“CAN YOU PLEASE HELP ME?
HOW CAN WE LIVE?”

UnitingCare’s emergency relief and crisis support for asylum seekers
living in the community

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Advocacy and Public Policy
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A generic stock photo has been used on the report’s cover page for privacy reasons.
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Featured quotes in this report come from the staff in the UnitingCare agencies interviewed.

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ABBREVIATIONS

ACBPS – Australian Customs and Border Protection Service
ACOSS – Australian Council of Social Service
AHRC – Australian Human Rights Commission
AMES – Adult Multicultural Education Services
ASAS – Asylum Seeker Assistance Scheme
ASP – Asylum Seeker Project
ASRC – Asylum Seeker Resource Centre
ASWC – Asylum Seeker Welcome Centre
BLA – Basic Living Allowance
BSL – Brotherhood of St Laurence
CAN – Church of All Nations
CAS – Community Assistance Scheme
CD – Community Detention
DIBP – Department of Immigration and Border Protection
ER – Emergency Relief
HESS – Home Energy Saver Scheme
MOUs – Memoranda of Understanding
NGOs – Non Government Organisations
NILS – No Interest Loans Scheme
RCOA – Refugee Council of Australia
RILC – Refugee and Immigration Legal Centre
RRT – Refugee Review Tribunal
TAFE – Technical and Further Education
THC Visa – Temporary Humanitarian Concern Visa
TPV – Temporary Protection Visa
UCA – Uniting Church in Australia
UCCE – UnitingCare Cutting Edge
UCVT – UnitingCare Victoria and Tasmania
UCWS&H – UnitingCare Werribee Support and Housing
UNHCR – United Nations High Commissioner for Refugees
UN – United Nations
VCOSS – Victorian Council of Social Service
WFO – Wesley Footscray Outreach
EXECUTIVE SUMMARY

Research

Asylum seekers have been identified over the last years as a major group at serious risk of disadvantage, isolation and marginalisation leading to deprivation, poverty and a lack of social integration.¹ This research report provides a summary of the emergency relief (ER) services and other related support to asylum seekers living in the community provided by UnitingCare Victoria and Tasmania (UCVT) agencies. It is based on an initial scoping of UCVT sites operating in metropolitan Melbourne, as well as one regional agency.

Research was largely based on semi-structured interviews, mainly with ER agency staff, case studies and service user stories provided by agencies. This report also includes some aggregated statistics and figures provided by participating agencies - where data was available specific to this user group.

The fast changing policy and operational environment meant that completing parts of this research project and analysis proved challenging. The analysis of the policy context and background was therefore undertaken after the completion of primary research.

Key findings

Results of the interviews and data collected showed that over the last one to two years, there has been a significant increase in numbers of asylum seekers accessing UnitingCare mainstream ER and specialist services. Current demand for support has increased considerably and far outstrips the capacity by the UCVT agencies studied to provide adequate support - be it casework, ER, financial assistance or social engagement activities. Vital services that could be provided in an effective and localised way (e.g. meaningful engagement programs) cannot be provided due to insufficient funding. The reports also finds that participating UnitingCare agencies are under-resourced (financially and staff) to provide ER and other services to a level that sufficiently addresses the complex spectrum of needs of this target group.

Further, the research revealed that most of the asylum seekers accessing UnitingCare services don’t have the right to work and are therefore severely disadvantaged and put at risk of exclusion at their most vulnerable phase of resettlement and community integration. This is of great concern, in particular as over recent years the overwhelming majority of applicants (over 90 per cent) for permanent protection visas have been found to be in genuine need of permanent protection and were permitted to resettle in Australia.²

Moreover, asylum seekers face barriers to adequate services, e.g. affordable housing, education, training and meaningful social activities. They also grapple with the issues of only having very limited financial resources and social issues such as communication barriers, social isolation and lack of integration into local communities and insufficient support.

It is critical that there is greater awareness of service gaps and understanding of how to address them – at the national, state and local levels.

**Recommendations**

Many of UCVT’s agencies are keen to be able to offer programs and services they see as critical to the target group but due to lack of funding they are unable to provide them.

**KEY RECOMMENDATIONS**

1. *Provide adequate funding for ER and material aid;*
2. *Provide adequate funding for meaningful engagement programs;*
3. *Provide additional funding for specialist staff;*
4. *Address communication, language and cultural barriers;*
5. *Provide opportunities for education, training and volunteering;*
6. *Grant all asylum seekers in the community the right to work and assist agencies to help with job search;*
7. *Build and strengthen local networks to effectively respond to emerging needs;*
8. *More support to find and maintain adequate and affordable housing.*

(For more detail see Recommendations Section)

**Research limitations**

The research and analysis contained in this report has the following limitations:

- Due to limited scope and timeframe, this study only includes an initial ‘scoping’ of eight metropolitan UCVT agency sites and one regional agency;
- Moreover, not all programs and services offered by the UCVT network have been outlined. Thus, the issues, challenges and recommendations raised in this report are limited to the programs within scope and are therefore not necessarily indicative of the whole UCVT network;
- Some of the complex and detailed policies, processes and operational environments of each UCVT agency have not been analysed as this is not the focus of the report;
- Further, we are also aware of many Uniting Church congregations in Victoria and Tasmania providing a wide range of support to asylum seekers, mostly on a voluntary basis. Although this work is briefly outlined in the Introduction Section, these important services and activities are outside the scope of this report;
- The report’s limited timeframe and the fast changing nature of the current asylum seeker policy framework mean that the details of the government’s policies and processes have not been outlined. This report only includes a general background and broad overview of the policy context by referencing other external sources.
CHAPTER 1: INTRODUCTION

Overview and Background

From late 2012, the UCVT Network became increasingly aware of asylum seekers accessing its services, particularly in areas of material ER such as providing food, food vouchers and clothing. For example, since November 2012, 150 asylum seekers under the then government’s community based detention program had been housed every six weeks in Wyndham, one of the nation’s fastest growing municipalities. This situation placed additional demand on UnitingCare Werribee Support and Housing’s (UCWS&H) capacity to provide food to disadvantaged residents. For the first time in 13 years the agency ran out of supply of food vouchers and was only able to provide residents food donated from their local community.

On 25 March 2013, UCWS&H’s CEO, Carol Muir, went public with an appearance on the ABC’s TV program ‘Q&A’ and posed a question seeking additional support for their agency’s ER program. Ms Muir asked the then Federal Minister for Immigration and Citizenship (Brendon O’Connor MP) why there is not more ER funding available to help those asylum seekers on bridging visas or in community detention to alleviate their most pressing needs.3

Realising the need for better information about this specific service user group and for evaluation of what services are accessed by them, the UCVT network formed an ‘asylum seekers and emergency relief working group’. The main aim of this group is to share information agency experiences to current issues and the future role and focus of advocacy within the UCVT network.

KEY AIMS

The asylum seekers and emergency relief working group identified a gap in information and knowledge about UCVT services being provided to asylum seekers living in the community. There is however considerable public interest in better understanding this target group’s support needs, given there are now approximately 33 000 asylum seekers who live in the Australian community, including in community detention or on bridging visas.4

Further, other major community service providers (including the Major Church Providers Group, comprising Anglicare Australia, Salvation Army National Secretariat, Catholic Social Services Australia and UnitingCare Australia) have also started to research and collect information on the range of services and programs their agencies provide to this group.

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3 Subsequent to this program being aired, UCWS&H was provided in June 2013 with an additional one-off $25 000 for ER associated with the additional demands with their asylum seeker program.
This research report therefore aims to provide:

- An initial scoping of the ER and other support services being provided by UCVT agencies in Victoria to asylum seekers living in the community. This is a start to greater knowledge on why and how services are accessed by asylum seekers;
- An entry point to identify the nature of demand for services and how UCVT responds to these needs in particular local areas. This includes findings on the key issues and challenges faced by agencies and the vulnerabilities and barriers faced by the target group. A more textured picture is provided through analysing agency statistics and figures, agency interviews, service case studies, service user stories and other data;
- Some suggested general recommendations to address these challenges, including an outlook for future ER and related support work. Another key aim of this study is therefore to facilitate the development of a range of resources for future UnitingCare advocacy and policy development, e.g. through establishing a basis for resources such as ‘policy snapshots’ and ‘key speaking points’.
DEFINITIONS

Scope of emergency relief and other crisis support

This report will apply a broad definition of ER and go beyond the limited scope of ‘traditional’, rather narrow notions to include broader and related support. This is because UCVT agencies’ understanding of ER is deeply embedded in the broader principles of strengths-based models that acknowledges the right of everyone to a self-determined decent and full life. Rather than only consider need in the form of direct financial and material aid, strengths-based models encompass the longer-term support services needed to enable asylum seekers to have individualised solutions to address their complex and multiple causes of disadvantage. During the research process it also became clear that a more narrow definition of ER would not encompass the varied ways UCVT agencies provide support services to address the needs of this user group.

As a starting point however, this initial report will primarily analyse ER in the form of financial and material support (as well as related crisis support) to asylum seekers who are in need of assistance due to their prolonged situation of living in the community with minimal means. This includes food, food vouchers, material aid (e.g. provision of clothing, bedding and household items), financial assistance with utility bills, direct cash payments, e.g. for school supplies, assistance with transport needs and medical expenses. ER also includes specialist advocacy and counselling such as provision of information services, referrals to other services, no-interest loans and financial assessment and support.5

Refugees, asylum seekers, bridging visas and service users

This report will use relevant UNHCR definitions of key terms.

According to the 1951 UN Refugee Convention, a refugee is a person who “owing to a well-founded fear of being persecuted for reasons of race, religion, nationality, membership of a particular social group or political opinion, is outside the country of his nationality, and is unable to, or owing to such fear, is unwilling to avail himself of the protection of that country.”6

Bridging visas are granted to asylum seekers seeking protection as refugees in Australia. They are ‘temporary visas which allow people to legally reside in the Australian community while they are applying for a longer term visa, appealing a visa decision, or arranging to leave Australia’.7

This report mostly uses the term service user to describe asylum seekers living in the community (who may be e.g. on a bridging visas or in community detention) and accessing UCVT programs and services.

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5 VCOSS, 2009, Under Pressure: Costs of living, financial hardship and emergency relief in Victoria, p.11.
By way of brief background before a summary of the research undertaken, this section provides an overview of the Victorian ER sector and also of the Uniting Church and general UnitingCare’s ER services in Victoria.

**Emergency Relief in Victoria – a snapshot**

Australia-wide, there are over 700 community and charitable organisations providing ER services. In Victoria alone, hundreds of agencies provide material aid and other forms of ER, ranging from large community services providers to smaller local community networks mainly run by volunteers.

In its recent report *The Last Safety Net Housing Issues in the Emergency Relief Sector*, ER Victoria reports that the ER not-for-profit sector is comprised of ‘faith based, charitable and welfare organisations, community based agencies, and public institutions as well as culturally and ethnically specific support bodies’.

ER is usually provided as one-off support in a time of financial crisis. In extreme circumstances, such as having no income at all, some agencies may be able to provide ongoing support, but this is rather uncommon. For example, Foodbank Victoria is Victoria’s largest food relief organisation supporting community partners to distribute food to more than 100,000 disadvantaged Victorians each month.

The main sources of ER funding are donations and fundraising, Australian Government funding provided by the Department of Social Services Financial Management Program, state, territory and local governments or by corporate and private donors and philanthropy.

**The Uniting Church and ER**

The Uniting Church in Australia (UCA) is a union of three denominations (Methodist, Presbyterian and Congregational) inaugurated in 1977. UCA is the largest non-government provider of community services in Australia.

Recent research revealed that 65 congregations in the Synod of Victoria and Tasmania distributed a total of $441,997 of emergency relief to communities across 47 local government areas in the financial year ending June 2012. Congregations generally raise money for ER assistance through their own efforts. About half provide ER in the same geographic areas as UnitingCare agencies and work together with them to ensure effective assistance.

The majority of this assistance is food relief in form of supermarket vouchers. Some congregations also support service users with weekly donations of food and provision of blankets in winter.

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12 In the case of UnitingCare, financial and material support is provided through fundraising and donations by the Uniting Church Share Community Appeal.
14 Bessy Andriotis, 2013, *It’s not just about the bread. Contribution of UnitingCare agencies to emergency relief*. 
UnitingCare and ER

As part of UCA, the UnitingCare network across Australia consists of over 400 community service agencies, thousands of programs and projects, more than 36,000 staff and over 24,000 volunteers. The network serves around 2 million Australians each year.

UCVT is the network of community service agencies within the UCA’s Synod of Victoria and Tasmania. The network encompasses services provided by over 3,500 staff and 4,000 volunteers to more than 200,000 people per year. 27 UCVT agencies provide essential social services covering a broad range of services from aged care, children, youth and family support, drug, alcohol and other addiction, disability, homelessness, mental health, through to asylum seekers, financial counselling and ER.

In 2012, 16 agencies distributed $3.1 millions worth of ER in 36 municipalities or shires across Victoria and Tasmania. Importantly, ER programs and services provided by UCVT agencies vary from agency to agency. Even within one organisation, one site may provide a different type and level of ER support to another site in different region.

In Victoria, the UCVT network provides a growing number of ER programs and services to low income families and individuals to address immediate financial hardship and crisis.

