing mental disorders. All of the refugees interviewed for this project made a direct connection between their 'temporary' visa status and their level of stress, anxiety, hopelessness and uncertainty:

But all of these things result from the very important matter, which is really affecting the situation of TPV holders, the psychology of the situation, resulting from the temporary living situation. Okay, yeah, all of these other things, um the services that we are not eligible for, produce a very bad environment, a psychological environment. So this is the thing that we have to focus on, which is why we are always talking about the temporary protection visa (refugee women's group interview).

The above quote points to how the visa is a dominant topic of conversation between refugees. For some it was a case of 'thinking too much'. The uncertainty and worry was like a constant cloud: *"I just think about it and I feel depressed, you know, a lot of pressure, thinking about everything"*. In part, the pressure relates to *"waiting three long years for judgement day, and then it's either get out or here's your permanent visa"*. The policy creates a great deal of anguish and anxiety and in some cases deep fears about forcibly being deported to the country they have fled: *"Three years, and what's next, deportation, back to detention centres, or back to our country to the serious death or jail"*. This last possibility is not something that is imagined – it is a very real possibility. In February 2003, for example, 200 Afghan people living in Australia attended a memorial service for three Afghan refugees who were killed after they were forced to return to Afghanistan from Pakistan (Refugee Action Collective, 2003). At the time of writing this report, 42 Afghan asylum seekers from mainland detention centers in Australia and 274 from Nauru have been returned to Afghanistan. The fate of these refugees is unknown.

As previously discussed, The UN Refugee Convention stipulates that refugees should not be returned to their country of origin where there is a genuine concern for their safety (the *refoulement* principle). Yet, DIMIA recently issued individual Afghan refugees living in Australia on a TPV with letters offering them \$2000 if they voluntarily returned to Afghanistan. This offer has been made despite continued fighting and political insecurity in Afghanistan. In many cases, there is nothing for refugees to go back to and much of Afghanistan remains a hostile environment ruled by competing warlords. It is unlikely that Afghanistan will be a safe place of return in the foreseeable future for the Hazara people, a cultural group with a long history of being persecuted. Despite this situation, the Australian Government actively encourages Afghan refugees to return to their country of origin. Dr Wahedy, a TPV holder living in Adelaide, received one of these letters shortly before he committed suicide. Dr Wahedy was reportedly distressed and depressed about not being able to reunite with his family (The Age, 7/02/03). The temporary protection visa policy has been implicated in this

tragic incident (ABC, 2003). The restrictions attached to the visa and having to live without much control inevitably take their toll.

The very future of the refugees as permanent residents, and everything that flows from this state of being is subject to an external decision of a governmental authority. As one refugee said: “*You never know when they will send you away. I know a lot of people you know, don’t know if they’re going to leave or not. It’s like stress*”. A number of service providers reported to us during the project that even in cases where the three-year temporary visa period had expired, TPV holders were no closer to being granted a determination on their visa. The determination process has reportedly been ‘frozen’, extending the period of limbo indefinitely. DIMIA are waiting on legal advice about whether the onus is on refugees or the government to ‘prove’ that people still require protection. It should be noted that the Australian Government has had three years to make this decision (Coalition for Permanent Protection, 2003).

For refugees on TPVs this prolonged suffering is simply intolerable. Time becomes a form of torture. Managing these kinds of affects and health problems in the community depends on being able to access appropriate health services. Both health professionals and refugees identified a range of access barriers that need to be addressed in this regard.

Barriers to accessing health services

Perhaps the most prominent need of refugees and asylum seekers living in the community is adequate access to medical services and affordable medications. Late presentations to health professionals and poorer health outcomes ultimately cost the community more than providing access to appropriately subsidised health care in the first place.

As part of this research, refugee research participants were asked about their knowledge of the health system, examples of accessing health services and whether participants had any difficulties in accessing health services. In general, most participants had a positive assessment of their individual interactions with health professionals; however, collectively they reported difficulties in accessing parts of the public health system. Identified barriers include:

- ***Long wait times and cost of services***, particularly in using Emergency Departments of public hospitals, specialist health care and in relation to public dental health services.
- ***Lack of information*** and confusion about the health system, particularly the difference between public and private and entitlements.
- ***Lack of interpreters and female physicians***, particularly in rural areas.
- ***Absence of bulk billing*** services in rural areas
- ***Instances of discrimination***.
- ***Other settlement needs taking precedence***, particularly in cases where refugees were employed in casual or temporary work with no leave provisions.
- ***Lack of specialist care***, particularly in regional areas.

Long-wait times and cost of services

Prompt attention is an important dimension of a quality health service. Many participants in the study reported long wait times in accessing public health services, especially public dental health services and Emergency Departments of public hospitals. Long-wait times are not unique to the refugee experience; this reflects broader political concerns and social policy debates about the appropriate resourcing of Australia's public health system and the pressure on public hospitals and the public dental system in general. In 1996, for example, the Commonwealth Government ceased funding the Commonwealth Dental Health Programme. Many critics have argued that since this program was terminated, waiting lists for public dental services have increased substantially. Dental Health Services Victoria estimates that at June 2002 there were over 218,952 people on dental waiting lists in Victoria (Australian Dental Association, 2002). It is important to place the following discussion of wait times in this broader policy context. Social policy decisions, such as terminating the Commonwealth Dental Health Programme, become important determinants of health for people reliant on the public system of health care.

The dominant theme from the research interviews in relation to long-wait times concerned access to oral health care services, which partly reflects poor dental health among the refugee population (Public Health Division, 2002). Improving oral health among this population requires preventative strategies such as education campaigns and timely and affordable access to dental health services. In Australian policy terms, it may also imply the need to regard oral health care as a national public health issue, rather than a private or a state government responsibility.

State governments do operate public dental services. In Victoria, the Community Dental Program provides emergency, general and denture services to concession cardholders. Care is provided through community dental clinics and the Royal Dental Hospital of Melbourne. There are approximately 60 community dental clinics in metropolitan Melbourne and rural Victoria, located in community health centres or rural hospitals.

The costs of accessing these services depend on the type and amount of treatment people need. These costs take the form of a co-payment. Emergency care costs \$20 (flat charge); dentures are no more than \$100 and specialist care depends on the type of treatment. The recent introduction of co-payments for these services is partly linked to the demise of the Commonwealth Dental Health Programme.

