

A Two Year Journey with Asylum Seekers & Temporary Protection Visa Holders: The NYCH Experience



*Members of the Afghani & Iranian Women's Support Group at the 2002 Refugee Day celebration

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May 2003**



Globalisation means that money and people are increasingly more mobile. Australia may be the end of the earth, but it is no longer inaccessible. Unauthorised movement from the third world to the first world, from insecurity to security, from persecution to protection, is to be expected

(Brennan SJ, 2002)

CONTENTS

1. Introduction	3
2. North Yarra Community Health	4
3. Immigration and Asylum	5
4. Australian Immigration Program	9
5. Temporary Protection Visa Research Reports	13
6. Issues Experienced by Temporary Protection Visa Holders	13
7. Post Traumatic Stress Disorder	14
8. Culture and Community	14
9. Access to Employment	14
10. Asylum seeker and Temporary Protection Visa Entitlements	16
11. North Yarra Community Health's Refugee Services	17
12. NYCH Refugee Client Demographics	18
13. Refugee and Asylum Seeker Support Work at NYCH	19
14. Provision of Casework – The 'Re-Settlement' Experience	19
15. Community Based Strategies using the Outreach Model	21
16. Recreation and Social Support	22
➤ Afghani and Iranian Women's Support Group	22
➤ Asylum Seeker Women's Health Group	22
➤ Arabic and Persian Speaking Men's Group	23
➤ Newruz Celebration	24
➤ Holiday to Raymond Island	24
17. Participation in Networks and Joint achievements	26
➤ Yarra Settlement Forum	26
➤ Northern TPV Service Provides Network	26
➤ RMIT Research Report	27
➤ Jesuit Social Services	27
➤ Adult Migrant Education Service (AMES)	27
18. Conclusion	28
19. References	29

INTRODUCTION

Australia has always been a popular destination for people escaping from repressive regimes. In turn, Yarra, in common with other inner urban municipalities, has always been a place of first arrival for successive waves of immigrant communities. It is not unexpected, therefore, that local community organisations have been at the forefront of providing support and services to refugees and asylum seekers.

The journey to asylum is never easy, but once asylum seekers have been granted a right to stay in Australia permanent resettlement should follow. However, within the current political context fear and uncertainty remain a constant for many. In particular, legislative changes creating different classes of refugees with different rights of access to services has created a situation of ongoing distress for refugees and increased pressure on community organisations to provide creative responses to need.

There has been widespread public debate, both here and abroad, around Australia's stance on the treatment of asylum seekers. However, it is not the purpose of this paper to enter into that debate, but rather to explain the relevant law, highlight issues experienced by asylum seekers currently living in Australia and documenting how North Yarra Community Health in partnership with other agencies in the City of Yarra is responding to these issues.

NORTH YARRA COMMUNITY HEALTH

As a generalist community health service North Yarra Community Health, (NYCH) responds to a wide range of health issues within our community ranging from emergency situations to medium and longer- term support programs. NYCH provides a range of multi disciplinary primary health services including counselling, casework, family support, medical, nursing, midwifery, dental, pharmacy, physiotherapy, podiatry, aged care, mental health outreach, occupational therapy, dietetics, speech pathology and drug support services. Integrated with these direct services are various health promotion and community development activities. Illness prevention and health promotion is core to the objectives of the service. Many of our programs and services are developed to respond specifically to people from Culturally and Linguistically Diverse Communities. We work in partnership with a wide range of agencies and services to ensure the best outcomes for service users and the most effective use of resources.

Given the multicultural profile of our community NYCH has a strong focus on ensuring culturally sensitive and inclusive services. We have a number of bi-lingual staff, utilize interpreter services and have successfully initiated numerous health and social support programs for specific cultural or language groups.

Our objectives are to:

- Provide services that are relevant and responsive to the health needs of the community
- Provide opportunities for people to take control of their own health and well-being
- Promote good health and well being through a range of projects.

North Yarra Community Health has a significant history supporting and working with new arrivals and has an ongoing commitment to providing programs and services to this group. This commitment was strengthened in our recently developed strategic direction that identified refugee and asylum seeker programs as a priority for the organisation.

IMMIGRATION AND ASYLUM

Immigration is divided into different categories.

1. Legal immigration for work and family re-union
2. Refugee immigration which is governed by the UN Convention
3. Asylum seekers who have managed to enter a country legally or illegally.

Some members of the community object to all forms of migration. However, it is mainly the third category that has provoked some significant hostility and political reaction, and has resulted in drastic changes to refugee law and practice in Australia.

Refugees generally flee from repressive, undemocratic and corrupt governments. War, natural disasters and some Western economic, political and security interests have also contributed to the current flow of refugees. The reports from the United Nations High Commission for Refugees (UNHCR) and the United States Committee for Refugees state that approximately 36.9 million people in 133 countries have fled their homes to become internally displaced persons and 14.9 million have fled their country.

In the last ten years, the largest numbers of asylum seekers in Europe have come from Iraq, Iran, Afghanistan, Turkey and the former Yugoslavia. During 2002, Iraq, Afghanistan, Turkey, Yugoslavia, Russian Federation, India, Armenia, Georgia and Nigeria were the main countries of origin of asylum seekers both in Europe and in all 29 industrialised countries. In the last ten years this pattern has also been repeated for Australia although earlier influxes were mainly from Indochina and China.

UNHCR's core function is to provide international protection to refugees and to facilitate their voluntary repatriation or assimilation within new national communities. However, UNHCR is only mandated to provide these functions to refugees who flee due to a well-founded fear of persecution and violence associated with race, religion, nationality, membership of a particular social group, or political opinion. The Refugee Convention does not put any responsibility on UNCHR to protect people who do not fit these categories, or who fit the categories but remain in their own country (internally displaced people).

Estimated number of Persons of Concern who fall under the Mandate of UNHCR- 1 January 2002

<i>Asia</i>	<i>8,820.7000</i>
<i>Europe</i>	<i>4,855.400</i>
<i>Africa</i>	<i>1,08.800</i>
<i>Northern America</i>	
<i>Latin America & Caribbean</i>	<i>765,400</i>
<i>Oceania</i>	<i>81,300</i>
TOTAL	19,783.100

UNHCR- Population Data Unit

All members of the European Union are signatories of the UN Convention of Refugees, the Schengen agreement (now the Amsterdam Treaty) and the Dublin Convention on asylum seekers (1990). These agreements require the first country of entry to take responsibility for unauthorised arrivals or asylum seekers. Each country reserves the right to deal with such immigrants within the context of its national law and administration, subject to the UN Convention and the European Convention on Human Rights. Many European states do not have consistent and planned immigration programs organised through a national ministry although this does not prevent them from having both legal and illegal immigration in substantial numbers. Two-thirds of asylum applications in the world are made to European states.