Crisis, financial and material support:

- Access to food through food pantries, food parcels and vouchers
- Provision of fresh food in partnership with Secondbite, Foodbank and other food share enterprises who rescue and redistribute surplus fresh food
- Free or low-cost meals and drop-in lunches at UnitingCare sites
- Clothing, clothing vouchers and provision of blankets and bedding
- Furniture, essential white goods and other household goods
- Financial assistance, e.g. with medial prescriptions, pharmacy assistance or utility bills
- Phone cards and Transport e.g. travel tickets, e.g. Myki cards, bus tickets and fuel
- School costs and educational items e.g. funds for school books
- Local appeals e.g. winter appeals for blankets and doonas

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15 Bessy Andriotis, 2013, It’s not just about the bread. Contribution of UnitingCare agencies to emergency relief.
16 Ibid.
UCVT also provides *longer-term crisis support and specialist services* to work with people individually to address the causes of their disadvantage. This includes:

**Case management**

- Housing and homelessness prevention e.g. though emergency accommodation
- Provision of information and education e.g. financial literacy programs
- Referrals to external agencies and other services;
- Financial counselling and assessments e.g. energy efficiency assessments, crisis intervention, bankruptcy assistance, community awareness
- No interest loans to individuals and families: the No Interest Loans Scheme e.g. is a loan scheme for the purchase of household items, educational expenses, computers, medical etc.
- Individual advocacy e.g. with utility or phone companies, to avoid disconnections
- Spiritual counselling e.g. pastoral care
- Christmas food hampers and gifts distributed locally through the UC Share Appeal and Operation Santa
- Low-cost Op Shops: fundraising for ER programs and provision of clothing and other goods

UCVT also works with the most vulnerable asylum seekers living lawfully in the community while they await the outcome of their claims for protection. A number of UCVT agencies in Victoria and Tasmania provide specialised programs and services for this target group, such as casework support, housing, basic living assistance payments and help with utilities and emergencies. Others provide mainstream services, particularly ER accessed by asylum seekers. (*See Findings Section for more details.*)
CHAPTER 2: METHODOLOGY

This section briefly outlines the scope and method of the research conducted.

For this research, both qualitative and quantitative methods were used. The study primarily used a qualitative method of inquiry focused on a limited sample of case studies. To collect qualitative information, we conducted semi-structured interviews with one or several agency staff at the sites of several UCVT agencies. A standardised questionnaire containing both open and closed questions was used and distributed before the interview (see Appendix 1). However, research participants were able to place emphasis on the questions and issues they perceived as most relevant in their local context.

In cases where it was not practical to conduct face-to-face interviews, a survey was used instead. Two agencies completed the survey by email and provided case studies for the type of service delivered.

A number of quantitative agency data snapshots were also used, in particular where reliable statistics and figures on ER for this target group were collected.

These methods were complemented by a limited number of user stories to give a broader sense on why and how ER services are accessed by asylum seekers. This was done to demonstrate the range of complex levels of needs but also the diversity of ER and other support options provided.

Time period: Most of the interview and survey data was captured in November 2013 to January 2014.

Locations: Due to the limited scope and time available, the focus was on agencies located in metropolitan Melbourne. All of the participating agencies are located in metropolitan Melbourne except one located in regional Victoria.

Organisations included are: UnitingCare Werribee Support and Housing, four sites of Lentara UnitingCare (Sunshine and Broadmeadows offices, the Asylum Seeker Project and the Asylum Seeker Welcome Centre), Wesley Mission Victoria (Footscray Outreach Centre), Church of All Nations, Kildonan UnitingCare and UnitingCare Cutting Edge.

Agency staff who participated worked in direct ER service provision, as caseworkers or team leader and from site/centre managers. On one site, a number of interviews were conducted with asylum seekers. Due to privacy and safety concerns we will not provide any specific details on this group. The data gathered will only provide background to test and assess information provided by the main participants group (staff). While later research will benefit from focusing on the views of asylum seekers, an in-depth exploration of their personal

The survey comprised the following:
- General demographic data and current situation
- ER system e.g. entitlements and eligibility
- Agency’s service provision model
- Related policies, guidelines and processes
- Material, financial and housing situation
- Community engagement and social integration

In late 2012, the Hotham Mission Asylum Seeker Project was transferred to Lentara UnitingCare.
accounts e.g. through storytelling was not considered to be appropriate as this is not the focus of this study.

Finally, a brief analysis of current asylum seeker policy was conducted as it seemed important to place this scoping study in a broader government policy context. For more details, see the 'Policy Context' section below.

**Ethical considerations**

To ensure an adequate understanding of the research, all participants were given a project summary form and consent forms providing background information about the researchers and the project’s purpose and intentions. In addition, the permission form outlined how the information collected will be used and gave an overview of the interviewee’s rights, confidentiality and data security.
CHAPTER 3: POLICY BACKGROUND AND CONTEXT

This section briefly outlines the key aspects of current asylum seeker legislation and policy responses taken by the Federal Government and their impact on asylum seekers, including people who live in community detention or on bridging visas in the community.

It needs to be emphasised that the Uniting Church in Australia and UnitingCare, as most other organisations who support asylum seekers who come to Australia seeking protection, fully supports allowing people to live in the community while their visa claims are processed. Overall, there is wide recognition that keeping people in permanent detention for long time periods (either onshore or off-shore) has negative impacts on their mental and physical health leading to sustained trauma and distress.\(^{18}\)

This section also summarises the main community care schemes which can be accessed by the target group. However, as this report focuses on UnitingCare’s agencies programs and services, this section will refrain from discussing the nuances of current policy and key community support programs in more detail. This information is available in referenced resources and publications.

RECENT POLICY DEVELOPMENTS

In November 2011, the then Labour Government implemented its policy to allow asylum seekers who arrived by boat to be released from detention into the community through community-based arrangements.\(^{19}\) Following initial health and security checks most asylum seekers were either placed into community detention or on BVE and given work rights\(^ {20}\) and permanent visas, if considered a refugee.

Throughout 2012, the numbers of asylum seekers arriving in Australia increased leading to changes in government policy. From April 2012, despite appearing to accept the recommendations of the Joint Select Committee on Australia’s Immigration Detention Network that the government needed to ‘take further steps to adhere to its commitment of only detaining asylum seekers as a last resort’, the then government started to consider off-shore processing policy alternatives.\(^ {21}\)

On 13 August 2012, an Expert Panel on Asylum Seekers released its report recommending that the government implement ‘legislation to support the transfer of people to regional processing arrangements’ to allow the establishment of regional processing centres in Nauru and Papua New Guinea.\(^ {22}\) In November 2012, the government announced that all asylum seekers who arrived by boat after 13 August 2012 (and who were not yet sent to one of these processing centres) were to be released from detention in Australia into the community with limited support.\(^ {23}\)

Despite this declaration, the UNHCR estimates that up to 33 000 of the asylum seekers living in the community may still legally be transferred at any time to a ‘third’ country for regional processing.\(^ {24}\) The then government also announced that the ‘no advantage’ policy, a principle under which asylum seekers who arrived in Australia after 13 August 2012 would experience prolonged delays in processing their claims (up to several years) and not be

\(^{18}\) Australian Human Rights Commission (AHRC), April 2013, Tell Me About: Bridging Visas for Asylum Seekers, p. 3.
\(^{19}\) C Bowen (Minister for Immigration and Citizenship), Bridging visas to be issued for boat arrivals, 25 Nov 2011, http://www.chrisbowen.net/media-centre/media-releases.do?newsId=5240.

"Can You Please Help Me? How Can We Live?"
granted the right to work.\textsuperscript{25} This policy, which was strongly criticised in a joint statement by 64 community organisations one year after the Expert Panel on Asylum Seekers report, resulted in serious destitution of community-based asylum seekers, including substandard housing, insufficient income levels and an inability to be able to afford the most basic living and household necessities.\textsuperscript{26}

On 19 July 2013 the government announced that all asylum seekers arriving by boat without valid visa were being subject to regional processing arrangements and in August 2013 two Memoranda of Understanding (MOUs) were being signed that those individuals were to be processed offshore and sent to either Papua New Guinea or Nauru.\textsuperscript{27}

Since its inception in September 2013, the Coalition Government announced additional asylum seeker policies that are likely to have adverse impacts on the rights of asylum seekers, including on the ones living in the community:

- **Reintroduction of temporary protection visas**

On 18 October 2013, the Immigration Minister attempted to reintroduce Temporary Protection Visas (TPVs).\textsuperscript{28} These TPVs would have denied asylum seekers who already arrived by boat being granted permanent protection, family reunion and the right to leave and return to Australia.\textsuperscript{29} The changes would have impacted over 30 000 people retrospectively, placing asylum seekers waiting for years for their visa application outcomes ‘in limbo’ being uncertain of ever gaining permanent residency.\textsuperscript{30}

The Refugee Council of Australia summarised previous research stating that TPVs have numerous negative impacts including: “TPVs do not allow refugees to access the full range of services that are necessary for their successful settlement. [They offer] limited entitlements for and access to essential services (e.g. accommodation, food, household goods, finances, language training, employment and healthcare) prevent refugees from actively participating in the Australian community and condemn them to a life of dependence.”\textsuperscript{31}

After failing to reinstate TPVs, another form of temporary visa, the ‘Humanitarian Concern Visa’ (THC visa) was reintroduced in February 2014 stating that asylum seekers arriving by boat in Australia would be denied permanent protection.\textsuperscript{32} The THC visa is considered to impose many of the same restrictions and obligations on asylum seekers as TPVs including no right to family reunion and its retrospective application to some 20 000 asylum seekers living on bridging visas in the community.\textsuperscript{33}

- **Suspension of granting new permanent protection visas**

In another response to the Senate blocking the reintroduction of TPVs, the Immigration Minister issued on 3 December 2013 a directive to cap the number of permanent protection visas at 1,650.\textsuperscript{34} This practically led to a freeze on issuing any further visas until July 2014.

\textsuperscript{34} Minister for Immigration and Border Protection, 02.12.2013, *Granting of Protection Class XA Visas in 2013/14.*
The decision was slammed by civil rights groups, such as the RCOA as this leaves vulnerable asylum seekers, including the ones currently on bridging visas asking for refugee protection, resigned to a life of fear and uncertainty.\textsuperscript{35} Although the policy was legally challenged and revoked, the Minister reintroduced a new regulation to again drastically limit the number of permanent protection visas for asylum seekers currently residing onshore to 2,773 visas.\textsuperscript{36}

- **No family reunion for refugees who arrived by boat**

In December 2013, the Minister also issued a new direction requiring the Department of Immigration and Border Protection (DIBP) to give lowest priority for family reunion to so-called ‘Illegal Maritime Arrivals’ who hold a permanent visa with ‘applications not to be processed for several years’.\textsuperscript{37} With most asylum seekers being granted permanent visas in recent years (2009-2012),\textsuperscript{38} it is likely that this policy leads to similarly high stress levels, feelings of increased uncertainty and mental health problems for the ones living in the community as has been documented for people already granted refugee status.\textsuperscript{39}

- **Expected cuts of legal assistance and discriminatory regulations**

Recently, there have also been concerns that publicly funded legal assistance and support programs may be cut, including restrictions being placed on accessing the Immigration Advice and Applications Assistance Scheme. The proposal has been described as 'unfair and unjust' as asylum seekers usually do not have the money to access such services.\textsuperscript{40}

Also, the government recently introduced a behaviour code which must now be signed by asylum seekers on bridging visas.\textsuperscript{41} This policy which allegedly aims to curb ‘anti-social behaviour’ has been described as being ‘arbitrary, draconian and a punishment without trial’ as asylum seekers can - by ministerial decision - have their visas cancelled, be put back into detention and deported to regional processing centres.\textsuperscript{42}

A number of other recent policy and legislative changes (which cannot be discussed in detail here) restrict the rights of asylum seekers living in the community and have punitive impacts. Also, it is likely that additional new policies affecting on asylum seekers who live in the community will be released in the near future, including legislation that may lead to a further delay in the renewal of expired bridging visas (meaning people will continue to live in the community with limited support for prolonged periods).

Moreover, the general complex nature of the asylum system and constantly fast changing policy and also operational environment leads to a lack of clarity and uncertainty for organisations servicing this user group. Many asylum seekers and the general public have difficulty understanding the terminology, technical details and rapid developments of this highly politicised issue. Also, service providers have difficulties keeping up to date with the

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\textsuperscript{39} The Guardian, 08.01.2014, *Refugees who came to Australia by boat have family reunion hopes dashed*, http://www.theguardian.com/world/2014/jan/08/refugees-family-reunion-hopes-dashed.


changes, particularly the ones working across different services without a specific focus on asylum seekers’ needs and issues.  

**SUPPORT SERVICES FOR ASYLUM SEEKERS LIVING IN THE COMMUNITY**

The DIBP currently provides funding to assist asylum seekers living in the community, either on bridging visas or in community detention. Over the past years, a considerable number of asylum seekers were granted temporary bridging visas allowing them to live in the community while awaiting the outcome of their permanent protection/refugee status. As at 31 January 2014, the number of asylum seekers living in the community on Bridging Visa E while waiting for their protection claims to be processed was 22,670. At the same time, there were 3,290 people in community detention in Australia.

The two main community care programs for asylum seekers in the community are the Community Detention program (CD) and Community Assistance Schemes such as Community Assistance Support (CAS), CAS Transitional Support or the Asylum Seekers Assistance Scheme (ASAS).

As most users accessing UCVT agencies are supported by those schemes, a brief (and incomplete) snapshot of these services is provided below.

1. **The Community Detention Program**

The CD Program permits asylum seekers identified by the Immigration Department to live in the community while their protection claims are processed. However, these people have not (yet) received a visa, have no work rights and also do not the same rights as others who live in the community with visas.

In Victoria, contracted service providers, including the Australian Red Cross, AMES and a number of UnitingCare Network and other agencies manage the program on behalf of the Department. In summary, CD provides:

- Living allowance (either 60 or 70 per cent of Centrelink Special Benefits)
- Accommodation (no public housing is used)
- Supply of furniture and household goods
- Assistance to access healthcare
- Education for school-aged children

In addition, organisations such as the Red Cross provide community engagement activities. Children can access education and both adults and children have access to English language classes. Some health and medical services are also provided.

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46 Note that these figures only relate to ‘illegal maritime arrivals’. DIBP, 31 January 2013, Immigration Detention and Community Statistics Summary.
48 Lentara UnitingCare, 2013, Resource Kit. Lentara UnitingCare Asylum Seeker Programs.
49 Australian Red Cross, November 2013, Community Detention Information Sheet.
Support for Asylum Seekers on Bridging Visas:

2. Community Assistance Support (CAS)

CAS provides assistance to asylum seekers who live in the community. To be eligible, people must hold a current bridging visa, be awaiting their visa outcome decision, be considered ‘highly vulnerable’, and be unable to support themselves or to access adequate community support.51

After their release from detention, asylum seekers are placed into the community for an initial six week period. CAS can be provided basic support for this initial period (called ‘Transitional Community Assistance Support) and includes52:

- Meeting people at the airport
- Emergency accommodation, if required
- Financial assistance (89% of Centrelink Special Benefit payment)
- Information on how to find longer term accommodation
- Orientation to the Australian community

After the initial period CAS is provided to asylum seekers on an ongoing basis (CAS ongoing) if they are assessed as in need of continued intensive support.53 The contracted agencies such as AMES, the Red Cross other community organisations provide basic case work, for example, ensuring Medicare, health, financial support, bond and rent in advance.