Many of the participants in the study had accessed public dental health services in Victoria. In most cases, they had found out about the service through community advocates or through learning of the Community Dental Program while accessing other health services co-located at Community Health Centres. While many participants were satisfied with accessing these services, a number of participants in the study had serious concerns about costs and wait-times associated with dentures and specialist care, as the following account from a concerned refugee illustrates:

At Darebin Community Health Centre they are charging me about 80 dollars for this service, putting fillings in my teeth. And I said that's not the proper way

to do it. And they said if you want to do it the proper way you have to go on the wait list for three years.

Refugees who have moved between cities also face serious wait list problems and they also lose any continuity of care. The following account, summarised by an interpreter, provides an illustration of the serious dental health issues that can arise in this situation:

He had an appointment for his wife for dental services in Adelaide. They took out all her teeth and she was about to have her dentures in January, but they moved from Adelaide to Melbourne in December. So when they started to see the health services here, they told them they would have to go on the waitlist for nearly three years until she gets the dentures. So she's facing a big problem with no teeth. If she wants to have it done in the private sector it will cost nearly a couple of thousand dollars. And basically there is no money.

In addition to long-wait times, some participants were dissatisfied with the service they received from public dental services, due to a tendency to favour extraction, rather than other forms of treatment:

I had a problem with my tooth. I asked the dentist at Darebin to fill it, to treat it, but she didn't listen to me and she took it out. The second time I had a problem, the dentist also wanted to take it out, but I refused. I said I'll go to a private dentist or somewhere else. But because I don't have enough money to do it now, it'll have to wait.

These accounts illustrate the intersection of poverty and policy in determining health outcomes. People do not have much choice when they are faced with inadequate income and a public dental service that does not have the resources to respond in a timely fashion. Another participant was told that if he wanted to have a tooth replaced he would have to wait two years. His other option was to have the tooth extracted. These experiences highlight the lack of choice refugees have when they do not have the financial resources to access private dental health care:

I need to see a specialist for my teeth. I was told it would cost lots of money so I didn't do it and I cancelled the appointment. I had two options, go on a wait list for a couple of years, maybe three years, or go to a private dentist. I haven't done anything but go on the waitlist, so that will take a long-time. I haven't done anything more about it. (Al Hakam, from Iraq)

Poor dental health and accessing dental health services are significant problems. Accessing Emergency Departments in public hospitals was another concern identified by research participants. It was not uncommon for participants to wait many hours in Emergency Departments of Victorian public hospitals:

Wasif: I was preparing the dinner when I cut my finger very bad, so I went to the hospital and I was waiting from 8.30 till 3.30 in the morning to get five stitches.

INT: Was it bleeding during that time?

Wasif: *Yeah. They just kept bandaging it. That's what they have done and they said you're not an emergency case. It was a really bad experience and I lost my temper. I said I'll go home and go to another place. And then the doctor came out and stitched. I got home by four 'o clock in the morning and I had to go to work at 6.30 in the morning.*

Other participants described how they had to wait four or five hours to see a doctor: *"My son broke his arm and we got there at four o'clock in the afternoon and waited till 10 o'clock at night. They took some X-rays, but nothing happened."* While these accounts are not exceptional, they are a poor reflection on the public hospital system. These examples do not meet current performance standards. The Australian College of Emergency Medicine suggest that one way of addressing this issue is to encourage less urgent cases to be treated by a family doctor. Yet refugees living in areas, such as Shepparton, have no other choice but to access Emergency Departments for common ailments such as colds and influenza because of extremely limited or non-existent access to bulk-billing health services.

Lack of Bulk-Billing

The declining numbers of bulk-billing General Practitioners has received a lot of media attention in recent months. Some figures suggest that at current rates of decline, bulk billing will entirely die out in less than 14 years (ACOSS, 2003). This trend is a concern for those that rely on bulk-billing GPs as part of a universal health care system. In rural and regional areas, the lack of competition between doctors can result in an absence of bulk billing in the General Practice community. Community workers in Shepparton informed us that there was no bulk-billing family practice in the area. The group interview with refugees living in Shepparton suggested the decline in bulk billing services was a serious problem:

There is bulk billing each Wednesday afternoon. Before, it was two days, but now, just one day, or if something is an emergency, they have to go straightaway to the hospital. (Group Interview Shepparton)

The absence of bulk billing is another cost barrier for people on limited incomes. Patients in areas where there are no bulk billing services not only face a \$30 or \$50 up front fee when visiting General Practitioners, they are also often unable to afford specialist health services like physiotherapy, podiatry and counselling. A number of refugees in the study living in Shepparton and Mildura travelled to Melbourne to access specialist health care services.

Lack of specialist care

A number of interview participants discussed the issue of specialist health care. A refugee woman from Iran, for example, informed us that she needed ongoing specialist care for her eyes, which were damaged in a bomb blast in Iran. In another case, two refugees who had been living in Shepparton moved to Melbourne because of the need to access specialist health care on an ongoing basis. Community workers in the Mildura area indicated that referral to Melbourne for specialist treatment was standard practice:

It has been a problem. There are no counselling services such as grief

management up here. If they do have those problems we refer them to the metropolitan area, a) because of the cultural difference, b) because the specialist services up here don't understand them and c) we are not specialised. I think basically if you are going to do counselling on trauma you have to have a better understanding of the locality of where they come from and the conditions they had. So therefore you know any specialised treatment can be done in Melbourne. I think it's important that TPV holders have the best service that you can provide and there's no point in pretending to provide a service if you can't do it.

Being referred to Melbourne for specialist health care is no guarantee of receiving timely assistance, especially in the case of non-government agencies unable to keep up with demand for services. As one GP reports: *"I have been told that Foundation House has a waiting list of several months. I haven't ever made a referral to them because I have heard they are completely overwhelmed"*. The strain on non-government community organisations has been documented in previous research (Mansouri and Bagdas, 2001; Mann 2001). Interviews with service providers in the present study confirm that this particular effect of the TPV policy continues to be a major concern.