Most countries manage immigration through their law enforcement agencies and the emphasis is often on prevention and punishment. However, none of these countries has adopted a mandatory detention policy such as Australia has been applying to all unauthorised arrivals since 1991.

Based on data for the first nine months of 2002, the United Kingdom remained the leading country of asylum followed by the USA, Germany and France. The top ten countries, and the percentage of asylum seekers who sought entry are listed below.

U.K.	16%
USA	14%
Germany	12%
France	9%
Austria	6%
Canada	6%
Sweden	6%
Belgium	3%
Netherlands	3%
Australia	1%

(UNCHR)

According to statistics provided by the UNHCR, approximately 569,000 applications for asylum were submitted in 29 industrialised countries during 2002. This is 6% fewer than in 2001 when the figure was 604,000. This decrease was most significant in Australia and New Zealand where applications decreased by 50% and in Central Europe, where they decreased by 28%. Of these 29 countries, Australia was ranked 14th in 2001 and 17th in 2002 (Tables 1 & 2).

Table 1. Total number of asylum applications submitted in 29 industrialized countries, January to December 2002

Country of asylum	Jan.	Feb.	Mar.	Apr.	May	Jun.	Jul.	Aug.	Sep.	Oct.	Nov.	Dec.
Austria	2,957	2,405	2,310	3,052	2,814	2,895	3,537	3,257	4,514	3,095	2,677	..
Belgium	1,858	1,394	1,433	1,520	1,489	1,335	1,564	1,669	1,770	1,843	1,391	1,539
Bulgaria	350	324	417	474	373	117	137	109	166	199	160	62
Czech Rep.	1,332	678	719	761	607	525	580	580	606	767	605	681
Denmark	773	646	671	563	468	407	373	371	393	499	400	383
Finland	171	120	106	196	400	547	290	309	305	359	148	182
France	4,032	4,116	4,629	4,107	4,189	3,993	4,903	3,793	3,474	4,872	4,135	..
Germany	7,762	5,771	5,697	6,019	5,346	5,664	5,947	5,780	6,286	6,568	5,510	4,694
Greece	589	435	508	133	192	426	555	708	589	444	616	469
Hungary	612	527	536	544	461	440	565	726	637	639	406	319
Ireland	838	763	932	888	795	869	1,133	995	1,199	1,148	984	1,090
Liechtenstein	5	7	4	3	11	5	11	9	13	6	9	..
Luxembourg	47	39	71	64	78	95	87	66	125	108	105	158
Netherlands	2,377	1,972	1,950	1,767	1,590	1,479	1,419	1,350	1,432	1,374	1,037	920
Norway	1,502	1,391	1,491	1,258	1,236	1,303	1,652	1,685	1,743	1,773	1,243	1,209
Poland	227	292	349	298	350	273	409	399	504	604	519	..
Portugal	28	12	18	22	30	7	8	55	24	15	13	13
Romania	129	97	66	106	134	77	124	87	62	81	70	75
Slovakia	751	662	545	400	455	538	854	796	1,179	1,295	1,140	1,114
Slovenia	39	59	35	43	63	19	49	28	35	58	114	96
Spain	959	801	723	414	542	311	355	304	397	542	448	383
Sweden	2,637	2,242	2,357	2,495	2,688	2,195	2,830	3,368	3,175	3,122	2,837	3,065
Switzerland	2,008	1,767	1,837	2,163	2,252	1,827	2,456	2,405	2,531	2,978	2,279	1,714
United Kingdom	8,490	8,260	8,420	8,340	9,670	8,270	9,760	9,090	10,230	..	..	..
Canada	2,527	2,051	2,214	2,638	2,847	3,423	2,973	2,335	2,732	3,452	3,262	2,988
USA	7,500	6,120	8,120	7,800	7,610	8,270	5,810	7,580	5,240	6,540	5,270	5,290
Australia	655	490	539	510	602	492	521	465	451	432	454	402
New Zealand	94	62	94	105	93	93	82	77	77	78	97	45
Japan	18	18	16	24	22	19	26	37	13	23	14	..
EU*	33,518	28,976	29,825	29,580	30,291	28,493	32,761	31,115	33,913	..	..	..
Western Europe**	37,033	32,141	33,157	33,004	33,790	31,628	36,880	35,214	38,200	..	..	..
Central Europe***	3,440	2,639	2,667	2,626	2,443	1,989	2,728	2,725	3,189	3,643	3,015	..
Europe****	40,473	34,780	35,824	35,630	36,233	33,617	39,608	37,939	41,389	..	..	..
North America	10,027	8,171	10,334	10,438	10,457	11,693	8,783	9,915	7,972	9,992	8,532	8,278
Australia/New Z.	749	552	633	615	695	585	603	542	528	510	551	447
Grand total	51,267	43,521	46,807	46,707	47,407	45,914	49,020	48,433	49,902	..	..	..

Notes

All figures are provisional and subject to change.

Germany and USA: new applications only.

United Kingdom: number of asylum-seekers estimated on the basis of an average of 1.269 persons per case (Government estimate).

United States: number of asylum-seekers estimated on the basis of an average of 1.4 persons per case (Government estimate).

Correction for the UK and USA is limited to the total number of applications (Table 1 to 4).

A dash (-) indicates that the value is zero. Two dots (..) indicate that the value is not available.

EU*: Member states of the European Union, except Italy (no monthly data available).

Western Europe**: EU countries listed plus Liechtenstein, Norway and Switzerland.

Central Europe***: Bulgaria, Czech Rep., Hungary, Poland, Romania, Slovakia, Slovenia.

Europe****: All European countries included in this Table.

Source: Governments, compiled by UNHCR (Population Data Unit/PGDS).