Other services and support through CAS include:

- Help with basic living expenses (89% of Centrelink Special Benefit payment)
- Help sourcing suitable accommodation
- Essential health care and medical expenses
- Counselling referrals
- Other support to meet basic health and welfare needs.

In addition, the Red Cross states that it can also provide referrals to counselling, material aid, education, legal services and social support.54

54 Australian Red Cross, November 2013, Community Assistance Support Program.
3. Asylum Seeker Assistance Scheme (ASAS)

For asylum seekers to be eligible for ASAS, they generally must have waited for the outcome of their visa decision for more than six months and be in a situation of financial hardship.\(^{55}\) Support provided through ASAS includes financial support and basic health and welfare support. This includes:\(^ {56}\)

- Basic living expenses (89% of Centrelink Special Benefit payment)
- Referrals to health, legal and accommodation services
- Social support
- Education
- Material aid.

4. Other Support

The services outlined above are important to ensure the most basic needs of asylum seekers living in the community are met. Recent DIBP guidelines however state that CAS/ASAS service providers should make additional ER (in form of vouchers of a fixed value or material assistance) only available if ‘families on bridging visas experience a crisis situation’.\(^ {57}\)

In recent years, many other organisations, like the Asylum Seekers Resource Centre\(^ {58}\) in Victoria, have developed flexible services that support asylum seekers and try ‘to fill the gap’ between the needs and the programs and services offered to them through the limited government programs described above.

Many asylum seekers depend on these services and other volunteer-based organisations (such as ER provided by church congregations and other community groups). Due to the large numbers people not allowed to work and/or not having access any income support payments or the health system, such services are vital to addressing the needs of the target group. As mentioned however, these services are beyond the scope of this study, and this report will not detail the committed work already undertaken by such grass roots community service providers.

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\(^{55}\) Australian Red Cross, November 2013, Asylum Seeker Assistance Scheme Information Sheet.

\(^{56}\) Ibid.

\(^{57}\) DIBP, November 2013, Community programmes service providers’ newsletter #8.

\(^{58}\) For more information on the range of ASRC support for asylum seekers see: [http://www.asrc.org.au/](http://www.asrc.org.au/)
CHAPTER 4: RESEARCH FINDINGS: THE UNITINGCARE NETWORK’S ER AND CRISIS SUPPORT

This chapter provides an overview of the types of ER and material aid programs and services provided to asylum seekers by nine UnitingCare agency sites, the current demand for such services, the profile of service users, and any specific issues or comments from the agency. This section also describes the service provision models each agency site have adopted to try to effectively deal with increasing demand, including the referral and eligibility criteria for accessing services.

All agencies participating in this research have developed guidelines for eligibility for their ER services. The programs and services provided place different emphasis on what type of ‘crisis support’ is most needed and most appropriate to meet their users’ needs. There are also other differences across the network, for example, how often assistance can be provided.

1. WESLEY MISSION VICTORIA, WESLEY FOOTSCRAY OUTREACH CENTRE

Wesley Footscray Outreach59 (WFO) has a focus on providing ER to support disadvantaged families and individuals. Like many mainstream emergency relief services across the country, WFO is currently experiencing high demand from asylum seekers for assistance. This support is being provided without any additional funding towards program costs. The recent increase in demand impacts on the level of service that WFO is able to provide to all users.

For example, in 2011-2012, 32 episodes of assistance were provided to asylum seekers by a support worker. For the period July 2012 – June 2013, WFO has seen:

- 93% increase in asylum seekers requesting to see a support worker for ER.
- 466 episodes of assistance being provided to asylum seekers by a support worker.
- 10% of their users who saw a support worker being asylum seekers.

Of the asylum seekers accessing WFO in June and July 2013:

- 72.98% are on BVE (bridging visa type E)
- 43.78% are Out of Area
- 49.19% are families

In June and July 2013 alone, ER (in the form of food vouchers, food parcels and prescription assistance) was distributed to asylum seekers amounted to over $4,000.

Programs and services provided

Asylum seekers can receive the following ER services and related crisis support60:

- Food parcels (three per year), food vouchers61 (two per year), cooked lunches and morning tea and fresh fruit and vegetables (once a week) and bread (daily)
- Assistance with Telstra Bills (max $200)
- A pharmacy allowance (max $100)

59 For more information about Wesley Mission Victoria’s programs and services visit: http://www.wesley.org.au/ourservices/crisishomelessnessandcounselling/emergencyandcrisissupport.html; Wesley Mission Victoria also runs a Community Detention Program, however this study will focus on ER provided by WFO.

60 The services outlined are the standard but the Centre has flexibility to work within these boundaries.

61 The demand for ER services has generally increased. To spread ER to more people, the Centre currently provides two food vouchers a year per person instead of four food vouchers as in 2012. The decision was already made before the numbers of asylum seekers increased.
In addition, petrol vouchers may be available in some cases. There is currently no assistance for material aid, e.g. clothing or household items available. For such assistance, users are referred to St Vincent de Paul or asked to contact their case worker.

“People want their immediate needs met, and this is what they come for.”

**Service user profile**

The main ethnic groups presenting at WFO are Iranian and Sri Lankan. Occasionally, the agency sees Iraqis and Afghanis. The majority of the centres’ visitors are on bridging visas.

There are no detailed statistics available on people’s family situation. WFO, however, mostly sees single men who may have families overseas and at times families who came together as unit. WFO was also accessed by many of the single male asylum seekers living in Maidstone student village for a six weeks transitional period.62

A manager working at WFO mentioned that many of the asylum seekers accessing WFO provide social networks and support for each other. For example, they may hear about WFO’s assistance through word of mouth and then come together in groups to ask for ER. Often, the one whose English skills are better will act as the spokesperson for the whole group.

**Referral process and eligibility criteria**

WFO can be accessed on a drop-in basis, without any appointment. If an asylum seekers lives in the catchment area, then the service user is entitled to the same services as any other applicable permanent resident.

In most cases, AMES or the Red Cross tell them about available services, however, some also access WFO independently. WFO sees its role as complementary to the casework provided by these agencies or other organisations, such as Anglicare or Wesley Mission Victoria (CD program).63

Asylum seekers on bridging visas provide an identification card and letter from their case worker with personal details such as Date of Birth, visa type, income and their address which is required to confirm that they live in the catchment area (City of Maribyrnong). If they are in community detention then they provide an introductory letter from their referral agency.

**Agency comments and issues**

**Sudden increases in demand and its impact on services**

As the figures above demonstrate, the demand for WFO’s ER services has increased dramatically within one year period (2012-2013). To be able to spread their resources to more people, WFO currently provides two food vouchers a year per person, down from four vouchers in 2012. This decision, however, was already made before the numbers of asylum seekers increased as ER services were already under strain.

Another significant issue is that people who do present at WFO often come back repeatedly. However, the numbers of people who presented have fallen since August/September 2013. One of the potential reasons may be that people who are still being released into Community Detention (CD) don’t hear as frequently about the services anymore (through word of mouth). Another reason may be that their caseworkers e.g. from AMES or Red Cross are not telling them about WFO’s services. Also, asylum seekers may increasingly move out of the area after their initial six week period of being placed into the community.

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62 This short-term accommodation is a fully furnished place, thus support with ER is of their main concern.
63 AS in CD receive intensive case work until their protection claim has been decided, while people on bridging visa do not.
2. LENTARA UNITINGCARE, BROADMEADOWS SITE

Lentara UnitingCare Broadmeadows’ office\textsuperscript{64} receives ER service funding from government, parts of which they are permitted to use for providing services to asylum seekers.

Looking at the statistics provided for 2012 and 2013, there has been a notable increase in the demand for ER. Throughout 2012, the office assisted about 16 asylum seekers per month on average. This was compared to the 46 asylum seekers in May 2013 and 51 in June 2013. The ER assistance provided was more comprehensive than just offering basic food parcels. The approximate value provided in May and June 2013 was about $10 500 per month.

\textbf{Programs and services provided}

Asylum seekers referred by the Baptcare Sanctuary can access food parcels once a month and also support with public transport (a Myki card). Service users referred by AMES and Red Cross can be supported with food assistance once every four months and material aid once a year.

Asked about what services the office provides, the ER team responded that they give ‘significant value at one time’. In contrast to other ER service providers, the person can choose the food items they need themselves from the available items, selecting items from a pantry with a trolley from a range of culturally appropriate food such as chick peas, lentils and Halal foods.

Food options provided also include a fresh food component. "\textit{It adds the dignity and makes the response to crisis situation more respectful.}" Fruit and vegetables are sourced from places such as Foodbank Victoria and include potatoes, onions, apples and tomatoes and eggs.

Material aid can be provided once a year, in some cases item such as furniture (like beds) are available as one-off support. The agency however requires a statement explaining why the item is required. Some household items are also provided to other service user groups. Asylum seekers are not considered to be the target group for those items.

\textbf{Service user profile}

The Broadmeadows office mostly sees single males with who have their families living overseas. Sometimes brothers and other family siblings live together as it is very expensive not to share accommodation. Many non-related singles also live together in a rented house so that costs can be shared. In these cases, asylum seekers living in one household can access the services with a single appointment.\textsuperscript{65}

\textbf{Referral process and eligibility criteria}

Referrals for asylum seekers are received from Baptcare Sanctuary, AMES and Red Cross. Extra support is provided to asylum seekers booked in for appointments through Baptcare as they receive no income support from any other source. In most cases, the caseworker (from either the Red Cross or AMES) identifies the people most in need and makes an appointment.\textsuperscript{66} Generally it would be people on income support (89% of Centrelink benefits/Newstart) and in possession of a healthcare card. Asylum seekers who are identified most likely to be ‘food insecure’, and individuals who are unable to meet their daily needs are given preference.

\textsuperscript{64} For more information about Lentara UnitingCare’s programs and services see: \url{http://www.lentarauc.org.au/}

\textsuperscript{65} If they are on separate incomes they would however need separate appointments.

\textsuperscript{66} Some asylum seekers, however, also call and book for the appointment.
An appointment system has also been set up because of the communication barriers staff experienced, particularly after the number of people who presented themselves tripled. Due to the stark rise in numbers of people requiring support, the agency reported that they had to put a limit on the number of asylum seekers recently who can be accommodated each week. The appointments are usually for half an hour but existing communication barrier can make it difficult at times to provide the most effective assistance. The agency has therefore started to use volunteers with expertise in the required community languages to assist with supporting asylum seekers and staff to support and complement their formal case work.

**Agency comments and issues**

**High demand on services, e.g. material aid**

The agency experiences significant challenges to provide sufficient and adequate material aid to asylum seekers such as bedding and other household items. The demand depletes supplies which need to be mainly allocated to and required by other service user groups, e.g. homeless people or women fleeing domestic violence. Clear policies and procedures had to be put in place and now ‘everyone has to fill in a referral form and state the reasons why they require those items’.

It is also difficult for ER staff to deal with the amount of people who ‘just walk through the door’ without any appointment made e.g. by their caseworker. “We are still getting a lot of people coming to us as the area has a lot of people needing help. We would have no capacity to help all of them but often it is difficult or not possible to explain that we can’t assist. Any one day we could have twenty asylum seekers walking in and wanting assistance because they have heard that we can help. But often we can’t because of the increase.”

**Communications issues**

At times, asylum seekers do not present for their appointments. When this happens, they have to go back to their caseworker to get re-referred. The reason for this may be that they are not being informed by their case worker or they do not understand. “In one instance, an asylum seeker received a text message from the case worker, informing that he is going to receive a bed from the Broadmeadows office with a specific date and time inserted in the message for appointment. But there was not any such appointment or material aid provision arranged by our office.”

**Financial management programs**

One area of concern to the agency is that some of the community members don’t adequately understand financial management and proper budgeting. For example, many fail to understand the connection between their energy usage and associated bills. “It’s so important because this can ruin people very quickly if they don’t have the information upfront. It ruins their hope to have a financial future.”

One respondent mentioned that many of the asylum seekers are young who may have not been exposed to the experience of looking after themselves, and to managing bills and budgeting. A real need to prevent the financial crisis at early stages was identified. “This would often be about basic things like, for example, mobile phones. They see a $19/month
Basic mobile phone plan and then think they can easily afford it. They also see Australians walking around with a smart phone and want to do the same. But the actual bill they then receive is much higher and once they have the big bill they are in trouble. They need to be prevented at the early stages to not to enter into such sorts of trouble. Otherwise you will see also an additional influx in demand for food support and organisations such as ours will have to deal with.”

Realising the need to prevent financial crisis at an early stage, a financial literacy group for Persian asylum seekers was arranged to provide them with information regarding bills, fines and money management. Further financial management program activities are also offered through the Home Energy Saver Scheme (HESS). HESS helps low-income households to improve their energy efficiency and financial sustainability.

“Help with energy usage and associated bills is really important in the case of asylum seekers because larger bills don’t necessarily have to be paid straight away. The utility provider can be contacted with help of an interpreter to explain their situation. Then, a plan can be put in place to pay it off over longer time period under quite favourable conditions. If they would only know about it; many are choosing between paying their bills and eating”

3. LENTARA UNITINGCARE, SUNSHINE MISSION SITE

Apart from the Local Government Area City of Casey and Dandenong, the City of Brimbank receives the highest number of asylum seekers that are placed in the community. Respondents at Lentara UnitingCare in Sunshine\(^67\) expect to see high numbers of people requiring assistance in the foreseeable future. Due to restrictions the agency has put in place to cope with the demand, they are however experiencing lower numbers of asylum seekers asking for help than prior to these restrictions being imposed in the months before.

**Programs and services provided**

In terms of ER service provision Lentara UnitingCare’s Sunshine Mission site provides food parcels, material aid, and financial counselling and bill assistance. Of these services, asylum seekers can only access food parcels and material aid. Prior to July 2012, ER and material aid were not provided to asylum seekers as the service wasn’t specifically funded for this purpose. Despite the funding situation not changing these services were offered from July 2012 onwards, with a corresponding increase in those requiring a service. As a result, gatekeeping processes were imposed due to incapacity to meet overall demand.