Setting up referrals for specialist health services is often a complex and time-consuming task. Physicians working with refugees and asylum seekers in Melbourne indicated that they spent a lot of time negotiating pathways through the health system, either in the form of setting up appointments, writing referrals and negotiating access to free specialist care for refugees and asylum seekers:

We try and phone ahead and organise that for them so they get seen. There was one time where I didn't phone ahead and that person got turned away. So having an advocate is important, but I do find it hard because there is no support structure there and so you might go to great lengths and then it all blows up in your face because that place doesn't have funding for them. So it's incredibly time consuming, energy consuming and demoralising.

This form of advocacy was critically important for facilitating access to services, particularly for refugees with limited English and limited knowledge of the health system. It is also important to note in the context of the above quote that refugees on TPVs are not eligible for specialist Commonwealth health services, such as the Commonwealth Rehabilitation Service because they are not permanent residents. This can be a significant problem given that refugees commonly have specialist health needs.

Confusion and limited knowledge of services

Most of the participants understood what they were eligible for in terms of basic health services; however, many were still confused about the relationship between different parts of the health system. The following response is typical of the level of knowledge that interviewees had about the health system:

Interviewer: *Are you aware of how the health system works?*

Jabirah: *Not very accurate about the system, but the general things we are aware of them like how to go to hospital. We were advised that the Medicare card can be used for free services, and you can use the Health Care Card to buy medications.*

Many participants developed knowledge about the health system through friends, family or neighbours. Other participants in the study developed knowledge about the health system through the necessity to use health services, as the following account from a young father illustrates:

Akil: *When we first have the baby, two weeks after he was born, he has a problem, a health problem. I don't know where to take him. I know there's like a private medical centre, but I don't know. I know there are health centres and hospitals, but I don't know whether to take my child to the hospital, to the clinic, Community Health Centre, which is the best one?*

Interviewer: *So what did you do?*

Akil: *I waited till the next day and rang the Community Health Centre and they told me where to take him.*

Poor information can also be costly. A number of refugees in the study described how they had used taxis in emergency medical situations for transport to the nearest public hospital, only later realising they were eligible for free ambulance services, as a part of the concessions available for Health Care card holders.

Instances of Discrimination

The World Health Organisation defines dignity as an important dimension of the health system (WHO, 2002). Discriminating against refugees directly contravenes this principle as well as international human rights law and domestic anti-discrimination legislation. While most interviewees praised the efforts of health professionals, the interviews revealed two instances of direct discrimination by general practitioners. Both instances took place in Brisbane, which was the first destination of the refugees after being released from detention. They later moved to Melbourne.

The first of these incidents took place in 2001, immediately after the events of September 11:

Mohammed: *It was September 13, two days after September 11. I had an appointment there to check on my eyes. I saw the doctor and he read the file name and he saw [name removed] ...he just threw the file like this. And he was very disrespectful and he started questioning me, 'Why did you come to Australia? Does Immigration know about your situation?' It's not his business to ask me like this. I didn't know what to do. I thought I better let him go or I will lose my chance to see a doctor once again. That was the last time I went there, I was supposed to go every six months but I didn't go there anymore.*

Interviewer: *What happened after that?*

Mohammed: *I said I won't answer you because it is not any of your business and he said 'OK' and then he went, talked to another doctor and brought another doctor for the check up. I didn't go there anymore because I didn't feel comfortable.*

This serious incident undermined Mohammed's confidence in the health system and it resulted in him not seeking any further professional help for a continuing eye condition. It is unclear whether the other report of direct discrimination relates to the same Brisbane doctor; however, the description of the consultation is very similar. The outcome was also much the same, with the participant losing confidence with the health system. Being comfortable with medical doctors was only achieved when the refugee from the first example moved to Shepparton and starting seeing another health professional. The following account contrasts the two experiences and points to the lasting effect discrimination can have:

Yesterday was the first time I met with the doctor and she's nice. She asked a lot of questions and she made me feel comfortable talking with her. So it's different to the doctor in Brisbane. I remember that doctor at the back of my mind, it's affecting me very bad.

Another issue that some participants interpreted as a form of discrimination relates to interactions with front-line reception staff in public hospitals. A small number of participants were told they were in the same category as an overseas patient and would therefore have to pay for their medical treatment. Most of these instances were successfully resolved through people being assertive:

When I had a sore back I went to hospital to get an X-Ray and gave them my Medicare card and she said I am an overseas patient and would have to pay. But I told her I was covered, so we waited until 9 am in the morning and rang Medicare and told her they would cover everything. I never paid.

Health professionals working with refugees identified reception staff and hospital administrators as a barrier to accessing health services in some cases:

The doctors and the social workers and the nurses and all of those I'm sure can be absolutely fine, the reception staff can be the problem. They can be the ones at the front desk saying no. The other problem can be administrators. The admin side of the hospital often isn't happy because there is no funding for this type of thing, especially in the case of asylum seekers.

To improve access in these cases, health professionals have been working to establish informal protocols with hospitals in order to improve access to services, such as outpatient care. These initiatives are explored further in the next chapter of the report.

Lack of appropriate interpreters and female health professionals

Participants in the Shepparton area identified the availability of appropriate interpreters as an access barrier. In some instances, it was reported that General Practitioners were using friends or family of the patient for interpreting services because no professional service was available, for example in the case of Hazara refugees requiring Dari

interpreters. Having family or friends perform this role was not always appropriate, particularly as the patient often had to raise sensitive health concerns. This situation is not only inappropriate it is also likely to prevent confident disclosure and therefore an accurate diagnosis of health problems.

Compounding this problem, are reports of not being able to access female interpreters for female patients. Gender is also an access barrier in relation to health professionals, particularly in rural areas. The following excerpt from a group interview illustrates the extent of this problem in Shepparton:

I've been talking with people in Shepparton and the Muslim people especially the women say once something happens they can't take their veil away. They need women doctors. This is a big problem when women are pregnant and going into hospital. The female doctors just aren't available.