ASYLUM APPLICATIONS LODGED IN EUROPE, NORTH AMERICA, AUSTRALIA,
NEW ZEALAND AND JAPAN: JANUARY – DECEMBER 2002

Table 2. Total number of asylum applications submitted, 2002: quarterly trends

Country of asylum	Absolute figures				Quarterly change			Share in total			Rank		
	First quarter	Second quarter	Third quarter	Fourth quarter ¹	1st to 2nd	2nd to 3rd	3rd to 4th	Q1	Q2	Q3	Q1	Q2	Q3
Austria	7,672	8,761	11,308	8,700	14%	29%	-23%	5%	6%	8%	5	6	5
Belgium	4,685	4,344	5,003	4,773	-7%	15%	-5%	3%	3%	3%	10	10	10
Bulgaria	1,091	964	412	421	-12%	-57%	2%	1%	1%	0%	20	20	22
Czech Rep.	2,729	1,893	1,766	2,054	-31%	-7%	16%	2%	1%	1%	12	13	16
Denmark	2,090	1,438	1,137	1,282	-31%	-21%	13%	1%	1%	1%	15	16	19
Finland	397	1,143	904	689	188%	-21%	-24%	0%	1%	1%	22	19	21
France	12,777	12,289	12,170	13,500	-4%	-1%	11%	9%	9%	8%	4	4	4
Germany	19,230	17,029	18,013	16,772	-11%	6%	-7%	14%	12%	12%	3	3	3
Greece	1,532	751	1,852	1,529	-51%	147%	-17%	1%	1%	1%	19	22	15
Hungary	1,675	1,445	1,928	1,364	-14%	33%	-29%	1%	1%	1%	18	15	14
Ireland	2,533	2,552	3,327	3,222	1%	30%	-3%	2%	2%	2%	13	12	12
Liechtenstein	16	19	33	20	19%	74%	-39%	0%	0%	0%	29	29	29
Luxembourg	157	237	278	371	51%	17%	33%	0%	0%	0%	25	25	23
Netherlands	6,299	4,836	4,201	3,331	-23%	-13%	-21%	4%	3%	3%	8	9	11
Norway	4,384	3,797	5,080	4,225	-13%	34%	-17%	3%	3%	3%	11	11	9
Poland	868	921	1,312	1,700	6%	42%	30%	1%	1%	1%	21	21	18
Portugal	58	59	87	41	2%	47%	-53%	0%	0%	0%	27	28	27
Romania	292	317	273	226	9%	-14%	-17%	0%	0%	0%	23	23	24
Slovakia	1,958	1,393	2,839	3,549	-29%	104%	25%	1%	1%	2%	16	17	13
Slovenia	133	125	112	268	-6%	-10%	139%	0%	0%	0%	26	26	26
Spain	2,483	1,267	1,056	1,373	-49%	-17%	30%	2%	1%	1%	14	18	20
Sweden	7,236	7,378	9,373	9,024	2%	27%	-4%	5%	5%	6%	6	7	6
Switzerland	5,612	6,242	7,392	6,971	11%	18%	-6%	4%	4%	5%	9	8	8
United Kingdom	25,170	26,280	29,080	..	4%	11%	..	18%	19%	20%	1	1	1
Canada	6,792	8,908	8,040	9,702	31%	-10%	21%	5%	6%	5%	7	5	7
USA	21,740	23,680	18,630	17,100	9%	-21%	-8%	15%	17%	13%	2	2	2
Australia	1,684	1,604	1,437	1,288	-5%	-10%	-10%	1%	1%	1%	17	14	17
New Zealand	250	291	236	220	16%	-19%	-7%	0%	0%	0%	24	24	25
Japan	52	65	76	60	25%	17%	-21%	0%	0%	0%	28	27	28
EU*	92,319	88,364	97,789	..	-4%	11%	..	65%	63%	66%			
Western Europe**	102,331	98,422	110,294	..	-4%	12%	..	72%	70%	75%			
Central Europe***	8,746	7,058	8,642	6,658	-19%	22%	-23%	6%	5%	6%			
Europe****	111,077	105,480	118,936	..	-5%	13%	..	78%	75%	81%			
North America	28,532	32,588	26,670	26,802	14%	-18%	0%	20%	23%	18%			
Australia/New Z.	1,934	1,895	1,673	1,508	-2%	-12%	-10%	1%	1%	1%			
Grand total	141,595	140,028	147,355	..	-1%	5%	..	100%	100%	100%			

Notes

All figures are provisional and subject to change.

Germany and USA: new applications only.

United Kingdom: number of asylum-seekers estimated on the basis of an average of 1.289 persons per case (Government estimate).

United States: number of asylum-seekers estimated on the basis of an average of 1.4 persons per case (Government estimate).

Correction for the UK and USA is limited to the total number of applications (Table 1 to 4).

A dash (-) indicates that the value is zero. Two dots (..) indicate that the value is not available.

EU*: Member states of the European Union, except Italy (no monthly data available).

Western Europe**: EU countries listed plus Liechtenstein, Norway and Switzerland.

Central Europe***: Bulgaria, Czech Rep., Hungary, Poland, Romania, Slovakia, Slovenia.

Europe****: All European countries included in this Table.

¹ In **bold**: UNHCR estimate, based on October and November data. Once the missing data have been received, these figures will be revised, which will also affect the calculations in this Table.

Source: Governments, compiled by UNHCR (Population Data Unit/PGDS).

AUSTRALIAN IMMIGRATION PROGRAM

The Australian immigration program is carefully controlled at a level of slightly more than 100,000 per annum, with net migration of about 60,000 due to permanent departures. The program consists of two main components: Non-humanitarian and humanitarian programs.

Australia's Refugee and Humanitarian program allocates 12,000 places each year (4,000 for refugees and 8,000 for humanitarian applications where applicants require strong Australian connections) for offshore and onshore applications.

The Australian Refugee and Humanitarian program will continue to allocate 12,000 new places for the 2003-04 financial year. In addition the Humanitarian Program will be supplemented by any unallocated places remaining from the current year. Within the program, there will be an estimated 4,000 places allocated for refugees resettled from offshore. Any asylum seekers accepted by Australia from Indonesia and the offshore processing centers in Nauru, Manus Island and Cocos Keeling and Christmas Islands will be included in these 4,000 places. Over 7,000 places will be allocated under the humanitarian program for refugees who have links to Australia and who have suffered human rights abuses in their home country. An estimated 700 places will be reserved to meet possible onshore needs under this category. Regional priority in the Program will continue to be given to Africa, the Middle East and South West Asia region as recommended by the United Nations High Commissioner for Refugees (*Source DIMIA-Media Release 7 May 2002*).

Despite the high profile afforded to this issue by local media and politicians, Australia is not a major destination for asylum seekers. As indicated above, many other Western nations are favoured as a destination before Australia, and the number of unauthorized arrivals has consistently been lower than many other countries. This is in part due to Australia's geographic isolation, its lack of land borders, its relative isolation from world conflict and the fact that the majority of its neighbours do not adhere to the UN Convention on Refugees.