The following services are provided to asylum seekers:
- Food and food parcels (once every two months, no appointment necessary),
- Material aid (once every 12 months) and
- Assistance with public transport (3 daily tickets on Myki).

From May to November 2013, 432 food relief parcels were provided and 196 appointments were made for material aid (beds and other furniture items).

\(^67\) For more information see: [http://www.lentarauc.org.au/](http://www.lentarauc.org.au/)
The agency also benefits from a partnership with a Salvation Army shop in Brunswick, with some of the shop’s items going directly to Sunshine Mission. An excellent working relationship has also been established between AMES and Sunshine Mission with regard to the provision of services to asylum seekers. “AMES is very supportive and has also helped us to find furniture. We have also purchased some material aid goods with the help of AMES to keep up with the demand, at least for basic supplies like beds.”

Sometimes assistance with bills is required, but the agency doesn’t have sufficient resources to offer these services. Similarly, in most cases financial counselling services can’t be accessed by asylum seekers as they are ‘already over-extended’.

Further, a number of asylum seekers have some involvement through the agency’s men’s shed which helps to reduce social isolation. Respondents considered that the opportunities offered by the agency to connect asylum seekers to the local community as very valuable. “To engage them and use their skills helps them to build connections to the local community. That’s one of the best things the agency can do for them.” Aiming to meaningfully engage asylum seekers and to offer community connection, a community garden group has recently been set up. In addition, a sewing group is planned for this year.

**Service user profile**

Generally, the main groups accessing the services are Iranian and Sri Lankans and at times Iraqis and people from African background. The majority of asylum seekers are on bridging visas. Often they are young men in their mid-twenties approaching the service. A high percentage of them are single men with 4-5 of them usually living in one house.

For the period of June 2013 to end February 2014, the agency provided 284 asylum seekers (31 per month) with a service. The majority of them were single men or single females with children on either Protection or Bridging Visas. Most of the asylum seekers during this period were from Sri Lanka, Iran, Iraq, Ethiopia, Afghanistan and Pakistan.

**Referral process and eligibility criteria**

Many hear about the service either from their case worker or through word of mouth. The eligibility requirements are that asylum seekers must live in the Brimbank area.

Policies and guidelines were recently put in place of how to work with this target group. In collaboration with AMES, a practice and processes manual was developed. The recent increase in numbers also meant that Sunshine Mission was required to put clear restrictions in place with regard to accessing ER.

Nonetheless, if they have an identity document showing their status, the same services, e.g. food and food parcels will be provided to asylum seekers (walking through the door) as to permanent residents presenting a concession card. “As long as they can identify themselves as asylum seekers there is no discrimination.”

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68 With the assistance of AMES, the Sunshine office received $20,000 from a trust in Brunswick. The money received has specifically been set aside to finance these community garden and sowing groups.
Due to the increased numbers and communication barriers, the agency opted to put an appointment system in place. To access material aid, an appointment is needed which is made by the asylum seeker’s case worker. To be able to access the service, asylum seekers accessing the service need to have a caseworker e.g. from AMES, the Red Cross or other organisations like Anglicare. An identification card showing their visa status and a referral letter from their case worker is required. The letter which is usually sent by the case worker via fax or email outlines the request for material aid assistance and confirms the identity of the asylum seeker and their financial situation.

**Agency comments and issues**

**Communication issues and language barriers**

Agency staff firstly analyse the communication requirements and potential language barriers and make arrangements in accordance e.g. use of interpreters, picture chart for material aid (e.g. household items, see Appendix 3). At times, asylum seekers assist the agency in a volunteer capacity and support staff with interpreting if they have sufficient command of the required language. The agency first works out what the asylum seeker wants and what it currently has in stock, like beds and other household items, and arranges for truck delivery of these items.

Confusion over delivery addresses can be an issue. Material aid, e.g. beds and whitegoods are delivered to the service user’s place of residence. In a number of occasions the address provided was wrong and did not exist. This is because some asylum seekers move very quickly, particularly in cases where many of them live in a small unit. “We speculate that it may be due to pronunciation when they do not have the address on their paper work or maybe they move from the place. Often, it is a difficult to contact them via phone.”

**High demand on and limited resources (lack of funding)**

There is a ‘massive gap’ between the resources needed and the resources that are available. One of the main challenges facing Sunshine Mission is to determine how to best spend limited resources. What can be provided to asylum seekers therefore differs to what ‘permanent residents’ are able to access. For example, they can’t access bill assistance and financial counselling services. “And it’s difficult because we can only offer a limited service. We would like to provide more but we are not funded for it. It is the lack of resources which doesn’t let us provide these services rather than our willingness. We struggle to keep up with the demand of fridges, beds, pots & pans and other household items. These items are in high demand by asylum seekers but also other service users.”

Likewise, the staffing levels for emergency relief and material aid can’t be increased based on the current funding levels. Due to the lack of resources, there are not enough frontline staff available for material aid and for material aid provision, e.g. for driving the trucks. Also, resources are required for volunteers/ staff to be able to train asylum seekers to take volunteering roles which would be of much value to the service and the volunteer.

**Addressing the need for connection and meaningful engagement**

The agency considers addressing the communication and language barrier as an important task and opportunity. In collaboration with AMES who may be able to assist with the set-up, English language classes are planned to be arranged for 2014. At the moment there is only a small program running funded through the Communities for Children program.69 As already noted Asylum seekers are involved as volunteers at Sunshine Mission, several are part of the Community Garden initiative run by the agency and it is anticipated they will also be involved in a sewing group shortly to commence at the Sunshine Mission site.

4. LENTARA UNITINGCARE, ASYLUM SEEKER PROJECT

The Asylum Seeker Project (ASP) works with the most vulnerable asylum seekers living in the community while they await their visa application outcomes. The ASP is able to assist 40-50 people at a time, though the numbers keep fluctuating slightly.

Programs and services provided

In contrast to the Lentara UC Sunshine and Broadmeadows sites, the ASP has a different service delivery model as it doesn’t provide a drop-in service for ER and other crisis support. ASP is not funded by government grants and relies solely on donations to provide their services to asylum seekers. The main programs and services provided are:

- Professional casework support
- Housing
- Basic Living Allowance payments (BLA)
- Money equivalent of ten full days of Myki trips per month
- Help with utilities and limited material aid and ER (e.g. food, parcels and vouchers)
- A volunteer program of one-to-one support (LinkUP)
- Men’s and women’s support groups.

Service user profile

ASP assists asylum seekers from a broad mixture of ethnic backgrounds and ‘there is no particular group that stands out’. More recent groups accessing the program have nationalities such as Iranian, Chinese, Albanian, Pakistani or are from countries such as Sierra Leone and Sri Lanka.

The ASP works with children, women and men who have little or no income and face homelessness. The majority of them entered Australia by plane rather than by boat. There are more single men than single woman assisted. This is partly due to the type of services donated. For example, the ASP generally offers housing that is more suited to single men. However, there is some limited accommodation for families available as well. The majority of the single men have most of their family members overseas.

Referral process and eligibility criteria

Whenever the ASP has a vacancy they can accept new referrals. They then notify partner organisations and receive referrals from the ASRC, Baptcare Sanctuary or the Red Cross. HomeGround Services, Foundation House, hospitals and AMES have also recently started to refer asylum seekers. Some asylum seekers who arrive at the ASP are directly discharged from hospital.

Once people are referred (from where they had case workers previously) and accepted, the ASP provides primary case work.

In order to be eligible, the service user must be an asylum seeker and must have lodged for protection or hold an appropriate visa. The majority of asylum seekers assisted by ASP have received negative Refugee Review Tribunal (RRT) decisions and are thus no longer eligible for any financial assistance and have no work rights or are unable to work.

Other criteria for eligibility are that the applicant is experiencing severe financial hardship, (e.g. that they have no ability to earn an income or less than the current standard basic living

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70 For more information on ASP’s work see: http://www.asylumseekerprograms.org.au/
71 Some users only receive case work support/BLA; they were accepted before the agency changed its policy.
72 The ASP accepts those asylum seekers for their housing vacancies that are not supported by any other agency or receiving any income support.
73 For more information on ASP’s eligibility criteria, see Appendix 2.
allowance), that they are not entitled to Medicare and that access to government assistance is very limited. Priority is given to those who have no stable housing and are at risk of homelessness. People with significant physical and/or mental health issues will also be considered to be of urgent need for one of the limited housing and casework packages available.

Agency comments and issues

Addressing uncertainty caused by the long visa application process

One specific issue the ASP and its service users face is the long process for some asylum seekers to receive an outcome on their visa application. “Unfortunately with the changes in government recently and with the numerous changes in Immigration Ministers it really slowed down things for clients awaiting the ministerial outcome.”

The period of time the ASP’s users wait for their post RRT tribunal decision varies significantly. In some cases, a quick decision is made. Others may get a permanent protection visa but are barred from Centrelink income for two years. Others who arrived initially on a student, tourist or business visas are holding a Bridging Visa (type A) which allows them to work. They however struggle to find any work which is why they are accepted into the program.
Lentara UnitingCare, Asylum Seekers Project – A Case Study

Imran (not his real name) is an intelligent and articulate young man who now has considerable optimism about his future. Before his referral to Lentara UnitingCare in February 2013, Imran had been admitted to hospital due to a suicide attempt.

Although Imran continues to face uncertainty about his future as he awaits his Federal Magistrates’ court hearing, and lives each day with the distress of not knowing where his missing family are, the Asylum Seeker Program (ASP) has given Imran a degree of certainty and security about his life.

The ASP has provided Imran with safe and comfortable housing, a monthly Basic Living Allowance ($145), transport assistance ($35 Myki top up per month) and casework support. This casework support has provided Imran with links to programs and material aid which have made a significant change in Imran’s life and, particularly, in his mental health.

Imran has been exceptionally caring and attentive to his housemate (a man of a different nationality and religion to Imran) who faces not only the stress of uncertainty about his own future but also endures immense continual physical pain due to an injury.

Imran has a passion for music and has expressed his desire to learn how to swim. Imran’s caseworker provided him with a donated guitar, which he was elated about, and a donated bicycle. Imran has been able to travel free to the YMCA leisure centre (where he has a free membership provided though the highly-valued YMCA Open Doors program) and begin swimming lessons.

The caseworker also linked Imran with a 10-week hospitality training course called Scarf. Imran excelled in this course and Scarf invited him back to work with them on special events and to be an advocate for the Scarf program.

Imran also currently volunteers for a disability service. Now, Imran’s goal is to continue with his study and to be in a managerial role within Disability Services. Due to a recent change in State Government funding for TAFE study courses, ASP casework was able to link Imran to the ASRC education program. He is now studying for his Diploma of Management. Imran is one of the ‘privileged’ asylum seekers who the Department of Immigration has granted work and study rights.
5. LENTARA UNITINGCARE, ASYLUM SEEKER WELCOME CENTRE

The Asylum Seeker Welcome Centre (ASWC) is a small community centre in Brunswick providing a safe and welcoming space for asylum seekers.

“This is a really good space to establish networks for those people. But it takes a bit of time, obviously and it depends on the person’s personality.”

Programs and services provided

The ASWC provides information and referrals to asylum seekers and facilitates a range of links to community and other services related to asylum seekers’ situations. It has a different service delivery model, with the main objective being to provide a safe, welcoming and open space, rather than focussing solely on ER.

The core services that are available are therefore:
- Computer, internet and phone access
- Individual support and assistance
- Referral to other services where necessary.

Regular programs include:
- English conversation classes (3 times/week)
- Art classes (once/week)
- Computer classes (weekly)
- Excursions (monthly on Saturdays)
- Lunch (each Saturday).

The Centre is based on a strengths-based model that provides for a place that helps people to find connection and community, a ‘second home’. “Most people are coming seeking to build connections. And they got a lot of time on their hands. … We try to foster the ability for people to feel useful. That’s the kind of most basic need we all seek and that’s a really common theme: ‘I want to do something.’ And we can’t always accommodate that but we are trying.”

Interview respondents report that many asylum seekers feel frustrated or find it difficult to find meaning as there is nothing much they could occupy themselves with. “They may have an interest in sports but they do not know how to act on it.”

The ASWC is able to run various programs such as photography, exhibitions, painting and dancing and singing classes. The choice for such programs depends on the participant’s interest and what funds are available at the time. “So we arrange photography and other art events, sports events or excursions. We are constantly trying to adapt our programs to fulfil their needs and to also foster the abilities they have.”

The focus is on projects that provide users an opportunity to express themselves, to use their strengths and give them something meaningful to do. “Asylum seekers come here and get involved in things of their own interest which is empowering for them in different ways.”

Despite this strength-based model, the Centre does have food programs with a drop-off every week and also receives food vouchers from time to time which are then distributed to their users on a case to case basis. “Having said that: there was a time where we had food vouchers and handed out travel tickets [prior to Myki]. But that creates its own kind of balance – where people may just come in and say: ‘Oh, we’ve heard you’ve got food vouchers. We want some vouchers.’ … But that’s not how it works now; we don’t have

74 For more information on the ASWC’s work see: http://www.asylumseekerprograms.org.au/
vouchers on a general basis anymore; we don't operate in that way. It's preferable for us to
not have that focus. Only if you a part of the Centre [e.g. a regular visitor] then we can, at
times, hand out some of those vouchers."

'At times, we get a lot of donations in and then we pass them on to people. But we don't have
great storage. If things are still in good condition then we can usually find someone quickly and
give it to them.'

The ASWC does have twice-weekly lunch programs and there are also plans to re-establish
the regular, fortnightly community dinner which were considered very popular in the past.
"This place kind of self-selects with a number people coming in just for the community
dinner. With about 70 people coming in every week the need was certainly there. Back then,
we needed to make sure that it didn't become a sort of soup kitchen. We didn't want to
create the impression that it doesn't matter if you don't talk to anyone."

Also, a community garden was developed at the front of the ASWC and is maintained by
asylum seekers and volunteers. The produce grown in the garden is used to supplement the
Centre's meals program and has become a place of recreation and relaxation for many.