This issue was also raised in relation to pregnant women accessing Melbourne based obstetricians. The following account highlights what is involved in organising to see a female obstetrician in a public hospital located in the northern suburbs of Melbourne:

Interviewer: *What sort of things would help you to have better access to health services?*

Abdul: *Sometimes it's the cultural reasons that matter. For instance I took my wife to the hospital because she had complications, she had to be seen by a female doctor, it took a long time, but they did organise it eventually. In the detention centre, my wife gave birth. She had to have a caesarean. We requested the operation to be done by a female doctor, but they didn't do it, there was no other option. We were told there were only male doctors in the region.*

This account highlights the complete lack of control that people have over their health needs in detention centres. Pregnancy and childbirth can be extremely difficult for a woman living in a new country, lacking support of her extended family, unable to speak the local language, and assisted by male doctors in an unfamiliar setting. In many cultures, women do not consult male doctors. In countries such as Bangladesh, Burma, Pakistan, Somalia, and Ethiopia, refugee women (and their partners) do not allow male medical personnel to examine them (Gardner and Blackburn, 1996). In Afghanistan, there are reports that women contacting male doctors were beaten by the Taliban (Muradi, 1999).

These examples illustrate the critical importance of having access to female physicians and general practitioners. The refugee and women's health literature mainly seems to focus on conditions in refugee camps and the susceptibility of women to sexual violence either in these camps or during their journey to countries such as Australia. The refugee and women's health literature stresses the importance of female physicians, but there is limited research on the health needs of refugee women living in community settings. In Australia there have been some attempts to address this issue through cross-cultural training and the production of cultural diversity guides for health professionals. However, these strategies will not by themselves address structural issues relating to the availability of female GPs and interpreters.

Other resettlement needs taking precedence

The relationship between health and employment was not a prominent theme in the interviews, however, where it was discussed it appears that gaining or maintaining employment was taking precedence over addressing health needs. The unskilled, temporary and contractual nature of the work being undertaken by many refugees affected the decision to take time off work, given the lack of sick leave provisions in this type of work and the fear of losing employment:

He's afraid to go to hospital to make an appointment because they may delay and that will affect his work. He's working now and it was very hard for him to find this job, so he doesn't want to lose it, so he prefers to stay at work until he can get a secure job. Then he feel like he can go to the doctor and it won't affect his work. (An account from Sharaf from Afghanistan as told through an interpreter)

As identified in the previous chapter, most refugees participating in the study who were working are concentrated in low status areas of the labour market where they have little authority and control. Work is an important determinant of health in this respect. Exposure to low control, high demand job conditions places such workers at greater risk of hypertension, cardiovascular disease, mental illness, musculoskeletal disease, sickness, absence and physical disability (Daniels et al, 2000). One of the younger refugees in the study undertaking factory work indicated that he had medical problems relating to his work environment: *"I have back pain. I got medication from the GP, but I still got the pain. I also get the flu. I lift up heavy weights and the dirt and the dust...it's been too hard"*.

The fruit-picking work being undertaken by refugees in rural and regional areas of Victoria also has the potential to have an impact on the long-term health of refugees. There are limits to people's capacity to engage in this type of hard physical labour for extended periods of time: *"The only way to get good income is working farms. But how long can fruit picking last, maybe two or three years? It's hard work, twelve-hour days, six days per week. (Group interview Shepparton)*

According to one community worker based in Mildura, refugees are prepared to tolerate these working conditions if it means family reunification and permanent protection:

I think a lot of people that come to our area are only on a temporary sort of employment, looking for employment, getting some money then moving on to what they want to do. Their main concerns are a) getting that permanent visa and b) bringing their family out. So it's not about getting an education and settling down into professional employment. It's more a survival instinct.

The health needs of sole-carers and refugees engaged in employment are to some extent being neglected while people struggle to maintain insecure employment or to meet the need for family stability and reunification, while living with constant uncertainty. These living conditions do not foster the sort of social environment required for good health.

Summary

This chapter has focused on refugee health issues and identified barriers to accessing various parts of the health system in Victoria.

- On reviewing the interview data and previous research, it is clear that refugees have unique health needs associated with trauma and relocation, exacerbated by the experience of mandatory detention and living under a temporary protection visa regime. The past and present context impacts on people's capacity to access the health system, as does structural barriers associated with limited income (poverty), social isolation and lack of regular employment.
- Poor dental health and difficulties in accessing public dental health services for specialist treatment is a major concern for refugees. Some people were told they would have to wait three years for dentures, in other cases participants were dissatisfied with what they perceived to be a tendency to favour extraction over other forms of treatment.
- Long-wait times in Emergency Departments of public hospitals, exacerbated in regional parts of Victoria by the decline in bulk-billing GPs, were also identified as barriers to accessing health services.
- Refugees in the study have experienced isolated instances of discrimination and this has undermined their confidence in the health system. Refugees and health professionals also identified treatment by some reception staff in public hospitals as a case of either discrimination or at least misinformation.
- Lack of specialist health providers in rural areas is an issue, particularly given that refugees often require various forms of specialist health care. Other factors limiting access in Shepparton concern the lack of qualified interpreters and female physicians for Muslim women.
- The concentration of refugees in low-skilled industries with poor working conditions meant that some health problems were neglected. Ongoing caring responsibilities associated with social isolation are also contributing to poor health.

The health issues and barriers identified here require significant attention, both in terms of policy and practice. This research has identified that partnerships and advocacy have been critically important in addressing access issues to improve health outcomes. The final chapter of the report outlines, in more detail, some of the strategies and initiatives that are being employed by refugees, community workers and health professionals to facilitate the resettlement process and improve access to health and employment services.

Chapter 7. Strategies and initiatives: Policy and Practice

Introduction

Chapters 3-6 have documented a range of access barriers in the areas of employment, housing, income-support and health services. A common theme in all these areas of resettlement is conditionality and temporary citizenship. Participants were engaged in temporary employment, they had temporary legal rights, many lived in insecure housing and most had access to conditional and discretionary income support. As one refugee said during the interview: “*everything is temporary*”.

Being ‘temporary’ stems from the Australian Government’s policy of issuing temporary protection visas to people who have already been determined to be ‘genuine refugees’. Consequently, the most effective response in addressing the issues identified by refugees in the study would be for the Australian Government to immediately abandon the temporary protection visa policy and the harsh limitations attached to this visa category. Abolishing the policy of temporary protection is a demand made by participants in the present study and it is a finding echoed by previous research (Mann, 2001 and Mansouri and Bagdas, 2002).

It is also a demand made in Victoria by the Coalition for Permanent Protection (2003), who recently passed a resolution at a public meeting calling on the Australian Government “...to afford current holders of temporary protection visas their right to permanent protection as a matter of urgency”. This statement reflects the urgent need to end the uncertainty and insecurity that refugees on TPVs are forced to endure. It is an urgent situation, because roughly 40 months have passed since the first visas were issued and no visible progress has been made on assessment of claims for permanent protection.