Since 1989, one hundred and fifty nine (159) boats have arrived on Australian shores. Early boat arrivals predominately originated from the Kompong Som region of Cambodia carrying mainly Chinese, Vietnamese and Cambodian nationals. Later arrivals have originated from the southern provinces of China, the Middle East or a refugee-processing center in Indonesia and include Chinese, Turkish, Iraqi, Pakistani, Sri Lankan, Afghan and Bangladeshi nationals. The people come from a variety of backgrounds including doctors, clerical workers, mechanics, self-employed and unemployed.

In 2000-01, twenty-nine people arrived by ship as stowaways. Normally stowaways are not permitted to leave the ship and are held on board until it leaves Australia. Stowaways who apply for protection in Australia are transferred to immigration detention centers on shore and their cases are considered in the same way as for other asylum seekers and included in relevant quotas.

Arrivals by Sea

Year	Number of boats	Total arrivals	Min/max on board
1989-90	3	224	26/119
1990-91	5	158	3/77
1991-92	3	78	10/56
1992-93	4	194	2/113
1993-94	6	194	4/58
1994-95	21	1071	5/118
1995-96	14	589	4/86
1996-97	13	365	4/139
1997-98	13	157	3/30
1998-99	42	921	2/112
1999-00	75	4175	3/353
2000-01	54	4137	2/231
2001-02	6	1212	60/359
2002-	0	0	0
Totals	159	13,475	2/359

Arrivals 13,475

Australian births 142

Total boat people 13,617

Source: DIMIA-Fact Sheet 74. Unauthorised Arrivals by Air and Sea.

Since the amendment to the Migration Regulation in 1999, the outcome for people who enter Australia seeking asylum, depends predominantly on their travel documents. People arriving in Australia for the purpose of seeking protection can be classified under one of the following two categories:

1. **People holding a visa and a valid passport in their own name-** are eligible to apply for a Permanent Protection Visa directly without the need to hold a Temporary Protection Visa. If they are found to be refugees and meet health and character requirements, they are granted a *Protection Visa (Subclass 866)*, which gives them permanent residence and unlimited access to services.
2. **People using false documents or those who have no documents when applying for a Protection visa-** must first hold a Temporary Protection Visa for a minimum of 30 months before being eligible for a permanent visa or a successive Temporary Protection Visa. In either case, the applicants must satisfy the definition of a refugee both at the time of the decision in relation to the *Temporary Protection Visa (Subclass 785)*, and also at least 30 months later at

the time of the decision in relation to the *Protection Visa (Subclass 866)*, or alternatively, a successive *Temporary Protection Visa*.

Between October 1999 and 31 May 2002, DIMIA issued 8,409 Temporary Protection Visas and 1,554 TPV holders have settled in Victoria.

People who arrive without a visa are detained in one of several immigration detention facilities maintained by DIMIA:

- Villawood (Sydney), since 1976;
- Maribyrnong (Melbourne) since 1966;
- Perth, since 1981;
- Port Hedland, (Western Australia) since 1991;
- Baxter (near Port Augusta -South Australia), since July 2002;
- Woomera (South Australia), since November 1999-recently closed;
- Christmas Island since September 2001.

The first three detention centers, usually accommodate people who are in breach of their visa conditions, overstays, or people refused entry at Australia's international airports. Port Hedland, Baxter, Woomera and Christmas Island detention centers are primarily used for unauthorised boat arrivals.

According to DIMIA as at 9 January 2003, there were 1176 people held in detention. They were held at:

Villawood	477
Maribyrnong	69
Perth	25
Port Hedland	145
Baxter	239
Woomera	109
Christmas Island	11
Other Facilities	101
Total	1176

In 2000-01, Afghan, Iraqi, Iranian, Palestinian and Chinese were the five main nationalities in detention. In 2001-02, the main nationalities of detainees were Iranian, Afghan, Chinese, Indonesian and Sri Lankan.

Further legislative changes came into effect in September 2001, taking increasingly aggressive measures to prevent unauthorised asylum seekers from reaching Australia's shores. To this end Australia excised a number of offshore islands from its 'migration zone' and in 2001 and 2002 removed more than 1000 (mainly Afghan) asylum seekers from its territory under the 'Pacific Solution'. These divisive policies have received severe criticism both within Australia and internationally. Humans

Rights Watch, in a paper called 'Not for Export- Why the International Community Should Reject Australia's Refugee Policy' (September 2002), criticised the Australian government for the diversion of boats to Indonesia, Nauru and Papua New Guinea and for shifting its obligations to protect refugees onto its neighbours who have less capacity to protect them. In the same paper, excision of territories was criticised as a legal fiction.

The so called 'Pacific Solution' excises certain Australian islands from the reach of its national immigration law, and prevents people who arrive at an "excised offshore place" from making a valid visa application and allows for the possible detention and removal of refugees from those places. The excised offshore places are:

- ✓ Ashmore and Cartier Islands in the Timor Sea (from 8 September 2001),
- ✓ Christmas Island in the Indian Ocean (from 8 September 2001),
- ✓ Cocos (Keeling) Island in the Indian Ocean (from 17 September 2001),
- ✓ Offshore resource and other installations (from 27 September 2001).

Changes to migration legislation in September 2001 also denies refugees access to permanent protection in Australia, if, since leaving their home country, they have resided for at least seven days in a country without applying for resettlement via the offices of the UNHCR or an Australian diplomatic post. These refugees will only receive a Temporary Protection Visa but may apply for further protection visas if they have a continuing protection need. In this case they will have access only to a further three-year Temporary Protection Visas. Any unauthorised arrival who is granted a Temporary Protection Visa and who did not reside for at least seven days in a country where they could have sought, and obtained, effective protection, will continue to have access to the Permanent Protection Visa after 30 months, if they are assessed as still in need of protection.

TEMPORARY PROTECTION VISA RESEARCH REPORTS

There is limited research within Australia on TPV holders' experience. In 2001, the Queensland State Government compiled a study into the impact of the TPV policy on refugees. This research was the first in the area.

In 2002, the Victorian Arabic Social Services and the Centre for Citizenship and Human Rights at Deakin University researched the impact of the TPV policy in Victoria. These two research projects concentrated on the first wave of TPV holders and their short-term settlement needs and impact.

Following these studies, The Centre for Applied Social Research at RMIT undertook a research project on the experiences of refugees with TPVs and their attempts to access the paid labour market, training and health services within the limits imposed by this visa category. This study will be released in June 2003. North Yarra Community Health has been involved in this research along with Melbourne City Mission, World Vision, The Salvation Army and Uniting Care.