Service user profile

During 2013 the ASWC received approximately 5000 visits in total. In this period, the ASWC
registered 345 new service users which is a large increase on previous years, with large
increases corresponding to when people were released from detention centres. Most
service users were living in the community on Bridging Visa E and a small percentage
5-10% were in Community Detention.

Over the last 12 to 18 months, approximately 75% of people visiting the Centre were male
and approximately 70% of them from Iran. A small percentage (<5 per cent) of service users
were families with children. Other nationalities include people from Afghanistan (second
largest group), Pakistan, Burma and some Africans. Most of the asylum seekers are living in
the community on BVE.

A large percentage of people accessing the ASWC are from nearby suburbs, i.e. Fawkner,
Coburg, Brunswick, Sunshine, Preston, Reservoir, St Albans and Broadmeadows. A number
of asylum seekers also come here from places such as Dandenong.

About 70-80 percent are estimated to not have any family in Australia. One reason may be
that as many of them arrived by boat; they were not able to pay for all of the family to travel
and therefore hoped to apply for family reunion afterwards. During the interview, the
respondent stressed how vital the support networks are under the given circumstances.
"People are amazing at finding networks and in supporting each other."

In terms of financial situations, most of the ASWC’s users are receiving some form of income
support, with a majority receiving an 89% equivalent of Newstart Allowance. In some cases,
people have either less income or no income at all. "Most people are constantly seeking to
supplement what they’ve got. They try to find cheaper accommodation and to supplement
their food needs or transport expenses. … People are able just to survive in this regard, I
suppose."

Referral process and eligibility criteria

In contrast to other ‘mainstream’ service providers, the Centre provides services to asylum
seekers only. ASWC’s assistance is available to all people seeking asylum in Australia.
"Every client who comes in does an intake form, so we know who they are, what their visa
status is. We take a photo copy of their immigration card [introduced in 2013] just so that we have their information on file.”

Most of their services are offered on a drop-in basis, however individual support and assistance is available. Asked about potential communication barriers with the Centre’s users, this wasn’t considered to be an issue. The respondent mentioned that they ‘can still communicate in terms of basic needs’ and because the participant’s attitude to help each other out and to interpret for each other.

Most of the asylum seekers accessing the Centre now have case workers assisting them. In most cases, the referrals are being made by organisations such as AMES, the Red Cross and the ASRC who refer their service users to particular programs offered.

Other local agencies such as Lentara UnitingCare Broadmeadows, Salvation Army (Brunswick) also provide assistance to the Centre’s service users and are accessed for general assistance with ER and material aid. There are also a range of other service providers offering case work and other help to asylum seekers. The ASWC tries to avoid duplicating their work. “It’s kind of up to us to establish what they have been provided for already and what they still need.”

Agency comments and issues

The value of volunteering and the lack of funds for more meaningful engagement

One of the challenges mentioned by the respondent is that it is hard to identify the needs of people accessing the Centre. “You can pick any need and it is there.”

Many asylum seekers are keen to volunteer at the ASWC as they feel that they are using the facility and would like to give something back. “That’s a big part of people feeling useful, they want to contribute. They come here and use things and then ask ‘How can I contribute?’ Quite a few of our current volunteers previously sought asylum.” A large number of participants are highly educated, with university degrees, and have worked in professional fields back in their home country. They want to work in that field even if just as a volunteer [as many of them have no work rights in Australia]. “They know that it can be quite some time that they will get work in their field or any other. … So they want to volunteer in the specific area where they’ve got skills previously.”

Helping them find such opportunities was considered a challenge as this would require more time and intensive casework which is hard for the ASWC to provide. “That’s hard; it’s a difficult thing. Here we can only offer general volunteering. … There is an unmet need I suppose, matching people with specific qualifications to suitable volunteering options.”

Having additional funding for specialist staff would mean that the ASWC would be better able to provide these services. “If we would have the capacity to sit with the individual and to have detailed discussions about their skills… That would strengthen our capacity to assist them to find organisations where they could use their skills.”

Uncertainty around the service user group

Another issue raised by the respondent is that the constant demographic changes in their user groups create ‘an atmosphere of uncertainty’ in terms of planning for future programs and activities. ‘That certainly creates challenges in terms of setting up programs. Because at one time they are living up here and they’ve got this mobile phone number. A couple of weeks later they live somewhere else and have a different phone number.’ While some keep coming back, others are absent for weeks trying to find better and more affordable accommodation or are busy otherwise.
6. UNITINGCARE WERRIBEE SUPPORT AND HOUSING

Over the last year, UnitingCare Werribee Support and Housing\(^75\) (UCWS&H) became increasingly aware of the increase in the number of asylum seekers being settled in the Wyndham area. Prior to October 2012, there were no requests from asylum seekers for ER. However, demand for UCWS&H services has increased significantly over 2013 with large numbers of asylum seekers accessing their services daily.

**Programs and services provided**

The same services are provided for asylum seekers and permanent residents on a drop-in basis. Services asylum seekers can access are:

- One food parcel (fortnightly) based on choice of items by users themselves
- One food voucher (every four months)
- Fresh fruit and vegetables (available on daily basis, no support letter required).

In addition, when in stock, material aid can be provided in terms of clothing, pots, toys, nappies and other household items. The agency generally can’t provide assistance with items such as furniture, fridges or utility support/bills. However, in rare cases, some furniture items are made available if a person is in particularly desperate needs. A case by case basis approach is taken due to the limited resources and high demand levels. "We don’t have much in storage. In cases where we help one person we have many more coming in and expecting us to help out with furniture which we would like to do but aren’t able to sustain."

From July 2013 to December 2013, between 11 and 38 food vouchers and between 16 and 49 food parcels were distributed monthly to asylum seekers.\(^76\) The ER provided to asylum seekers over this time period compared to the total numbers of ER provided fluctuated between roughly 5-25 percent. In addition, agency data suggests that asylum seeker families were the second highest grouping for Christmas donations.

Individual advocacy, social inclusion activities and occasional help with referrals are also services provided by the agency. A collaborative approach is taken when working together with local networks and other agencies, e.g. to facilitate referrals to the right service provider and to provide additional information and resources.

**Service user profile**

From October 2012, the agency’s noticed a new demographic within its ER program. Users were increasingly made up of young single Sri Lankan males with bridging visas and placed into the community within Wyndham. From early 2013, increasing numbers of young families from Iran, Iraq, Afghanistan, Bangladesh, Pakistan and Myanmar were also being housed in the area, either on bridging visas or in community detention. At the end of 2013, the main groups presenting at the UCWS&H office were mainly from Iran (about 70-80 per cent, Persian speaking), Sri Lanka (about 20-30 per cent, Tamil speaking) as second largest group and Afghanistan.

Most of the asylum seekers accessing ER are on bridging visas (type E), with some in community detention. They are usually groups of single men living in the same house/unit. At times, single women are also presenting at the office. They are usually coming in by themselves and can’t speak sufficient English. “I haven’t really seen many that come in with people who know the service. I don’t think they have many people who they know and who support them and show them where to go to.”

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\(^75\) For more information see: [http://www.wsh.org.au/](http://www.wsh.org.au/)

\(^76\) The total monthly funds spent by UCWS&H on both food vouchers and parcels were between $24-26,000.
Referral process and eligibility criteria

To be able to access UCWS&H services, participants must present a support letter from a case worker confirming the address to prove that they live in the catchment area of the agency (City of Wyndham).

The main ongoing support provided to users is still by their allocated case workers from AMES and sometimes from Red Cross. These caseworkers provide the asylum seekers with a general letter stating that they need additional assistance. Likewise, they provide referral for assistance with ER and material aid. Due to the English language barriers many asylum seekers have, UCWS&H often has to contact their case managers to discuss a range of issues and to clarify matters.

In most instances, asylum seekers are coming to the office by themselves, either in small groups or by themselves. In some instances, they have an Australian support person with them who is taking a family member in.

Agency comments and issues

Inadequacy of local infrastructure, e.g. housing affordability

"We were concerned that a new ‘cohort’ of residents were being settled in a growth corridor which has inadequate private rental stock, limited opportunities for local employment resulting in high numbers of people dependent upon agencies such as ours for ER and other material support."

Lack of material aid to meet demand

The main challenge ahead for UCWS&H is to identify funding sources to help meet the growing needs of asylum seekers coming to live within Wyndham. Information provided by UCWS&H suggests that demand for ER and material aid in the local area is outgrowing the capacity of local community networks and the supply available. “A $50 vouchers for single adults goes very quickly. Sometimes we have to ask the user to come back later for further assistance.”

Due to the limited resources in material aid supplies, e.g. furniture, clothing and household items, UCWS&H made the decision to only assist on a case by case basis. At times, asylum seekers who have been living in the area for longer time periods still come into the Centre looking for mattresses. Many of them, however, cannot be assisted.

Due to incorrect information about the agency’s capacity to assist with material aid, there have been recent cases of asylum seekers presented with a letter asking for assistance which can’t be met. “I think they give clients contact details for agencies they can go to for help with ER. But sometimes this information may be somewhat inaccurate. They might expect to get certain things but when they actually get there they can’t get the things they thought they would.”

Communication issues and lack of capacity to provide intensive casework

Due to the limited English skills of many asylum seekers the UCWS&H often has to contact their case managers to discuss a range of issues and to clarify formal matters e.g. on service eligibility or about UCWS&H’s (lack of) capacity to provide material aid. The expectation is also that the asylum seeker should be able to look for the things they need themselves. “It must be hard at times because they don’t speak much English. All they have is a letter stating what they need.”

"Can You Please Help Me? How Can We Live?"
At times, it is also challenging to communicate UCWS&H’s eligibility criteria to asylum seekers. “Sometimes asylum seekers come without a support letter, and then we have to call their case manager to explain the situation and to have the letter provided.”

The additional workload puts added pressure on frontline staff who often deal with people “who don’t know how to express what they came in for which is very difficult. We cannot arrange for an interpreter every time as we do have quite a number of asylum seekers coming in every week. Therefore, quite often, we have difficulties explaining to asylum seekers certain procedures regarding what we can help them with. … A volunteer recently helped us to develop an information sheet in Persian that we can now utilise and that helps.” This information sheet provides details e.g. on how they can apply for food vouchers or food parcels in Wyndham.

Added to this challenge is the difficulty in being able to contact some of the case managers in the first place. “Some respond straightaway whilst other workers need two or three days before they get in contact with the agency. But once you have established personal contact then it’s pretty good.”

Further, some asylum seekers present to the office without having a case worker or any support letter. This is because they may have heard through informal networks e.g. a friend that UCWS&H can assist. ‘Then it becomes hard to assist them because our ER eligibility criteria ask for the confirmation of the visa type and their address. Sometimes the agency can give some support as a one-off. It’s usually a parcel as we can be more flexible with them while we waiting for the case manager to contact us. … Some of them have to wait a few weeks before they are given a case manager. And that must be quite hard for people because they can’t provide anything to prove their status that they need help.’

Community engagement activities to address social exclusion

UCWS&H found that asylum seekers living on very low incomes are stressed financially and mentally. The agency identified that some of the asylum seekers in their area required an opportunity to become engaged and to prove themselves, e.g. by taking up volunteer opportunities. This would assist with their English skills development, increase confidence and contributes to better knowledge of their local community and how to access services and information.

“We were also concerned at issues including social isolation of this group and undertook some community development activities involving the service users and local community agency networks. We have shared information, data and ER software which has enhanced the collaboration between network agencies.”

As a result, UCWS&H initiated a number of community development projects with local sporting clubs, service providers and churches to focus on community engagement. This involved the introduction of Sri Lankan (Tamil) young men interested in playing cricket. 16 young men participated and played through the Western Suburbs Cricket Association and United Tarneit Sports Cricket Club culminating in a weekend cricket match.
“UCWS&H contacted many agencies and case managers who are working for asylum seekers. For example, contacted a local cricket club and arranged a meeting with the club and the asylum seekers who were interested in playing cricket. Sixteen Sri Lankans attended this meeting who were living in this local area. Most of them did not know each other previously but once they began to talk to each other, they appeared to make immediate connection. They expressed their strengths when they met the people from their own background. ... Four members of the local cricket club welcomed the asylum seekers and invited them to join the local club. Asylum seekers seemed happy to join in with the local people.”

7. CHURCH OF ALL NATIONS

The UnitingCare agency Church of All Nations\textsuperscript{77} (CAN) offers ER to residents of Carlton, North Carlton, Parkville, North Melbourne and Melbourne Central Business District, as well as to people living with homelessness or who are transient, living in rooming houses and sleeping rough in Fitzroy or North Fitzroy.

\textit{Programs and services provided}

Most of the services are offered on a drop-in basis.

Services that users can access include:

- A selection of food from the pantry (an individual is eligible for food fortnightly)
- Assistance with public transport cards (once every 3 months)
- Assistance with pharmacy expenses (3 months)
- Telstra phone bills (annually)
- Advocacy, referrals and counselling.

\textsuperscript{77} For more information see: \url{http://carlton-uca.org/}

Source: Image is courtesy of UCWS&H

"Can You Please Help Me? How Can We Live?"
Service user profile

The main service user groups are from Afghanistan, Sri Lanka and countries in the Horn of Africa. Some are also from Iran and Iraq. Most of them don’t have their families living with them in Australia and seem to have limited social networks.

CAN assists a very small number of asylum seekers, only about 10 every year. CAN didn’t notice any significant increase in the number of asylum seekers accessing their ER services. Most of them are assisted on a one-off basis as they are usually out of CAN’s geographical catchment area which is City of Melbourne and City of Yarra. They don’t have the resources to keep any detailed records of the asylum seekers they do assist, for example about their visa status.

Referral process and eligibility criteria

The same community support and ER services that are provided to permanent residents are provided to asylum seekers. To be eligible, a current identity document is required. It is assumed that most of them hear about the service by word of mouth. Some may hear about CAN from the ASRC and the Red Cross.

Where necessary, CAN refers asylum seekers to other services, e.g. the Brotherhood of St Laurence, the Red Cross and other local churches for food assistance. They may also be referred to northern metropolitan services where many of their users tend to live. For legal services and advice, asylum seekers are usually referred to services like the Refugee & Immigration Legal Centre or to the ASRC.