This state of affairs has led to calls by refugees and community advocates for an immediate policy response at the national and state level. Some community workers have been calling on the Victorian Government to develop a formal policy position in relation to refugees on TPVs, similar to the pro-active policy stand taken by the Queensland Government and the Brisbane City Council (Mansouri and Bagdas, 2001).

In addition to policy and political problems, there are practice-based issues that have been identified in the study. As a consequence of the Commonwealth Government’s policy position, many non-government agencies and State Government departments have faced greater demand for their services. Partnerships and service networks have been formed to help coordinate much needed assistance and have helped in improving access to health, accommodation and employment services. Documenting these developments and initiatives provides an opportunity to reflect on ‘what works’ at the local level and what challenges remain. The aim of this chapter is to shift the emphasis from problems and barriers to focus on some of the positive strategies being pursued at the local and state level in the areas of employment and health services. The chapter also acknowledges that community services organizations should not be used to substitute for what is essentially a Commonwealth Government responsibility.

Meeting needs and facilitating the resettlement process

The literature on resettlement identifies a variety of ways to meet refugee needs, ranging from developing a cohesive policy framework to providing adequate support for agencies providing services and small local initiatives. Many of these local initiatives have not been evaluated and they may or may not be transferable to other locations (Gray and Elliott, 2001: 57). The literature on refugee resettlement stresses the need to involve refugees themselves at every stage of the resettlement process, including policy development, planning service delivery and evaluation. In short, it is important that refugees are not mere 'spectators' in meeting their own needs¹⁴ (Sennett, 2003).

In the case of refugees on temporary protection visas the responsibility for meeting refugee needs has fallen on volunteers, informal supports, the non-government welfare sector and individual State Governments. In the absence of the Commonwealth Government's resettlement package made available to permanent visa holders, many non-government welfare agencies and individual providers are forced to offer services that are not included in their organisational objectives and funding guidelines. One church-based agency from Shepparton described the pressures this situation creates in the following way:

If you do a quick environment scan of the region, before refugees arrived we were already stretched to the limits. There wasn't enough funding, and resources to provide for the current need, if you have a drought, and a few other things it all gets taken up. If you take the refugees and temporary protection visa people, straight out of the equation, we were already under strain. The drought, it keeps kids home from school, it has ongoing effects of depression in the family, and substance abuse, which goes with that and suicide risk and all of those things. And then you add this equation of refugees, no reflection on them at all; it is just an extra thing in the mix. What it does is it absolutely stretches current services.

Inadequate funding is an ongoing issue for many parts of the community services sector, as is coordinating activities and services (Marston, Morgan and Murphy, 2003). In an Australian study of responding to refugee needs, Waxman (1998) argues that the key to a successful strategy is coordination and consultation between the government and non-government organisations, including community representatives from recent arrivals. In the case of refugees on TPVs, relations between the Commonwealth Government and non-government organisations and community leaders has been strained because many non-government agencies and community representatives are opposed to the Commonwealth Government's policy position on issuing temporary protection visa holders (Mansouri and Bagdas, 2001).

State Government relations with community agencies have reportedly been better coordinated. For example, in 2000, The Victorian Government provided \$100,000 to a number of local councils to provide community support. However, many TPV programs and support services funded by the Victorian Government in 2000 were for

¹⁴ This principle is also consistent with an approach to applied social research that respects the voices, interpretations and dignity of research participants.

one-off or pilot projects (Mansouri and Bagdas, 2002). These grants were not provided on a recurrent basis, which raises questions about what happens to meeting refugee needs now that many of these initiatives have ceased.

Meeting the demands of refugees on TPVs has involved some agencies spreading themselves very thinly and dealing with a multitude of issues simultaneously (Humpage and Marston, 2003). Filling multiple roles may impact on an agency's ability to meet the objectives they set themselves. Zwart (cited by Gray and Elliott, 2001) suggests that, where possible, it is important for support services to retain and develop clearly delineated roles for providing services in different areas. This will remain a challenge when responding to a crisis, such as that presented by the initial flow of refugees on TPVs being released from mandatory detention centres around Australia. Clarifying roles and responsibilities will necessarily be an ongoing process in dealing with a crisis situation.

Developing formal and informal protocols between services to coordinate referrals and the day-to-day running of organisations is one way of establishing and delineating clear objectives. Service protocols help to outline the parameters of an organisation's work; making clear what needs and demands it can and cannot meet according to its strategic goals and aims (Humpage and Marston, 2003). These steps, along with appropriate funding reflecting ongoing demand, would help improve the sustainability of successful programs and organisations by ensuring that crisis situations are avoided, such as community organisations experienced when the TPV holders issue began to emerge.

Developing protocols and objectives requires some attention to the principles that should underpin service delivery and practice. This is something that agencies develop individually; however, there are also general principles that can be distilled from the reflections of refugee research participants and service providers.

Practice principles

Based on the experiences of refugees in accessing services we can identify some of the general principles and practices that have assisted in improving resettlement outcomes. These principles and factors have been drawn from themes identified in the research interviews with refugees and a service provider workshop that was held in November 2002.

- *Advocacy* - having access to a well-informed community advocate was critical in the first few months of leaving detention, particularly in negotiating the health and community services system.
- *Supportive Informal networks*, such as family and friends offer invaluable knowledge and material assistance. The research has shown that refugees with informal support had better outcomes in terms of housing, employment and health.
- *Involving community leaders and individual refugees* in the planning and delivery of services to refugees respects the right of people to define their own

pathways to employment and further education¹⁵. The development of refugee associations in Victoria has give refugees their own voice in policy debates.

In addition to what has emerged from the research in relation to ‘good practice principles’, the literature on delivering services to refugees contains numerous guides and resource kits for working with refugees, some of which contain information specifically targeted towards TPV holders (such as the *Information Kit For Service Providers* developed by North Yarra Community Health in 2001). These sorts of guides are very practical resources for community agencies working in the area.