ISSUES EXPERIENCED BY TEMPORARY PROTECTION VISA HOLDERS

Refugees have experienced major upheaval, dislocation and trauma in their countries of origin, in exile and in refugee camps. They are dealing with family breakdown and separation, and grief and loss issues, on both a personal and a community level. The combination of these impacts on the settlement experience, and many TPV holders are experiencing the physical and psychological symptoms of trauma, and in particular Post Traumatic Stress Disorder (PTSD), which includes feelings of anxiety and depression. Different cultural concepts of mental illness and the stigma surrounding such a diagnosis may result in a reluctance to discuss thoughts and feelings for fear of further persecution. In addition, many "...face the additional stress of being regarded as illegal entrants in Australia, placing on them the burden of justifying their presence, while living under the ever present threat of forcible repatriation" (p. 25, Silove, McIntosh & Becker).

Refugees in our community, are also experiencing great personal loss, with the majority having left behind loved ones such as parents, siblings, close friends and other family members. The prospects of being reunited with their family in the foreseeable future are slim, further adding to feelings of isolation and dislocation. In addition new arrivals have left behind their culture, community, homes, careers and a sense of independence.

"Whilst my family and I have been forced to flee our country in fear of our lives we are still having to deal with so many problems. I keep asking myself what does our future hold? I do not know the answer to that and when my child asks me I cannot tell her. I cry when my daughter tells me that all she wants to do is learn English because she is scared that she will never have the opportunity again if she is sent back."

POST TRAUMATIC STRESS DISORDER

Post Traumatic Stress Disorder is the development of characteristic symptoms following exposure to an extreme traumatic stressor involving direct personal experience of, or witnessing, death or serious injury, or serious harm or threat of death or injury experienced by a family member or close associate. (DSM-IV 1994) This is one of the most common symptoms of trauma noted in the refugee population, and can affect both adults and children. The effects of trauma may also be carried by the entire family and whole communities, and are often the result of war and persecution in the country of origin or during the migration experience. Symptoms of PTSD may include:

- Flashbacks of past traumatic events
- Distressing dreams/nightmares
- Dissociative states lasting for more than a few seconds
- Difficulty falling or staying asleep (DSM-IV, 2000)

CULTURE AND COMMUNITY

Re-settlement in a new country may be particularly isolating for refugees. People are facing life in a different environment where their culture is not highly represented. This is a grieving process in itself, to locate oneself in an unfamiliar territory where the same language is not spoken, social connections have been lost, and homes and other material possessions are gone. Refugees often come from cultures where communities are interdependent and it is not uncommon to have had extended families living together and supporting one another. For many, their thoughts are not on their own health and well-being but on the plight of their friends and family overseas. Men who were the primary breadwinner before coming to Australia face difficulty trying to support their families. Although many refugees come from highly qualified and professional backgrounds gaining employment is difficult. This is due to a range of factors including no formal recognition of qualification and limited knowledge of the English language. Watters (2000) states that refugees are described in terms of their problems and that "little attention is given to the fact that refugees have often displayed incredible resilience to make the journeys they make and to cope with the new and alien cultures. A high proportion of refugees are well educated and have made significant contributions to their home countries before their flight" (p. 3), and are therefore able to make significant contributions to Australia.

ACCESS TO EMPLOYMENT

Currently, people on TPVs do not have access to Federally funded Intensive Support employment services provided by Job Network member agencies. Intensive Support offers one-on-one assistance to jobseekers that may face multiple barriers finding employment, and will remain with the jobseeker until a job is found. This service is only available to those in receipt of Newstart or Youth Allowance and TPV holders are only eligible for the Special Benefit payment. Many people have come from

highly qualified and educated backgrounds, but with limited knowledge of the labour market and little assistance, finding employment is extremely difficult.

Changes to Special Benefit Payment *'Family and Community Services Legislation Amendment (Special Benefit Activity Test) Bill 2002*

From 1st January 2003 the Federal Government introduced new measures targeting recipients of the Special Benefit that require participation in activity testing in order to fulfil mutual obligations (as is required by people receiving Newstart and Youth Allowance). The change will apply to people who began receiving payments after 1st January 2003 or those who are currently in receipt of a Special Benefit and reach work force age after that date. At present, mutual obligation requires job seekers who are receiving payments for six months or more to participate in an approved activity. These activities may include undertaking part-time paid work, work for the dole, volunteer work, or for young people aged 17-20, participation in a six month activity which aims to preserve the environment. Although the changes to the Bill seem to encourage greater economic and social participation in the community, it does so by placing added stressors on TPV holders by not allowing access to the same entitlements as those accorded to Australian residents such as Commonwealth funded English language programs or the Intensive Support job placement program. If mutual obligation requirements are not fulfilled, penalties include a reduction in payment for up to 26 weeks, or for a third penalty *no* payment for 8 weeks.

ASYLUM SEEKER AND TEMPORARY PROTECTION VISA ENTITLEMENTS

	Permanent Visa	Temporary Visa
Social Security	<ul style="list-style-type: none"> ○ Immediate access to full range of social security benefits ○ All employment services including Job Search training, Intensive Assistance and Job Matching ○ Advance Payment (\$500) 	<ul style="list-style-type: none"> ○ Access only to Special Benefits (for which a range of eligibility criteria apply) ○ Family Tax Benefit ○ Child Care Benefit ○ Community Business Employment program ○ Only Job Matching Service through Job Network Providers ○ Mutual Obligation as it applies to other Centrelink Benefits ○ Not eligible for advance payment from Centrelink
Education	<ul style="list-style-type: none"> ○ Access to education like any other permanent resident. 	<ul style="list-style-type: none"> ○ Access to school education subject to state policy. ○ Access to TAFE courses ○ Effective preclusion from tertiary education due to imposition of full fees. ○ Overseas Qualifications Unit (OQU) services ○ Not eligible for National Office of Overseas Skills Recognition (NOOSR) bridging courses ○ Not eligible for HECS funded courses
Settlement Support	<ul style="list-style-type: none"> ○ Access to a full range of DIMA settlement support services. 	<ul style="list-style-type: none"> ○ DIMA funded settlement support services not allowed to provide support to TPV holders
Family Reunion	<ul style="list-style-type: none"> ○ Ability to bring members of immediate family (spouse and children) to Australia. 	<ul style="list-style-type: none"> ○ No family re-union rights (including reunion with spouse and children)
Work Rights/ Employment	<ul style="list-style-type: none"> ○ Permission to work. 	<ul style="list-style-type: none"> ○ Permission to work – but ability to find employment influenced by temporary nature of visa. ○ Tax File Numbers
Language Training	<ul style="list-style-type: none"> ○ Access to 510 hours of English language training through AMES. 	<ul style="list-style-type: none"> ○ Federally funded programs such as AMES are not allowed to provide language training to TPV holders ○ Access up to discretion of non-AMES language providers.
Medical Benefits	<ul style="list-style-type: none"> ○ Automatic eligibility for Medicare. 	<ul style="list-style-type: none"> ○ Eligible for Medicare.
Travel	<ul style="list-style-type: none"> ○ Ability to leave country and return without jeopardising their visa. 	<ul style="list-style-type: none"> ○ No automatic right of return. ○ If leave Australia, forfeit Temporary Protection Visa.