Communication is not generally an issue given the small numbers of asylum seekers accessing the service. Of the ones CAN does see, they can usually communicate about basic necessities, like picking up food. “If they’ve got minimal English which is most of the time, it’s all ok. Particularly if it’s for basic things, like food or vouchers, it’s a routine thing.”

Agency comments and issues

Funding for material aid and social activities

One of the challenges discussed for the agency relates to the need for funding, e.g. for material aid and also social activities programs. Activities such as volunteering and other educational opportunities could be offered to increase social inclusion.

“To have no work rights and training opportunities, that would be a tricky thing. Some agencies have certain criteria that mean they are not able to take on asylum seekers as volunteers. You’d think if asylum seekers wish so and have the kinds of skills, that would be a good opportunity for them to feel a bit more welcome and included, I guess.”
8. UNITINGCARE CUTTING EDGE: A REGIONAL SNAPSHOT

UnitingCare Cutting Edge\textsuperscript{78} (UCCE) which services the greater Shepparton area does not provide substantial ER to asylum seekers as they are not funded for this service. However they are contracted by DIBP to deliver the Community Assistance Support (CAS) and the Asylum Seeker Assistance Scheme (ASAS) to asylum seekers in rural Victoria. Due to recent DIBP policy changes there are currently no asylum seekers accessing CAS in the service.

Programs and services provided

As outlined in Chapter 3, contracted agencies such as AMES, the Red Cross and UCCE (in Shepparton) provide the basic ‘light touch’ case work - ensuring Medicare, health, financial support, bond and rent in advance.

Services and support through CAS include:

- Help with basic living expenses
- Help sourcing suitable accommodation
- Essential health care and medical expenses
- Counselling referrals and other support to meet basic health and welfare needs.

UCCE is also contracted to deliver ASAS. After the initial 6 weeks CAS program, if the service user is assessed as requiring basic health and welfare support only, the client can be referred to ASAS. Support provided through ASAS includes financial support and basic health and welfare support. At times, UCCE can also provide some food vouchers but this needs to be DIBP approved. In the 2012-2013 financial year, UCCE delivered ASAS services to approximately 117 asylum seekers.\textsuperscript{79}

Service user profile

The main home countries of asylum seekers assisted by UCCE are Afghanistan and Iraq. Users are all single (unaccompanied men) mainly on bridging visas (type E) when they are placed into the community. They don’t always have family in Australia but will usually have a link. This could be family or generally a friend from detention or a friend of a friend. Sometimes the general community helps out with support.

Referral process and eligibility criteria

UCCE assesses and refers people to the appropriate service providers for health issues. In relation to material aid they facilitate client referrals to St Vincent de Paul, The Salvation Army and Foodbank Victoria, for example. Families are specifically eligible for material aid support with approval from the DIBP for the eligible amount.

As part of the referral processes from the DIBP to UCCE asylum seekers will have a nominated caseworker. With regards to applicable policies and guidelines – the DIBP provide the relevant policies and AMES also give guidelines and directives.

Agency comments and issues

Lack of affordable and secure housing

Similar to other respondents, the UCCE respondent mentioned that the financial and material situation asylum seekers are in looks very basic and bleak, including their housing

\textsuperscript{78} For more information see: http://www.ucce.org.au/

\textsuperscript{79} The maximum number of service users at one time in the program was 117. Asylum seekers come and go between regions and some choose to return to their country.

"Can You Please Help Me? How Can We Live?"
status. Asylum seekers are eligible to receive 89 per cent of the Newstart Allowance administered by AMES.

To secure affordable housing was thus perceived as one of the main challenges asylum seekers using their services are struggling with. “There is limited assistance to find genuine good quality housing which is a challenge in the region and their accommodation is often overcrowded, their belongings very limited and they live where they can and are often exploited by unscrupulous landlords.”

9. KILDONAN UNITINGCARE: A SPECIALIST SERVICE SNAPSHOT

UnitingCare agencies provide a much broader range of services to asylum seekers than just direct ‘hands-on’ ER. The following snapshot demonstrates how asylum seekers are supported not only in the area of ER and material aid but also assisted through other means, including through innovative financial education and planning initiatives.

In the past year alone, Melbourne-based community agency Kildonan UnitingCare, which assists more than 15,000 people annually, has seen a 40 per cent increase in demand for its family support services, and over 100 per cent increase in energy and financial inclusion services.

Kildonan UnitingCare works with asylum seekers living in the community through its Energy and Financial Inclusion programs. One example is the energy visit program, which assists vulnerable and low-income households who experience difficulty meeting and paying for their energy needs. The program offers information about easy and affordable ways to use less energy in the home, one-on-one budgeting assistance, information on rebates, grants and concessions, advocacy and referrals to other support services.

Programs and services provided

The following two case studies illustrates how this agency provides services to asylum seekers living in the community on bringing visas by providing them with the tools to understand and control the energy used within their home.

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80 For more information on the agency’s programs and services see: [http://www.kildonan.unitingcare.org.au/](http://www.kildonan.unitingcare.org.au/)
Kildonan UnitingCare: Case Study 1 - Mohammed and Hamina

Mohammed and Hamina are on bridging visas and were referred to Kildonan’s Energy program by their AMES case worker. They had spent time in off-shore detention, and have been living in a private rental property in the Dandenong area for the past 9 months. The apartment they occupied has no gas services. All appliances are electric.

The couple was barely surviving week to week on their income as they struggle to cover living costs, have no ability to access utility concessions, and have accrued an electricity debt of more than $600.

To save on costs Mohamed and Hamina ceased using any heating during winter and survived by wearing extra clothing, huddling under blankets when stationary. They also stopped using the electric hot plates and oven in the kitchen and were relying on a small gas camping stove to cook their meals. The use of non-flued gas was a major safety issue.

Because the large 230L electric hot water system is connected to a “peak metre”, it means that the hot water unit heats water at the rate of approx. $1.25 per hour - various times throughout the day and night. For example, if the unit heated for only 4 hours a day on average the cost each bill would be $450.

An older “high flow” shower head was also fitted in the bathroom resulting in large amounts of hot water (approx. 27L per minute) being used whenever the shower was turned on. Mohammed and Hamina were not aware of the cost of the hot water system but had already begun showering for very short times every second day.

When the Kildonan Energy Advisor arrived to conduct the visit the couple were stressed, living with the blinds closed, barely any food in the fridge, and in a state of despair as they did not know what more they could do to lower their costs.

With the use of a phone interpreter the advisor:

- Assisted the family to understand how to read their electricity bill
- Provided energy efficiency advice
- Assisted with an application for $500 Utility Relief Grant
- Contacted the AMES caseworker to highlight hot water system issue and need for a low flow showerhead
- Provided information to assist the case worker to advocate for relocation to more energy efficient property with gas heating and hot water
- Referred the couple to local multi-cultural centre for further resources and support
- Referred the couple to local ER provider.
Agency comments and issues

Kildonan UnitingCare identified the following program specific issues asylum seekers face:

**Poor housing**

The asylum seekers that access Kildonan’s program are generally forced to take the cheapest housing they can find. This results in housing stock that often is of poor quality and has a range of issues such as - draughts, lack of insulation, exposed west and north window areas, hot water systems charging on peak meters, all electric heating and cooling appliances (no gas), poor infrastructure - faulty heaters, leaking taps and hot water systems. All these factors contribute to high electricity costs.

**Tenancy and utility rights**

Related to this, asylum seekers often lack knowledge of their tenancy rights leaving them prone to mistreatment by unscrupulous landlords, and often confused in relation to utilities provision. Requests to landlords for urgent repairs to essential items such as heaters, and hot water services can often be ignored. An inability for asylum seekers to successfully advocate for themselves often result in these issues not being highlighted or solved.

**Lack of understanding how to use household appliances**

Many of Kildonan’s service users also lack the knowledge of how to operate appliances appropriately, again leading to higher utility costs. In some cases gas hot water or heating systems are not being used when pilot lights have gone out and people do not know how to re-light the systems.

**No access to government concessions and hardship programs**

Asylum seekers are also excluded from government concessions that are otherwise available to vulnerable and low income communities such as - healthcare cards, transport concessions, utility annual/winter concessions, medical cooling concessions and life support machine concessions. This contributes significantly to the financial difficulties that asylum seekers face. This is exacerbated by utility companies which sometimes restrict access to their hardship programs, as well as utility relief grants, because asylum seekers do not have health care card or pensioner concessions.

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Kildonan UnitingCare: Case Study 2 – Young asylum seekers living together

Four young men who live on bridging visas occupied a house in the Melbourne suburb of Thomastown. The men were being supported by AMES but at the time the Energy Advisor visited the property the lounge was practically bare of any furniture. The four men lived sitting on the floor and could barely cover utility bills, food, and rent. They had managed to scrounge belongings such as beds and a TV from what they could find on the nature strip during hard rubbish collection days.

The advisor assisted to:
- Provide energy efficiency advice
- Connect them to retailer hardship program
- Apply on their behalf for Utility Relief Grant; and
- To source additional essential household items, e.g. extra bed, doonas, microwave, clothing
CHAPTER 5: AGENCY ISSUES AND COMMENTS

This section summarises the main issues and comments raised by UnitingCare agency staff who participated in this study. Most of the points relate to the current policy environment and ‘on the ground’ challenges both UnitingCare services providers and asylum seekers face in providing and accessing support services.

As mentioned, there are limitations to what issues and challenges will be discussed in the following two sections. Due to limited scope and timeframe, the report only includes a number of metropolitan UnitingCare agencies and one regional service provider. Moreover, not all programs and services offered by the UnitingCare network have been outlined in the report. Thus, the following information and recommendations are general propositions and indicative only.

a. Agency issues

According to participants, the following issues must be addressed in order for UnitingCare agencies to deliver adequate and appropriate services in a more sustainable way:

→ Limited resources, increased demand and lack of funding

Our research findings confirm an increasing gulf between the resources needed and the resources available to agencies. Growing reliance on UnitingCare’s ER services by asylum seekers has increased financial pressure on an already under-resourced community services network.

Several agencies reported that they are spreading resources thinner without any additional funding towards program costs. To be able to spread their resources to more people, agencies reported that for some services they had to put a limit on the number of asylum seekers who could be accommodated. At times, some ER networks are forced to turn users away multiple times, particularly with ‘bill payment assistance and food vouchers only being a one-off’. In addition, a number of respondents mentioned that their agency experiences significant challenges to provide sufficient and adequate material aid (e.g. furniture, bedding and household items) to asylum seekers, particularly where these needs compete with those of other user groups. For example, some agencies didn’t feel it to be appropriate to be in a situation where they are forced to take off money from other service user groups, e.g. people at risk of homelessness.

Also, interviewees repeatedly mentioned that due to limited resources and high levels of demand, there is a lack of capacity to develop and provide other urgently needed programs such as social activities or specialist intensive casework. The high number of asylum seekers presenting at some of the agency sites also put additional workload and pressure on frontline staff. It was also raised that service gaps are not appropriately identified which contributed to a situation where levels of ‘real’ demand are unknown.

In addition to inadequate levels of funding, the uncertainty around the regulation of funding grants was also mentioned as an issue. A number of respondents suggested that it is often challenging to know if they are legally permitted to use their funds for assisting asylum seekers or not. Other respondents however mentioned that while they have to report how they use their money they previously had been permitted to use it for asylum seekers.

→ Need for targeted and equal level of services

A number of respondents acknowledged that the level of access to services should ideally be the same for all users. However, this was a challenge due to the insecure visa status of most asylum seekers which add restrictions and legal complexity to service provision ‘because they are temporary’.
Participants also mentioned the challenge of identifying asylum seekers’ specific and unique needs and to tailor their programs and services accordingly. This was seen as a worthwhile and important task which is difficult to accomplish without the necessary resources to enable intensive casework.

→ Communication with referral agencies

A number of respondents mentioned that they regularly have to contact referral agencies’ case managers to discuss formal matters, e.g. on referral letters, service eligibility and appointment issues. Where ‘follow-ups’ are necessary, it was reported that case managers can often be hard to reach. Also, re-referrals were sometimes necessary as asylum seekers either weren’t informed about the correct appointment date for office visits or material aid deliveries. The speed of changes to staffing levels of referral agencies was also repeatedly mentioned as a challenge.

In other cases however, this does not appear to be an issue. For example, one respondent particularly mentioned that ‘it is easy to get hold of people in the office’, with case managers even ‘bringing people in for the first time’.

→ Communication issues and language barriers

Communication barriers between agency staff and service users were also repeatedly mentioned as being a challenge to provide effective and adequate assistance. This issue became particularly prevalent after the number of peoples who presented doubled and tripled, in some cases within months.

Given their workload, frontline staff often struggle to make arrangements for language services or other support. For example, due to language barriers some of the respondents experienced difficulties to explain organisational policies and procedures and also the types of supports they can provide. The limited English skills of many asylum seekers often means agencies have to contact case managers to discuss a range of issues and to clarify formal matters e.g. on service eligibility.

A further concern mentioned by several respondents, is that they perceive mental health problems to be prevalent in many of the asylum seekers accessing their services. As most agencies are not able to provide intensive casework and have a focus on direct ER and material aid provision, they are unable to work to accommodate these additional needs. “We wouldn’t invite people actively to talk about their personal issues. At the moment, we are not qualified to manage the sorts of situations that would come up if they would be more engagement with the client asking about their particular situation."

b. Asylum seeker issues

Due to their displacement, refugee experience and the disruption to their personal and family life, many asylum seekers living in the community experience high levels of marginalisation and multiple disadvantages. Outlined are some of the main issues and challenges – as identified by agency staff - this user group are faced with daily:

→ Low levels of income support and high living costs

In terms of financial and material situations, a number of agencies reported that most of their users are receiving some form of income support, with a majority receiving an 89%
equivalent of Newstart Allowance. In some cases, people have either less income or no income at all.

Living on such low levels of income support was regarded to place ‘financial stress’ on people. Already, the Newstart payment is at only 40 per cent of the minimum wage which was perceived as being far too low to adequately meet living costs.

“Asylum seekers are marginalised in the same way, if not under same circumstances, as permanent residents because they don’t receive sufficient money under Newstart Allowance and asylum seekers do not receive enough money through ASAS or CAS.”