Some services articulate core values to help inform their work. Many of these statements reflect human rights standards and human service principles for culturally appropriate service delivery. At a macro level, the Refugee Council of Australia (2003) has multiple aims, one of which is “...to promote the empowerment of refugee communities and individuals in Australia and internationally”. The Canadian Council for Refugees has developed 12 core values that are designed to inform service delivery and planning on the ground:

- Services are accessible by all who need them;
- Services are offered in an inclusive manner;
- Clients are empowered by services;
- Services respond to needs as defined by users;
- Services take account of the complex, multi-faceted, interrelated dimensions of settlement and integration;
- Services are delivered in a manner that fully respects the rights and dignity of the individual;
- Services are delivered in a manner that is culturally sensitive;
- Services promote the development of newcomer communities and newcomer participation in the wider community and develop communities that are welcoming of newcomers;
- Service delivery is made accountable to the communities served;
- Services are orientated towards promoting positive change in the lives of newcomers and in the society to offer equality of opportunity; and
- Services are based on reliable, up to date information.

¹⁵ This is the approach taken in many published guides for working with refugees, such as the *Community Input Guide* developed by DIMIA’s Refugee Resettlement Advisory Council. This philosophy is also in line with general community development principles (see Kenny, 1994).

The emphasis in the above principles on offering a ‘welcoming environment’ underpins the aims of many community services in Victoria working with asylum seekers and refugees. Some of these services have explicitly developed principles that seek to challenge the current policy context. For example, The Asylum Seeker Resource Centre (2003), based in Melbourne, operates from an understanding that:

...no asylum seeker is ever illegal, no one should be detained simply for exercising their fundamental human right to live free from oppression, no one should be forced to live in poverty and despair, and no one's childhood memories should be of growing up behind barbed wire fences. A humane and just society welcomes, with open arms, those seeking refuge from tyranny and persecution and does not ever turn their back on them.

This values framework underpins many of the specific strategies and initiatives that have been developed in different areas of refugee resettlement.

Specific Health and Employment Strategies

In addition to general principles, organisational values and guides for human service practice, there are a number of specific strategies in the areas of labour market participation and health services that illustrate how agencies are striving to meet the needs of refugees on TPVs.

Labour market participation

Chapter 5 identified that the three main barriers to employment were the temporary protection visa, lack of domestic work experience and proficiency with English. Abandoning the temporary protection visa regime and issuing permanent protection visas would address the first barrier. However, if the policy remains unchanged, there are still steps that can be taken to minimise discrimination in relation to visa status. Education campaigns targeted at employers may help in decreasing discrimination and raising awareness about the difference between the TPV and other forms of temporary visas, such as tourist visas.

Previous research has suggested a number of strategies for responding to the identified problem of barriers to employment. The refugee skills audit undertaken in Brisbane suggested the establishment of an employer liaison program, which would combine an awareness-raising program with the creation of job vacancies targeted to match identified skills (Scull, 2002).

In Melbourne, the Brotherhood of St Laurence auspices the GAPCO program, which works with groups of refugees, including those on a temporary protection visa, to improve their chances of finding work. This program specifically seeks to build relations with potential employers in an effort to overcome direct and indirect discrimination. The sort of services offered by GAPCO for refugees is explained in the following quote from one of the community workers from the agency:

We help them with their resumes; we would talk to employers on their behalf. There are some organisations that look for work and we would use them, Diversity at Work is one of those groups. Sometimes the people who work here

in the job network agency will say 'oh I've got some work for a number of weeks in the factory or whatever do you have anyone?' I've started up a small group of inner city networks and we were sharing information on jobs like that.

Where possible, this agency also works to identify the skills of refugees and match them with the professional requirements of the respective professional bodies in Australia, which helps in addressing the issue of skill recognition identified in the chapter on employment. However, it is not possible for this community agency to meet the cost of qualification recognition here in Australia, as the following example from a community worker illustrates: “*We've got a man at the moment who is from Iran who is a dentist, wants to get his qualifications accepted here and he's done the research himself and it's \$2,000. I mean we have a little bit of funding but we couldn't pay that sort of amount of money*”.

It is also important to note that qualification recognition measures will not address the problem of refugees having no work experience. In addressing this barrier, some countries use employment schemes that include periods of work experience, as well as tax incentives to convince employers to hire refugees. Making these schemes work means strong advocacy on the part of community groups. This form of advocacy involves reminding employers of their social responsibilities and the benefits of diversity (Gray and Elliot, 2001).

Addressing employment barriers also involves ‘integrating’ refugees into the labour market through language training and qualification advice. One community service involved in the research was running a job skills and English language program to assist refugees in their attempts to access the labour market. In Shepparton, Cutting Edge Youth Service successfully ran a Community Jobs Program for young refugees living in the area. The program not only provided English tuition, it helped the young people develop peer support. It also provided a safe environment to manage issues associated with integration and trauma in a range of creative and innovative ways. Importantly for this target group these sorts of initiatives address non-vocational as well as vocational needs. As one of the youth workers involved with the project explains:

I mean they come in and they hang out here, and there is a soccer club that is coming out of the community jobs program and there is a drum club. And there are all these other little bits and piece that have come out of it, and there is a real feeling of connection, which maybe they have never had before, and that they are not getting anywhere else (Youth Worker, Cutting Edge Youth Service).

The workers involved in the program were concerned about what would happen to the young people once the 12 week Community Jobs Program ceased. Alongside the Ethnic Communities Council, this particular church-based agency had become a central support point for refugees living in the Shepparton area. These relationships, developed over time, recognise that integration is a two-way process requiring engagement, understanding and generosity on the part of the host community, as well as learning and adaptation by refugees and asylum seekers (Gray and Elliott, 2001). Collaborative strategies and principles were also evident in the area of health services.

Health strategies

Chapter 6 identified a range of health barriers for refugees on TPVs including long wait-times, cost, other resettlement needs taking precedence, discrimination and lack of culturally appropriate health interventions. In relation to this last point, medical doctors with refugee or different cultural backgrounds play an important part in making mainstream health services more accessible to refugees. In Mildura Base Hospital, for example, some medical staff employed in the hospital are recent migrants from Iraq. This means refugees can communicate their health needs in their first language with someone from a similar cultural background, as a community worker from Mildura explains: *“If they need a regular medication treatment that is usually organised through the hospital here. If there are any emergencies there are doctors who speak that language, know their culture and language”*. These sorts of factors help to build trust within a mainstream health service, as well as helping to overcome any fear of officialdom that refugees might have. Trust with individual health practitioners helps to develop a sense of familiarity and being comfortable in discussing health needs.