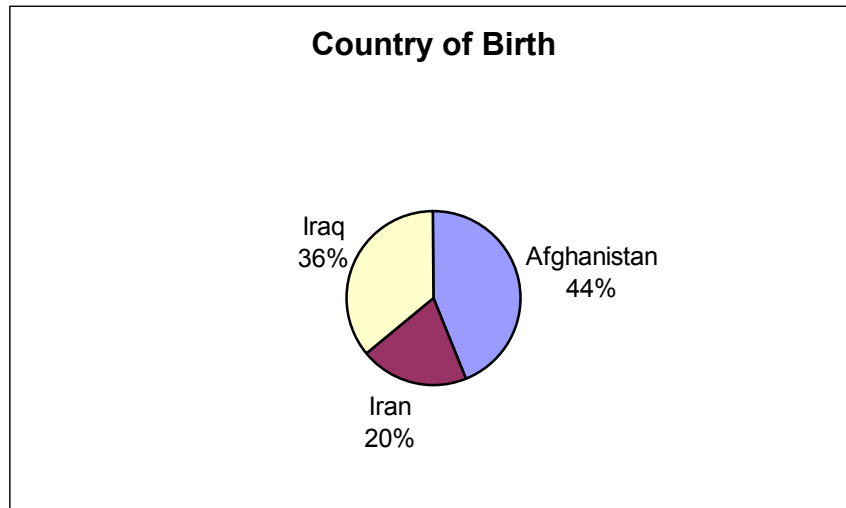
NORTH YARRA COMMUNITY HEALTH'S REFUGEE SERVICES

North Yarra Community Health provides a range of services to refugees including:

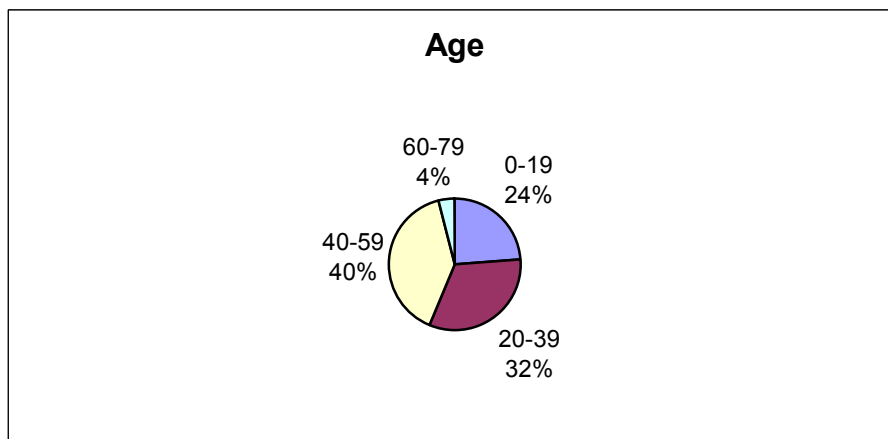
- Assistance with the coordination and the provision of services available to TPV holders settling in the City of Yarra,
- Linking TPV holders and brokerage of assistance from relevant agencies
- Duty and intake system across 3 sites
- Casework services including advocacy, housing, legal, financial, immigration assistance etc.
- Development of recreation programs for TPV holders together with the Jesuit Social Services workers, Health Promotion in Public Housing Estate Worker, and other Community Development Workers on Fitzroy /Collingwood Estates
- Medical Service provided without Medicare, and hosting of a specialist Physician clinic for Medicare ineligible holders of TPVs
- Possibility of exemption of Dental Service's charge and emergency dental appointment where necessary
- Establishment and support of an Iranian and Afghani Women's group
- Establishment and support of an Arabic and Persian Speaking Men's Group
- Hydrotherapy for Muslim women
- Women's Health Clinic
- Massage group for refugee women developed in response to the needs of the women
- Gender specific doctor if requested
- Pharmacy payment in instalments
- Access to on-site and telephone interpreters

NYCH REFUGEE CLIENT DEMOGRAPHICS

The following Statistical information provides an overview of clients supported by the TPV, Asylum Seeker and Refugee Support Worker and do not include the significant numbers of this group who access other Caseworkers and/or health service providers at NYCH.



Clients are from across all age groups, although the largest number has been in the 40-59 age range. There has been approximately equal numbers of male and female clients in all age groups.



REFUGEE AND ASYLUM SEEKER SUPPORT WORK AT NYCH

The Government's refusal to accept responsibility for providing re-settlement support has resulted in community agencies taking on the task of trying to coordinate an appropriate response as people are 'released' into our communities. During 2001, NYCH was the auspice organization for a 0.4 EFT Temporary Protection Visa Project Worker to coordinate services for TPV holders, and especially to provide employment, education and recreation support not funded through government initiatives. At the conclusion of the Project period in December 2001, the NYCH Board of Management approved ongoing funding for the position to end June 2002. At that time Yarra City Council allocated \$20,000 for the position for the 2002/2003 financial year topped up by NYCH to employ a worker on a 0.5EFT basis.

The Refugee and Asylum seeker position has encompassed a mix of direct service, health education, health promotion and community development activities that aim to provide appropriate support, information and referral, and connection to the community.

PROVISION OF CASEWORK - THE 'RE-SETTLEMENT' EXPERIENCE

North Yarra Community Health has responded by providing an holistic approach to the health needs of refugees. This includes a thorough needs assessment to coordinate a case plan that will best meet the emotional, social, financial, physical and mental health needs of the person. To facilitate maximum opportunity for multidisciplinary service access, plans are frequently undertaken in consultation with other service providers within NYCH.

Whilst it has been the approach of NYCH workers to maintain a consultative and co-operative approach when working with other services providers, a high degree of our work has been advocacy where service need has not been met. A core aspect of the provision of our casework services has been advocacy for, and on behalf of, our clients.