The high and increasing costs of private rentals, household expenses and high utility costs were considered to place additional hardship on individuals and families. Several respondents also raised the issue of asylum seekers having no access to certain government and company concessions and hardship programs. For example, they are excluded from concessions for vulnerable and low income communities such as healthcare cards and certain utility grants and concessions. This leaves asylum seekers with no other choice than to try to access support services, exacerbating their experiences of multiple disadvantage, poverty and social exclusion.

‘The capability to receive an income is really low. So they are sitting in suspension and in the meantime it’s all pretty much only about survival.’

→ No right to work and limited access to training and education

Unemployment is generally regarded to be one of the major causes for poverty and disadvantage. Agencies in this study confirm that a large part of the asylum seekers accessing the surveyed UnitingCare services don’t have the right to work due to the conditions of their temporary bridging visas. This leaves people in positions of severe disadvantage and at risk of economic and social exclusion at their most vulnerable phase of resettlement and community integration.

The findings also confirm that most asylum seekers have very limited study rights which creates barriers to accessing education, training and employment opportunities, leaving them with little they can occupy themselves with and little hope of building a better future.

→ Lack of affordable, adequate and secure housing and other critical infrastructure

Limited housing options were also considered to be a key challenge for asylum seekers living in the community. Several interviewees raised concerns that many are unable to access affordable and secure housing and accommodation. This report’s findings confirm recent research conducted by the UNHCR that asylum seekers are generally forced to take the cheapest housing they can find. This results in housing stock that is often poor quality, unsafe and has a range of issues such as overcrowding and poor infrastructure. Even in cases where asylum seekers are placed are in outer Melbourne areas, the respondents mentioned unaffordable high private rental costs and overcrowding as issues contributing to the threat of homelessness. Adding to the difficulties, a lack of knowledge leaves this group open to abuse, exploitation by unscrupulous landlords and poor housing conditions.

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81 Some educational programs are delivered by Red Cross and AMES. However, a range of other education and training can’t be accessed because of the asylum seekers’ difficult financial situations.

82 Only a very small number of agencies offer accommodation for this group. Lentara UC, 2013, Resource Kit.

In addition, living in isolated outer areas of Melbourne means that asylum seekers are often far away from or otherwise unable to access other critical infrastructure and support services. “Even in cases where there is only low-quality accommodation available, there is not much money left for food, clothing and transport.” A number of respondents reported that the current Commonwealth Government system puts asylum seekers into communities which at times don’t have adequate support services. “After six weeks of short-term assistance, asylum seekers can be on the streets as not enough case work is there. They need to find quick assistance; but there’s nobody there they could ask for help.”

This confirms recent findings by local welfare groups in Dandenong which described how the inability to take up paid employment is forcing people into dependency on charities and puts them under great stress. "It’s almost impossible for these people to exist unless they go into share houses with up to 10 people."64

→ Lack of access to information and services

Another identified barrier is the difficulty in understanding information provided by service providers. Language barriers also make it difficult for service users to understand the often complex processes and guidelines applicable to receive services. Several respondents mentioned that the expectation may be that asylum seekers should be able to seek what they need themselves – a very challenging task, given the lack of awareness of entitlements and supports available.

Also, asylum seekers are hindered in their use of technology, such as computers and the internet. Having to pay high rents and high living costs means that they do not enough money for other necessities, e.g. access to an internet connection and therefore access to inform themselves about what they need and which services to access (for what purposes).

“Even the library may not be accessible for many as they are not holders of a concession card. They may have to pay for being able to use the computers, money they wouldn’t have to spare.”

A large percentage of this group also lack sufficient knowledge on issues such as financial management and household budgeting. Young asylum seekers in particular may not have been exposed to the experience of looking after themselves, and to managing bills and budgeting. This is why, for example, some fail to understand the connection between energy usage and bills.

→ ‘A life in limbo’: uncertainty, social isolation and its adverse impacts

Asylum seekers are perceived to have difficulties to integrating into the local community as they are in a ‘limbo’ situation.

Many users accessing agency services are perceived to be traumatised by personal experiences of fleeing persecution in home countries, as well as long periods of detention. Leaving their families behind (often in refugee camps) also adds to the distress, worries and uncertainty many feel about their own future.

Outstanding visa applications for permanent protection add to the insecurities asylum seekers already feel as the application determination process can take many years. The policy changes announced recently would have placed all asylum seekers waiting for the

outcome of their permanent protection visa applications onto temporary visas - without any chance to gain permanent visas.  

This was considered to have additional negative impacts on people’s mental health.

“\textit{It’s not much better now, the allocations have been put on hold until June 2014, so clients on bridging visas E are back to all the uncertainties with no work rights or chance of getting family here. ... For them it may be hard to ‘settle’ as they are uncertain of the political environment. Thus, there is not much security for them or an incentive to be motivated to interact with the local community, for example, through activities and participation. Many seem to ‘opt out’}.”

Having no or only limited access to mainstream services, an inability to work and pressures of high living costs also compounds mental health issues. In addition, interviewees report that many feel frustrated or find it difficult to find meaning as there is nothing much they could occupy themselves with.

Given the mentioned lack of mental health expertise, agency staff and service users are placed in a difficult situation with critical health needs unaddressed. Key survey findings from one agency confirms this stating that 55% of asylum seeker presented report health issues, with most of these relating to mental health. Further, a majority of users had traumatic experiences related to torture, trauma detention and uncertainty.

This leads to further anguish and isolation for many people with a number of them avoiding any expenses due to fear of further debt. For example, participants noticed asylum seekers often avoided leaving their homes but did not heat their home adequately - mainly due to fear of expensive bills.


\footnote{Due to the limited direct and in-depth engagement of the majority of respondents with asylum seekers living in the community they felt it difficult to comment in detail on health and mental health and related issues.}

\footnote{UCWS\&H, 2013, \textit{Needs of asylum seekers live in the community moving into Wyndham municipality}, p. 23 [unpublished].}
CHAPTER 6: RECOMMENDATIONS

This section outlines general recommendations for government, the community sector (including UnitingCare) and local networks to ensure asylum seeker living in the community can better access adequate services and support while awaiting their visa application outcomes.

1. Provide sufficient funding for emergency relief and material aid

This report’s findings confirm the perception that there is a serious need that agencies are trying to address without sufficient government funding. As asylum seekers are supported by referral agencies such as the Red Cross and AMES, the government’s general policy position is that they should not rely on additional ER and material aid support. In other words, except in ‘extreme circumstances’, people should be encouraged to live with the financial support received from ASAS or CAS.

Our research however confirms that on the contrary, demand for ER and other support services dramatically increased in 2013 and that UnitingCare agencies are being forced to spread their limited resources to increasing numbers of service users. Given this increasing need which is not being met through ASAS or CAS, funding models need to recognise the gap in ER and material aid for this user group, and fund agencies accordingly. Without this, agencies will be under a growing strain on their resources, with adverse outcomes for both asylum seekers and other user groups.

2. Provide adequate funding for meaningful engagement programs and activities

The research findings suggest that in addition to ER and material aid, asylum seekers are in desperate need of access to activities which facilitate their community connection and engagement tailored to their unique needs and situations.

UnitingCare staff emphasised how beneficial community engagement and social activities are for asylum seekers. Projects that provide participants an opportunity to express themselves, to use their strengths and give them something meaningful to do were considered particularly valuable. In addition to expanding existing services and programs, agencies need to be supported to develop further services, such as men’s sheds, community gardens, cultural events and other activities which help reduce social isolation and build new skills.

A number of UnitingCare agencies already offer this through innovative locally based models of engagement (discussed in section 4). As they have already established a trust base with this emerging group, these agencies are well placed to implement and lead additional engagement and support programs.

Further, programs utilising a strengths-based model as, for example, by the ASWC were considered to be ‘vital for people’s wellbeing helping them to feel useful, build connection and find community - a second home’. An issue raised by the majority of the UnitingCare agency respondents was, however, that those programs e.g. recreational activities, photography, exhibitions, painting and dancing and singing classes can only be offered when sufficient funds are available.

UCWS&H is another service provider who developed a coordinated, proactive approach in response to the emerging needs of this group of new residents which is vital to successful engagement.88 Last year, the agency initiated a number of successful projects with local

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88 UCWS&H, 2013, Needs of asylum seekers live in the community moving into Wyndham municipality, p. 20 [unpublished].
sporting clubs, service providers and churches to focus on community development and engagement.

To facilitate these support services, the regulations that hinder agencies in providing engagement opportunities need to be reconsidered. Agencies interviewed find it difficult to meet obligations regarding privacy, safety and security. For example, to successfully gain police checks for asylum seekers who may be keen to volunteer for a social service provider was very difficult to achieve.

3. **Provide additional funding for specialist staff**

Additional funding for specialist staff is also a key priority to enable agencies to provide effective and appropriate support. This would greatly support users to navigate their daily lives through providing intensive casework, targeted advice, referrals, and individual advocacy. For example, one participant said: “We want a system for asylum seekers to volunteer but they would need so much more support. They would need a support worker to have them assisting in volunteering because we can’t just integrate them easily into the ‘normal’ system.”

Also, additional staff would enable providers to develop innovative and targeted programs that help asylum seekers to ‘orientate’ themselves in their new living environment, including through innovative education and planning initiatives. The financial management issues identified in the Findings section could also be addressed for example, through targeted financial education and planning.

4. **Address communication, language and cultural barriers**

As outlined, as communication and language barriers were considered to be a major issue, agencies would benefit from building their capacity to more directly engage with asylum seekers accessing ER, material aid and other resources. Apart from facilitating community inclusion and support, culturally appropriate resources and information was seen to facilitate access. Interviewees outlined how their agencies address these needs in a practical way, for example, by putting together charts with the pictures of household goods or providing information sheets in community languages detailing how agency visitors can apply for food vouchers or food parcels in their local area.

These initiatives need to be provided with additional resources to enable agencies to deliver services where they are most needed. Also, the sharing of such expertise and resources within the community services network needs to be encouraged to further improve service effectiveness.

In addition to build agency capacity, participants talked about the importance of English classes as this improves people’s ability to interact with their local communities and improves future opportunities. One UnitingCare agency has already engaged with AMES to set up larger scale English language classes programs in the near future. Such efforts also need to be further supported by adequate funding.

5. **Provide opportunities for education, training and volunteering**

**Training and education**

This report and previous research (e.g. by the ASRC) demonstrates that the potential for future employment and community becomes severely limited when asylum seekers are prevented from undertaking education, training or skills development.\(^{89}\)

Historically, a large majority of asylum seekers do eventually gain permanent residency in Australia and became permanent community members.\(^{90}\) It is therefore vital that all asylum

\(^{89}\) For example see: ASRC policy position paper, March 2013, Asylum seekers and the right to work, p. 1.
seekers living in the community are permitted and supported to take up training and educational opportunities (combined with right to work) so that they become self-sufficient and informed.

Training and education has a direct impact on developing this self-dependency, particularly to facilitate gaining employment and becoming financially independent. Educational programs should encompass life skills development, e.g. on financial literacy and planning. In the context of UnitingCare, the set-up of financial literacy groups to provide asylum seekers with information regarding bills, fines and money management has been proven successful in preventing financial crisis at the early stages. More agency sites are currently considering similar programs to assist.

This would however require additional financial resources.

Volunteering

The opportunities to undertake volunteering for asylum seekers in the community are very limited. This is despite the fact that many asylum seekers would like to become engaged and give something back. Our initial interviews with two groups of asylum seekers and with agency staff also confirms this, and see finding work as initial steps to build their future careers and lives. UnitingCare agencies reported previously how the ability to give back and feel active improves wellbeing and integration into the community. 91

As they are unable to work, they need opportunities to be linked to and access suitable volunteering options, preferably in their local communities, which enable them to train their professional skills, to attain new abilities and generally prepare them for future job opportunities. For example, volunteers could help agencies in the required community languages to support staff in their work. At the same time, this would assist with their English skills, increase confidence and engagement, and improve knowledge of their local community and how to access services and information they require. As mentioned above this requires additional support staff to complementing ER/material aid provision and formal case work undertaken by others.

“The assumption in their country they might be in a profession and then coming here that would probably impact quite significantly on their mental health and how they perceive themselves in their lives. It’s a big change coming to a country where you are not allowed to work, to study, to be engaged in things you would normally do in your own country.”

The lack of additional funding for specialist staff to help to find appropriate volunteering opportunities is a considerable challenge. For some UnitingCare agencies having specialist staff would mean that they would be better able to provide these opportunities (see recommendation 3).

6. Grant all adult asylum seekers in the community the right to work and assist agencies to help with job searching

Our findings confirm the hopelessness that many asylum seekers feel in their inability to take on work and be financially independent. Giving all users the right to work is therefore a critical first step to addressing the material disadvantage faced by asylum seekers. Our

research also confirms earlier work\textsuperscript{92} that users do not want to be dependent on welfare and only access ER and other support because of the lack of other options available to them. Respondents mentioned that many people they support are highly educated, with university degrees, and have worked in a variety of professional fields back in their home country. Ideally, they want to work in that field of passion and expertise. The lack of additional funding for specialist staff for intensive casework is a barrier, not just for finding volunteering opportunities but to helping users find gainful employment (see recommendations 3 and 5).

7. Build and strengthen local networks to effectively respond to emerging needs

Our research also details the importance of continuing to identify, promote and build community partnerships to advance innovation and to enable information sharing.

Several respondents reported how their agencies are already acting on this and how their local ER networks play a key role in identifying trends in people’s needs. This is because agencies and their representatives have a demonstrated interest in joint work to help address common issues, including lack of resources at a local level or the challenge to source safe and secure accommodation for their service users.

ER Victoria outlines how local ER networks can be used a ‘mechanism for sharing information, resources, and key intelligence about what's happening on the ground when clients present to agencies’. One of the benefits of community partnerships is the ability of ER services to make referrals within their local network.\textsuperscript{93} Importantly, these partnerships may also include ethic groups and multicultural organisations that can greatly contribute to capacity building and culturally appropriate service planning.

Further, local councils, for example, should be encouraged to take the lead to resource and coordinate such networks.