In the absence of sufficient government support to meet health needs, a number of community based networks and initiatives have developed to improve access to health services for refugees. Many of these initiatives take a network approach to maximise available resources. A primary objective of The Melbourne Refugee and Asylum Seeker Health Network (RASHN), for example, “...has been to support the efforts of community-based agencies working with asylum seekers through developing collaborative relationships”.

Some examples of the partnerships RASHN have developed include training programs with Community Health Centres aimed at health professionals who are interested in working with this group and prepared to volunteer their time. This training is provided by the RASHN Education Working Group. Cross-cultural training is an essential part of training health professionals. More generally, all professionals working with refugees should aim to increase their awareness and competence in the following areas:

- the effects of traumatization, including the clinical signs and symptoms with which survivors present;
- the effects of migration, taking into consideration that refugee-survivors are affected by a combination of stress, resulting from persecution, losses and adaptation;
- cultural differences; while it is impossible to become a trans-cultural expert in all the different cultures to which refugees belong, professionals should have an increased awareness of cultural differences;
- professionals should also be prepared to teach their students and colleagues about these issues, and connect with community agencies to increase their awareness about refugees and survivors of torture.

There are specific dimensions of the health services culture that one of the GPs involved in RASHN said they aim to change:

To create a culture with specialists where we can encourage people to see patients without earning money, to reverse the business culture...in other cases we have arrangements with chemists, we get discounts so people are getting

their medications for free. These are the sort of networks we're trying to develop.

While health service networks have started to develop in inner and middle ring suburbs of Melbourne, they are less developed in outlying suburbs and regional areas of Victoria. Many of those involved in the networks are aware of the gaps in meeting health needs, particularly around issues of access. Refugees have settled in various pockets across Victoria but networks and services have not yet followed in all of these areas. As would be expected, areas that have greater numbers of services, such as the inner city, have been quickest to respond but they face the problem of distance for those accessing their services:

... [we are] trying to work more on a network model so that we'll see people maybe for a primary assessment but if they live out in Springvale ... [where] it's very hard for them to access us because of public transport issues ... [we will] try and create a strong little network [of] cells in all the different regions so ... we can see a person a few times and then ... refer them with all the information out to somewhere else ...

This initiative of developing support networks in the places where refugees have settled would help to improve access to services but is only in the early stages of development. It will require a combination of adequate resources, education and collaboration and these efforts will need to include refugees, community leaders and refugee community organisations. Adequate resources and medical facilities will continue to be an issue in a network refugee health model that relies heavily on the 'good will' of health providers and individual practitioners.

The Bula Bula Health Centre for refugees and asylum seekers, operating out of the Asylum Seeker Resource Centre is a good example of an agency working within these constraints, as the following quote from a volunteer GP illustrates:

The consultation room is tiny, the lamp is not really good enough to do a good pap smear and so that is one of the frustrations I think...the lack of any of the ordinary equipment that you get in general practice. The lack of a telephone means we have to use the one at the resource centre, which is always being used...There's no funding. It relies on good will, energy and time.

To help address the issue of relying on the volunteering efforts of individual practitioners working with limited facilities, the ECRE Taskforce on Health recommends that countries develop clear legal frameworks to enhance refugee access to health services. The ECRE Taskforce also recommends that specialist refugee health services should form a permanent part of mainstream health provision. These services would act as a bridge to mainstream provision.

Finally, it is important to emphasise that although health advocacy at the community level is critical to improving access to health services, the development of volunteer alternative services for refugees should not lessen government responsibility. Both Commonwealth and State Governments have an obligation to provide basic health care to all in our community.

Further research

Further research into the experience of refugees on temporary protection visas should involve national independent monitoring of the resettlement experience, documenting barriers to participation in social and economic spheres, as well as the positive steps that are taken to overcome discrimination, prejudice and policy constraints. This form of longitudinal research will need to cover a reasonable period of adjustment, and in cases where a determination for permanent protection is made it must take account of what impact the determination has on the resettlement process. On the basis of findings from past research and the present study, a reasonable hypothesis is that being granted permanent protection will have a dramatic and positive effect on general well-being and social and economic participation.

The present study, like many in the refugee research literature, has been exploratory and small-scale. It has been an attempt to capture the interpretations of refugees about their general well-being and what progress has been made since leaving detention, within the legal constraints of a TPV. Capturing these accounts in detail, through the use of a qualitative methodology, helps to complement quantitative or objective studies. In the interest of establishing an 'objective' assessment of the current situation, a previous study into refugees on TPVs recommended a national inquiry into the effects of the policy on refugees and community agencies (Mansouri and Bagdas, 2002). Such an inquiry would need to make some assessment about what constitutes a successful resettlement. Developing measures of resettlement is a complex task, which needs to take account of both subjective and objective factors, as well as the experiences of different ethnic groups and sub-groups, including women, children, young people, older people and asylum seekers (Gray and Elliott, 2001).

The present study has only drawn limited attention to differences of gender and age (in relation to employment, health and education levels); however, these factors should be given more detailed consideration in larger studies. The effect of the policy TPV regime on women and children, for example, in regard to family separation demands investigation.

Refugees on TPVs are commonly defined by their visa status, but at the same time they are not a homogenous group when it comes to resettlement experiences. Cultural background plays an important part in sub-group differences. Some community agencies, who have worked closely with refugees on TPVs for the past three years, suggested that different ethnic groups are getting organised, finding their voice and supporting each other, while other groups remain socially isolated. Cultural background needs to be an important consideration in research design and this step should involve refugees and refugee groups. Ultimately, these differences and indicators of resettlement need to be meaningful to refugees.

Conclusion

This chapter has focused on some recent initiatives that are aiming to improve access and equity outcomes for refugees in the areas of health and employment, as well as in human service environments. Some of these measures are a 'stop-gap' approach – a way of coping with and managing the consequences of Commonwealth Government policies that do not support the rights of many asylum seekers or refugees living on

temporary protection visas in the community. In this environment, community agencies run the risk of spreading themselves too thinly in their attempts to address multiple needs.