Refugees and asylum seekers face several barriers when accessing services. One of the most significant is limited knowledge of the English language, a vital tool for successful re-settlement into our community. Lack of appropriate, stable, affordable accommodation is also a major problem faced by the group. The forced exile from one's own culture, community, friends, family, careers and in particular, independence can cause significant effect and can manifest physically, psychologically and socially.

Often asylum seekers and TPV holders will have feelings of mistrust towards authority figures due to the uncompromising treatment they have received in Australia and countries of flight. The first step when working with clients has been to build a relationship of trust before beginning the process of addressing the issues that TPV holders and asylum seekers face towards the goal of recovery and independence.

The following two case examples highlight two similar yet differing casework experiences. Anonymity has been protected – no identifying information has been provided.

Case Example 1

Hussein is a 61-year-old man from Iraq who first arrived in Australia approximately two years ago and was placed in the Woomera detention facility. Hussein did not choose Australia to resettle and make a better life for himself, but rather was forced to flee for fear of his life and his family's, because he actively spoke out against the brutal regime in Iraq. Hussein left his wife and three daughters behind, as well as a flourishing career in mechanical engineering.

After his release into Brisbane 12 months ago, Hussein was left with no further support and managed to make his way down to Melbourne and into a rooming house in Collingwood. Hussein's physical and mental health was in decline due to the forced separation from his family, the effects of his detention experiences and eventual placement in culturally inappropriate accommodation.

Hussein was referred to NYCH by Outreach Tenancy service. Following the referral he was linked in with a GP at NYCH as well as our physiotherapy and dental service. In addition, Hussein was referred to counselling through the Victorian Foundation for Survivors of Trauma and connected to the local ESL provider.

When Hussein was first referred to NYCH he was quite distraught and showed a great deal of mistrust. Since then, Hussein has built enough confidence to continue with his ESL classes and has made friends. In addition, he has had his qualification translated and has applied for work. Hussein thinks about his family a great deal and is still suffering from depression and anxiety. He has however been re-settled into permanent housing and is now able to establish a home rather than merely accommodation. On going support continues as necessary.

Case Example 2

Jafer is a 41-year-old man from Iran who escaped after learning that his life was in danger because of his differing political views. Jafer arrived in Australia three years ago and was placed in the Woomera detention facility until he was released into our community two years ago.

Jafer left behind his parents and siblings and a career in medicine, but was determined to re-build his life in Australia. Jafer was referred to NYCH by the Darebin TPV workers and began working immediately on his housing and income needs. He also sought assistance to have access to ESL classes.

Soon after, Jafer was assisted in having his qualifications recognized and secured work as a nurse assistant. This has assisted Jafer to regain a sense of independence and self worth and to begin to rebuild his life. He accesses casework support from time to time, but is generally able to resolve issues as they arise.

The referral process throughout the past two years has been quite varied, occurring through word-of-mouth, a family member of a current client or through a referring agency such as a Transitional Housing Managers or English as a Second Language (ESL) providers. In cases where people are connected to more than one service, permission is sought from the client to enable a continuation of communication between NYCH and the other service if ongoing support is required

COMMUNITY BASED STRATEGIES USING THE OUTREACH MODEL

In an attempt to access more people within the community, the Refugee and Asylum Seeker Support Worker was co-located at the Fitzroy Learning Network (FLN) for a half day each week. The worker was present for the community lunch held each week to liaise with people before and after classes. Brief assessments were conducted at the FLN on a case-by case basis and any follow-up was arranged through appointments at the Collingwood site of NYCH. People presented with a range of issues including temporary and long-term housing needs, income support, and employment assistance such as preparation of resumes and job skills training.

RECREATION AND SOCIAL SUPPORT

➤ **Afghani and Iranian Women's Support Group**

In response to cultural and religious needs of refugee women the Afghani and Iranian Women's Support group was established. The group continues to meet and is supported and co-facilitated by the refugee worker in conjunction with a community volunteer. The group aims to address social isolation issues and health needs. Group members participate in planning their program with a range of activities and issues identified. Information sessions are held monthly and cover topics on health and welfare. In addition, the group members have participated in social outings and cultural celebrations. There is a core group of around 10 women who attend with average attendance between 5 and 7.

Funding for the group was received through the City of Yarra Community Grants and this has enabled the women to purchase a sewing machine and an overlocker, light refreshments for group meetings and go on outings to various sights around Melbourne.

The cultural backgrounds of the women from Afghanistan are quite varied and include Hazara, Pashtun and Tajik. As a result of cultural factions existing between the Hazaras and Pashtuns in Afghanistan, initially some women found it difficult to attend. To address this barrier to participation early activities centred on outings where the focus was on the activity rather than the individual group member. Eventually these barriers were broken down and there is now regular attendance from both groups.

On days when group members are not participating in an outing, they regularly enjoy coming together at NYCH, chatting, enjoying cups of tea and using the sewing machine. As one group member said:

"The group has provided me with the opportunity to meet with other women from my community. When we first came to Australia we came empty handed. Now we have each other and we have developed our own community in Collingwood. Collingwood is our home."

➤ **Asylum Seeker Women's Health Group**

In response to the health needs of refugee women, a no-cost massage group has been formed. Our female physiotherapist and volunteer massage therapists facilitate this group.

“When I come here to get a massage I feel comfortable and relaxed and able to forget about my problems. Coming to this group has helped me to improve my health and well-being. When we are waiting to get a massage we sometimes have our Persian music playing, and we dance and sing.”

➤ **Arabic and Persian Speaking Men’s Group**

This Group will develop as a social support with a strong emphasis on recreation and will seek to address some of the health and recreational needs of the participants. The program partners include the Refugee and Asylum Seeker Support Worker and Physiotherapist from North Yarra Community Health as well as the Jesuit Social Services (JSS) Community Development Worker on the Collingwood high-rise estates. The Arabic and Persian refugee population have been targeted because of the lack of social support services available to them within the wider community and are an emerging community with often-high settlement and health needs that make it difficult to access mainstream services.

The inaugural men’s group on 20th February consisted of a community barbeque for families, friends and interested participants at the Collingwood Housing Estate.

The program aims to address:

- **Social isolation:** There are currently no specific services targeting men or men from refugee backgrounds, and there are multiple barriers to accessing mainstream services for this group. Services that are available are often cost prohibitive, such as those that focus on fitness.
- **Lack of information about preventative as well as treatment services:** The target group is an emerging community, particularly those who are on Temporary Protection Visas. They have high re-settlement needs and are experiencing significant trauma issues.
- **Cultural distance of the group from the wider community:** The target group will include refugee men who have come from Iran, Iraq, Afghanistan and Syria. They share common bonds and experiences such as culture, and significantly all are refugees. However, community knowledge of their experience and culture is low.