‘The Wyndham Community Agencies Network, the Humanitarian Network, local churches and a number of community groups would like to work in collaboration with Council in hosting a forum enabling discussion and information sharing regarding our current involvement and capacity to support this new and growing group to engage in our local community. Senior staff from AMES, the Red Cross and other Melbourne based asylum seeker case management programs would be willing participants. It would be helpful to enable the local community to take a proactive coordinated approach.’ (Information provided by UCWS&H)

8. More support to find adequate and affordable housing

→ Facilitate the creation of community-based networks to improve the housing options available to asylum seekers.

The shortage of affordable housing options, particularly for people on low incomes has been widely documented.\textsuperscript{94} To secure affordable housing was perceived as one of the main challenges asylum seekers using agency services are struggling with. “There is limited assistance to find genuine good quality housing which is a challenge in the region.”

The situation is made more difficult due to the fact that asylum seekers who are granted bridging visas are not eligible for social security payments through Centrelink and are not

\textsuperscript{93} For more information see: http://www.ervictoria.org.au/er-providers/local-er-networks
\textsuperscript{94} For an overview see: RCOA, 2013, Housing Issues for Refugees and Asylum Seekers in Australia: A Literature Review.
provided with public housing. As mentioned above, given very low incomes, they are generally forced to take the cheapest housing they can find. This results in housing stock that often is poor quality, unsafe and has a range of issues such as overcrowding and poor infrastructure. The report’s findings also confirm that high private rental costs and overcrowding contribute to the well-documented threat of homelessness.

The DIBP website states: “It is expected that IMAs on bridging visas will find their own accommodation in the private rental market, just like anyone else in the community. Some might be provided with accommodation by friends and family, or, if they are eligible, transitional accommodation for up to six weeks.” However, given the high levels of multiple disadvantages (including communications and cultural barriers already discussed) asylum seekers in the community face, it is of vital importance to support asylum seekers to source secure, affordable and suitable accommodation.

Our research confirms that asylum seekers come to UnitingCare with support letters for assistance in finding private rental housing. Given the great need in this area it is recommended that - in addition to what referral agencies are already doing - community organisations are appropriately funded to provide such assistance.

On the basis of the overall report findings the following recommendation by the Australian Red Cross is supported:

- That the Australian Government and all State and Territory Governments work together and with the community sector to further improve community care arrangements for people seeking asylum with a particular focus on resourcing community based housing options.

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95 AHRC, 2013, Tell Me About: Bridging Visas for Asylum Seekers.
96 Australian Red Cross, 2013, Inaugural Vulnerability Report: Inside the process of seeking asylum in Australia, p. 16.
98 Australian Red Cross, 2013, Inaugural Vulnerability Report: Inside the process of seeking asylum in Australia, p. 20.
CHAPTER 7: CONCLUSION AND OUTLOOK

"Asylum seekers are being made to live in poverty. A fair go for all is all that is asked, not a punitive, marginalising policy environment."

This report was initially commissioned to undertake a first scoping of what ER and material aid services are provided by UnitingCare agencies to asylum seekers and to recommend ways of addressing the suspected increased needs for support to asylum seekers in the community.

By undertaking this research project we wanted to learn what the UCVT network and other stakeholders involved in supporting asylum seekers can practically do to make a difference to the current, challenging situation.

The previous chapters also detail the main issues community services face and their challenges on a daily basis in trying to provide adequate support to asylum seekers in the community. The report also outlined recommendations of what UCVT believes needs to happen to enable this vulnerable group to live a life with minimum standards of dignity and respect.

It became evident that agencies have different models of ER service provision and their services differ from each other. Given this diversity of programs and services offered, the issues raised and recommendations provided are not of equal weight and concern to each individual agency.

Overall however, it is clear that the suspected gap between demand and capacity has been confirmed as a serious issue that requires recognition and focus. The study’s findings demonstrate that additional support options and responses are needed to address the emerging needs of this target group. To be able to respond to these needs adequately and effectively, the obvious funding shortage of agencies must be met.

The general recommendations outlined in this report are designed to have a positive impact on all UCVT agencies providing support to asylum seekers living in the community. Additional funding and services can be delivered best by agencies that are already embedded as a trusted access point for support in their communities. These services include ER, housing, specialised additional casework and referrals to appropriate health providers, educational opportunities and job training.

To be able to have a clearer evidence-base for targeted and appropriate responses, it would be beneficial for UCVT agencies and other community organisations to more comprehensively collect data and monitor and analyse their information about this user group on an ongoing basis.

One of the main challenges ahead for UnitingCare and other social service providers is how to identify funding sources to help meet the needs of the target group. This challenge should be addressed in collaboration with other local networks, other service providers and coordination and support from local councils and other levels of government.

Again, collection of richer quantitative data would enable more effective advocacy for funding, as agencies will be better able to monitor pressures on programs/services caused by the increased needs. They also need to undertake systemic advocacy on behalf of their service users, an option successfully pursued in the recent past.99

99 Last year UCWS&H who faced additional pressure on their inadequate funding for ER took up successful public advocacy that resulted in receiving an additional AUS$25,000 of Federal Government funding.
**Policy and Advocacy Challenges**

Based on previous research as well as this study, it is clear that asylum seekers are a group at serious risk of multiple disadvantages in Australia. Many of the past and current government’s policies are having and will be likely to continue to have negative and punitive impacts. The volatile and fast-changing policy environment described adds to these complexities.

Developing countries hosted over 80 per cent of the world’s refugees, compared to 70 per cent ten years ago.\(^{100}\) Compared to the world’s 16.2 million refugees (in 2012) Australia had only 15 800 claims lodged for asylum, a modest figure compared with the 355 500 claims received in Europe and 103 900 in North America.\(^{101}\) The Uniting Church and its UnitingCare community services ‘advocate for a just response to the needs of refugees that recognises Australia’s responsibilities as a wealthy global citizen, upholds the human rights and safety of all people, and is based on just and humane treatment, including non-discriminatory practices and accountable transparent processes.’\(^{102}\)

For this to happen we believe that it is better to assist people in the community than in detention. As outlined above, we believe that a number of policies applying to asylum seekers in the community e.g. right to work, education and training and better social integration need to be changed to empower asylum seekers to take their lives in their own hands in safe, secure and supportive communities.

Required change in policies ultimately requires a change in community attitudes first. As one of the interviewees put it: “This whole issue needs to be humanised. For example, the language that is by the government, politicians and newspapers calling them ‘illegal’. The fact is that asylum seekers are now living in our community and that we should take care of them regardless their means of arrival in Australia. Only a change in people’s attitude towards asylum seekers could result in creating pressure on the government for policy change.”

The report also finds that specific issues, including on community perceptions and on how to better inform the community about the asylum seekers’ real living situation, need further examination.

> “Nothing’s going to change until people’s attitude towards asylum seekers changes and that the community gets more informed about these people, the whole process of what it means and how they are living... The fact of the matter is that the government has released these people to live in our communities and we are standing by to let them live in poverty and no one cares about what they are doing. It’s not a system that’s working really well. People do fall through the cracks and have to live in horrible situations. It’s really not good enough.”

Community development will be limited in its effectiveness if the voices and ideas of the local communities are ignored. Also, there is a need for further research that focuses on providing the perspectives of asylum seekers in ‘their own voice’ to find out what support works and what doesn’t work and what they believe the community sector can do to improve its capacity to respond to their needs.

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Finally, the sector needs to continue to closely monitor and explain government asylum seeker policies. In the absence of public awareness and understanding of these issues, the human impacts of policy changes are often too easy to ignore. All stakeholders involved in this issue need to work more closely together, sharing information and learnings, and collaborating on common issues and challenges to ensure that asylum seekers are treated with the respect, decency and dignity they deserve.
APPENDIX

Appendix 1: Questionnaire – Agency Staff
INTERVIEW QUESTIONS – Emergency Relief (Agency Staff)

A. Background, demographic data and social situation
   a. Which are the main countries/ethnic groups asylum seekers (AS) are from?
   b. What is their visa status when they are placed into the community?
   c. Family situation: Do they usually already have family in Australia?
   d. Social situation: Do they usually have friends or other people for support?

B. The emergency relief system/ Other organisations & services/ Entitlements & eligibility
   a. Do any other local agencies provide ongoing ER support? / What type of ER support do asylum seekers receive e.g. from AMES, Red Cross & other organisations?
   b. Do all asylum seekers have a case manager before they contact your office? From which organisations?
   c. Are there any policies and guidelines available of what they can access?
      i. From govt., Centrelink, AMES, Red Cross and other orgs
      ii. Does the type of assistance offered depend on particular visa status?

C. Material/ financial situation & housing
   a. How does their financial/ material situation look like?
   b. Do most of them receive some kind of ongoing financial assistance?
   c. What kinds of support can’t be provided (but is often needed)?
   d. How does their housing situation look like?
      i. E.g. affordability, safety, security, household items

D. Your Agency
   a. How do asylum seekers hear about your ER services? Do any orgs ‘refer’ to you? Do they need referral from a case manager (govt., AMES, Centrelink…)?
   b. Does your organisation have its own policies, processes and guidelines to provide ER to AS?
   c. For example, what happens once an AS ‘walks through the office door’?
   d. What are the main ER services you provide?
   e. Is ongoing support accessible?
      i. Mainly one-off support? E.g. Food, vouchers, household and financial assistance?
   f. What are currently the biggest challenges for your agency in providing ER to AS?
      i. E.g. funding or increasing numbers, communications issues?

E. UC Advocacy - General outlook & Integration into local community
   a. Generally, do you think AS integrate well in the local community?
   b. Do you think many AS are dealing with social issues such as, e.g. exclusion, mental health?
   c. Do you expect further govt. policy changes (positive/ negative)?
   d. Do you think funding of ER services for AS is/ has been adequate?
   e. Would you like the UCVT Advocacy Network to take up further advocacy on this matter?
Appendix 2: Lentara UC, ASP Eligibility Criteria

Eligibility Criteria

1. Be an asylum seeker
2. Have lodged for protection and hold an appropriate Bridging Visa
3. Be earning less, on average, than the current standard BLA per person per month
4. Not have access to financial support, funding, government or otherwise, any source of income; or support of family members
5. Not have access to assets or savings that could be utilised for daily living expenses, without impacting upon the client’s other welfare needs (i.e. medical, legal, etc.)
6. Not have work rights or not be able to work
7. Are at risk of homelessness or severe financial hardship

If you fulfill the eligibility criteria listed above, you can access the following program services of the community program:

Basic Living Allowance (BLA) and Material Aid

BLA = $333 per person per week
Material Aid can include = utility payments, food vouchers, food, public transport aid

Housing Assistance

If you are offered a rent-free property, it is your right to choose not to move into it. The ASP only has limited housing options and limited financial capacity. Therefore, upon refusal of a housing offer, it is the ASP’s right to cease BLA and casework assistance.

Please note, if you are living in a rent-free property supplied by Ntham Mission ASP and you gain an income you will be required to pay rent and cover your utility costs.

Casework Support

The role of a Ntham Mission ASP Caseworker is to work with you to help you achieve your goals and/or tasks. All people receiving services from the ASP Community Program are required to meet regularly with their caseworker. If contact is not maintained, then services may be ceased. Services may also be reinstated should contact be renewed.

The role of the caseworker is to provide support and referrals and also to review each person’s situation. Please note, you may be asked to provide evidence of your household income, savings and assets including being asked to provide bank statements, pay slips, leases or to sign a statutory declaration as evidence of your income or financial situation.

- The ASP reserves the right to refuse support on occasions when actions or behaviour are not consistent with ASP values. Please see the Client Rights and Responsibilities form.

- The ASP holds confidentiality as a team. Please see the ASP Confidentiality policy.

- The ASP welcomes feedback. Please see the Client Feedback and Complaint Form.
Appendix 3: Lentara UC, Sunshine Mission ER/MA Communication Sheet

Communication Sheet
(draft test modified 14/5/13)

Use this communication sheet to assist with communication about what the person is seeking assistance with.
(For use when English is limited and there is no referral agency)

Cross out any items which you know are not available.

Explain that we may not have everything they need. First we will work out what they need, then we will see if we can help them.

Food?

Clothes?

Beds?

Blankets/sheets/pilowet?

Table and/or chair?

Toaster?

Kettle?

Microwave?

Kitchenware

Other (draw or write)

We also can call TIS National (no charge for settlement services)
Ph 131 490 at point of need
Use hands free on speaker phone in a quiet place
Our code is C299964
REFERENCES


AHRC, April 2013, Tell me about: Bridging Visas for Asylum Seekers.


ASRC policy position paper, March 2013, Asylum seekers and the right to work.

Australian Red Cross, June 2013, Inaugural Vulnerability Report: Inside the process of seeking asylum in Australia.

Australian Red Cross, Nov 2013, Migration Support programs Information Sheet, Asylum Seeker Assistance Scheme Information Sheet.

Australian Red Cross, Nov 2013, Migration Support programs Information Sheet, Community Assistance Support Program.

Australian Red Cross, Nov 2013, Migration Support programs Information Sheet, Community Detention Information Sheet.


Bessy Andriotis, 2013, It’s not just about the bread. Contribution of UnitingCare agencies to emergency relief. [UnitingCare Victoria and Tasmania].

C Bowen (Minister for Immigration and Citizenship), Bridging visas to be issued for boat arrivals, 25.11.2011, http://www.chrisbowen.net/media-centre/media-releases.do?newsId=5240, (viewed 05.03.2014).


DIBP, Nov 2013, Community programmes service providers’ newsletter #8.

Engels, B; Nissim, R; Landvoigt, K; 2009, Under Pressure: Costs of living, financial hardship and emergency relief in Victoria [Victorian Council of Social Service].


Hartley L and Fleay C, Feb 2014, Policy as Punishment. Asylum Seekers in the Community Without the Right to Work. [Centre for Human Rights Education, Curtin University].


Lentara UnitingCare, 2013, Resource Kit. Lentara UnitingCare Asylum Seeker Programs.


Northern Weekly, Empathy fuels ‘calm, respectful’ volunteer, 09.07.2013 (viewed 03.03.2014).


Phillips J; Spinks H, 2012, Immigration detention in Australia. [Parliament of Australia, Department of Parliamentary Services]
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