Addressing this issue involves the articulation of a policy framework where roles and responsibilities are clarified between different levels of government and between government and non-government agencies. The network and advocacy approach adopted by community agencies, refugee groups and individuals in many areas of resettlement is helping to coordinate available resources to meet the multiple needs of refugees. Targeted resources for the refugee community and human service organisations, education and health services should clearly be a high priority. Such an investment will help to focus on the benefits refugees bring to the community, rather than the “burden” they are seen to impose (Gray and Elliott, 2001).

If the temporary protection visa regime is not abolished in the immediate future then there is an urgent need to develop a national policy framework articulating uniform standards of treatment for refugees on TPVs, taking into consideration both the economic, social, and cultural guarantees of the 1951 Refugee Convention and provisions of general international human rights law, in particular the norm against discrimination.

At the state government level, all state and territory governments should be following the lead of the Queensland Government in articulating a pro-active policy and programmatic response to the settlement needs of refugees on TPVs. Victoria has opened up access to many social services and provided a series of one-off grants to support the immediate resettlement needs of refugees on TPVs, however, there has been no centrally coordinated approach or campaign driving these initiatives.

The newly formed Department for Victorian Communities should be playing a lead agency role in relation to issues for refugees on TPVs, particularly in the areas of public education, partnerships and promoting community development models at the local level. For example, the Fitzroy Learning Network is currently proposing a ‘refugee cluster¹⁶’ approach in the area of adult education. This model seeks to work at an area-based level and is focused on the needs of particular target groups, while at the same time trying to eliminate differential treatment of refugees and asylum seekers.

Standards of treatment for different classes of refugees raise the issue about basic consistency with human rights norms. The United Nations Commission on Human Rights (cited by Fitzpatrick, 2000) makes the case that:

¹⁶ The ‘refugee cluster’ mechanism aims to provide an integrated and replicable area-based service provision model, ensuring support is available to community organisations who work on a day-to-day basis with refugees and asylum seekers. This requires a ‘whole of government’ approach where refugee clusters can be supported by partnerships and protocols developed between DHS, local government and community organisations. These would formalise a collaborative approach to supporting the target group, as well as guarantee sufficient funding for all aspects of the people-focused model of learning that is central to a cluster framework. For more detailed explanation of the ‘refugee cluster’ mechanism see Humpage and Marston (2003).

Beneficiaries of temporary protection should be treated in accordance with human rights standards, taking account of the context in which such protection is extended. In cases of prolonged stay, States should, to the extent possible, gradually improve treatment. The right to education, employment, freedom of movement, assistance and personal identification should be granted without discrimination, while it is understood that any restrictions imposed must be justified on grounds of legitimate national interest and must be proportional to the interest of the State.

Essentially, as time passes it is harder to make the case that refugees should be denied access to services and entitlements. As 'temporary' stays are prolonged, for example, access to jobs should be enhanced through the sorts of measures discussed earlier. There is no moral or legal justification for continuing with the temporary protection visa regime in Australia. The longer refugees are forced to live in limbo and are denied their rights and entitlements the heavier the toll becomes on individual refugees and their families. It is also a poor reflection on how Australia treats people in need, people that have met the criteria of being a 'genuine' refugee, but who are treated as second-class citizens by the Australian Government – a situation that Peter Mares (2002) aptly refers to as 'the absent embrace'.

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Appendix A: Interview Questions

Personal profile cover sheet

Name:

Age _____ Gender _____

1. Which country have you come to Australia from?

2. When did you arrive in Australia?

3. When were you released from the detention centre?

2. What is your level of education? (Primary, Secondary, University, Other)

3. Do you possess any formal skills or qualifications? If yes, what are they?

4. What was your occupation in your country of origin?

5. What languages do you speak? (list)

6. Family status: (married, single, never married, separated, divorced, other)

7. Do you have any children? If yes, how many?

8. Are the children in Australia? Yes No
If no, in which country do the children live?

Transition from the detention centre

What happened on the first day you arrived in Melbourne?

Were you able to communicate your needs to the people and agencies you came into contact with?

Was the information you were provided with at the reception useful?

Would there be a better way to provide this information?

What information were you given about the conditions attached to your temporary protection visa?

How do you feel about having these limitations?

What is your current housing situation?

Access to income support/employment/training

What was your experience of accessing income support (Special Benefit) from Centrelink?

Are you currently undertaking any paid employment?

If not, do you know about what sort of assistance and services might be available to help you find work?

Has it been difficult to find out information?

What do you see as the barriers to you being able to find work?

Have you been able to access any English language classes?

What type of assistance, if any, have you received from the government or community groups to assist you in your efforts to find paid employment?

Have you accessed any training that might help you to find work?

What other forms of assistance would help you to find work?

Does your living situation impact on your ability to find work?

Are any of your family and friends working?

If currently involved in paid employment, what type of work are you undertaking?

Where are you working?

Do you enjoy the work?

Have you been able to use your skills and qualifications here in Australia?

Has there been any problems at your workplace, things that have happened that you have not agreed with or did not like?

How many hours a week are you working?

Do you want to work more or less hours?

How much are you being paid and is the money sufficient to cover your expenses?

Have you experienced problems with your income affecting your Special Benefit payment from Centrelink?

What are your biggest expenses or greatest priorities?

Are you doing any voluntary or unpaid work?

Access to health services (physical and mental health)

When you first arrived in Melbourne did you receive information on how to access health services such as counselling, doctors or dentists?

If so, was this information useful or helpful?

Did you experience any difficulty in obtaining a Medicare Card?

Since the time that you have been living in the Community, do you feel that you understand the sorts of health services (eg general, specialist, private, public) that are available and how to access them?

Have you or a member of your family recently been in contact with a general health service, such as a local doctor or a hospital? Can you tell me about what this experience was like and whether the problem was addressed to your satisfaction?

Do you feel comfortable and or confident in talking with healthcare workers?

Has there been any problem in using chemists\pharmacies?

Have you or your family needed to see a dentist, and if so have you experienced any difficulties?

If needed, have you been able to access counselling or other forms of mental health services?

Given your financial situation, has the cost of health services prevented you from seeing a doctor, a dentist, a counsellor or some other health specialist?

Have there been any other problems in getting access to specialist services that you or your family need (eg ear specialist, rehabilitation,)?

Are there any other barriers to getting your health needs met that you have not already told us about?

What would improve you or your family's ability to access health services?