The main objectives of the group are to:

- Create a comfortable and safe environment for participants to share their ideas and culture.
- To increase the concept of physical, mental and social well-being.

- To facilitate active participation within the wider community through activities such as community barbeques

These objectives will be achieved through participation in various social activities as well as receiving health education and information about a range of health treatment services. Activities will include:

- Participation in a gym program and soccer program
- Community Barbeques
- Chess Playing
- Sharing of food and culture

In addition to these activities, the group will provide an opportunity for the men to engage in regular contact with each other, whilst receiving support from NYCH, JSS and volunteers.

The project will benefit its participants by attempting to address the identified needs of social isolation and lack of information of preventative and treatment services. It will also address the issues of cultural distance from the wider community by removing some of the barriers to participation that may exist, such as knowledge of culture and experience.

Funding for this program has been received from the 2003 City of Yarra Community Grants for the amount of \$2000. This grant will enable the purchase of relevant recreational equipment as well as the facilitation of community events.

➤ **Newruz Celebration**

The project worker and the Iranian and Afghani Women's group organized the Newruz traditional celebration together. This was the first celebration the participants had been involved in since leaving their home countries and all participants enjoyed the experience. The celebration was held on the 21st of March 2002 - and enabled the women to celebrate in unity an event of great significance to all cultural backgrounds in the group. The celebration of Newruz was held at the Harmsworth Street Community Hall where the women put on a feast of traditional Afghani and Iranian food and invited all members of the community.

➤ **Holiday to Raymond Island**

A holiday to Raymond Island for students and clients of Fitzroy Learning Network and NYCH took place for 4 days during the final week of school holidays in October 2002. The aim of the holiday was not only provide a rare

leisure opportunity, but also to make ongoing connections and friendships with the Rural Australians for Refugees on Raymond Island. There may be the possibility for ongoing trips to Raymond Island.

“We loved the opportunity to be able to feel as though we did not have any problems. For many of us this has been our first holiday. Before this we did not know what a holiday was. Thank-you to all who made this possible. Thank-you especially for making our children smile!”

PARTICIPATION IN NETWORKS AND JOINT ACHIEVEMENTS

No organization can respond to the range of issues alone, and North Yarra Community Health is involved in a number of networks and partnerships to ensure a coordinated approach is developed. The project workers are member of the Northern Region TPV Service Providers Network, Yarra Settlement Forum, as well as working in conjunction with other organisations in addressing issues facing Asylum seekers. These agencies include the Thornbury Asylum Seekers Resource Centre, Ecumenical Migration Center, RMIT, The Salvation Army, Uniting Care Victoria, and Melbourne City Mission.

➤ Yarra Settlement Forum

The Yarra Settlement Forum provides support and information to workers across the municipality working with TPV holders, refugees and asylum seekers. This includes workers from NYCH, EMC, City of Yarra, Centrelink, Jesuit Social Services, The Red Cross Asylum Seeker Assistance Scheme, Migrant Resource Centre - North East, Fitzroy Learning Network. The Forum organizes events and activities on refugee issues such as Refugee Week activities for the City of Yarra, and undertakes group advocacy in relation to asylum seeker, refugee and TPV issues. The group meets monthly and develops working parties as necessary.

➤ Northern TPV Service Providers Network

This is a service providers' network, originally established by the City of Darebin TPV worker, and currently facilitated by the Northern Region MRC. The network holds monthly meetings and working groups are established to work on particular projects. The Health Working Group is responsible for organizing health sessions and this is done in conjunction with Foundation House. The Funding Group is responsible for seeking financial resource for the activities. The Education Working group is currently responsible for updating the TPV Resource Directory for the whole northern region. Some achievements of the Network include:

- Organizing a Commemorative Event on October 19, 2001, in memory of people who lost their lives during the Tampa tragedy.
- Statewide co-ordination meeting with key agencies supporting TPV Refugees in Victoria. This meeting was organized and facilitated by

Ecumenical Migration Centre and issues impacting on TPV holders were discussed with key stakeholders.

- Social Workers and Community Advocacy Unit at the RMIT have set up a project with a focus on supporting existing programs rather than creating new initiatives. RMIT will coordinate and match volunteers to specific programs, including creation of databases, websites, and academic support. Some members of the Network are involved in the project.
- Working together with AMES in Volunteer Tutoring and providing vocational training to TPV holders.
- To hold a major Public Forum with the aim of launching a 'Coalition for Permanent Residency'.

➤ **RMIT Research Report**

The project workers have been heavily involved in the RMIT Research project "Temporary Protection – Permanent Uncertainty – The experience of refugees living on Temporary Protection Visas". The report will be released shortly.

➤ **Jesuit Social Services**

The project worker has worked closely with the Jesuit Social Services Community Development worker located at the Collingwood Housing Estate, and specifically in relation to the establishment of the Iranian and Afghani Women's group and the Arabic and Persian Speaking Men's Group.

➤ **Adult Migrant Education Services (AMES)**

A close working relationship was established to:

- Develop a needs based specialised English classes for Afghani women
- Develop programs for the Iranian and Afghani Women's Group. This included the establishment of an ESL class based on the needs of the group.

CONCLUSION

Refugees arriving to the shores of Australia have already experienced significant upheaval, dislocation and trauma in their countries of origin, in exile and in refugee camps. Arrival to the relative *safety* of Australia does not always provide immediate asylum however, with the spectre of detention and a lengthy period of uncertainty while visa status is determined. For people released from detention on Temporary Protection Visas difficulties continue within a community context when it is obvious that many mainstream services are not available to assist in their quest to make a new life.

North Yarra Community Health has a history of providing health and welfare services to all members of our community without discrimination, and particularly to people who are newly arrived. It therefore sat easily with our philosophy and mission to be significantly involved in identifying issues and working through solutions to support refugees and asylum seekers within our community. Of course, no one agency can tackle these issues alone, and NYCH is just one of the many who have identified this major need and implemented a response.

It has been a privilege to share the journey of re-settlement with refugees and asylum seekers, and to be witness to the determination and good will that pervades in establishing a new home in a strange and often difficult environment. It has also been gratifying to hear from *older* Australians who have contacted us offering to volunteer time, money or goods to support the new arrivals. Ultimately it is this goodwill that will identify our Community as a place of asylum.

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