



Asylum Seeker Project – Hotham Mission

HOUSING | SUPPORT | OUTREACH | LINKUP | RELIEF | ADVOCACY



# Welfare issues and immigration outcomes for asylum seekers on Bridging Visa E

**RESEARCH AND EVALUATION NOVEMBER 2003**

A research paper and evaluation of the work of the Asylum Seeker Project, Hotham Mission with over 200 asylum seekers in the past two years, from February 2001 to February 2003. The research looks at two major areas: welfare issues and immigration outcomes for asylum seekers on Bridging Visa E.

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# Executive summary

The Asylum Seeker Project (ASP) is unique in Australia in its comprehensive work in housing and supporting asylum seekers, particularly those released from detention.

With changing policies, the pressure on the project has both increased and varied from time to time. The role and work of the project seems to have changed and expanded as the needs of asylum seekers in the community have expanded. A huge gap has emerged, where certain groups of asylum seekers in the community find themselves without any work rights, Medicare or income support. This gap is not being filled by government funds. Instead church and community groups are struggling to fill the gaps, with the ASP leading the way in this important work with 'ineligible' asylum seekers.

With little research currently available on the outcomes of final decisions and welfare issues experienced by asylum seekers in the community, the project has undertaken research on the more than 200 asylum seekers the project has worked with over the past 2 years. This research explores the welfare issues and immigration outcomes for asylum seekers on Bridging Visa E, a visa status that generally denies the recipient the right to work, income support, Medicare or access to mainstream services. The research looks at issues both pre and post presentation to the project and explores the ASP's casework approach to this group of asylum seekers.

Findings for this group of asylum seekers, with whom the ASP has worked with, included:

- 31% had spent time in detention
- 12% of all asylum seekers presented with no legal representation
- 95% currently have no work rights or Medicare
- The 45 day rule directly contributed to a loss of potential income for 60% of all asylum seekers interviewed who failed to lodge within that period of time
- 23% had never had an income while in Australia, creating a welfare dependency on community and church welfare groups and family members
- 44% were in debt to friends, lawyers or had outstanding bills or detention costs
- 24% claimed to have been refused medical treatment due to their lack of status, funds and eligibility to Medicare
- The primary health issues raised by asylum seekers included high blood pressure, depression, dietary health issues and high levels of anxiety and stress
- Asylum seekers released from detention were three times more likely to seek out medical treatment than community based asylum seekers
- The high level of homelessness or at risk of homelessness at presentation for asylum seekers on Bridging Visa E, at over 68%, is the direct result of loss of income in almost 70% of cases.
- 95% of all asylum seekers interviewed did not have any permission to study or gain vocational experience or education
- 55% of all asylum seekers interviewed had been awaiting a decision on their visa status for 4 years or more.

Ineligible asylum seekers were found to live in abject poverty with virtually no mainstream supports available to them. The impact of these issues, coupled with the long waiting period and the prolonged passivity of this group, included high levels of anxiety, depression, mental health issues and a general reduction in overall health and nutrition. High levels of family breakdown, including separation and divorce, were also recorded. The impact of the Bridging Visa E category was felt particularly by single mothers and young asylum seekers.

Examining the difference in circumstances for asylum seekers prior to presentation and post presentation, some conclusions have been drawn on the work of ASP. The reception/welfare casework response administered by the project was successful in significantly increasing access to legal, medical and other services. Furthermore, the housing options and support provided by ASP was found to greatly reduce the level of homelessness and degree of poverty, isolation and destitution faced by many asylum seekers. ASP's comprehensive program: casework, housing, living assistance and support programs, complimented each other to provide a high standard of care for asylum seekers, a remarkable achievement due to the lack of resources and funds for this group.

However it was also found that this work is unsustainable without government funds to ensure supports and resources are in place for this vulnerable group. A number of recommendations were outlined in the research:

- Asylum seeker children should have access to ASAS throughout the Protection Visa and 417 stages; from lodging to final outcome and including asylum seekers released from detention on bridging visas.
- Asylum seekers should have Medicare coverage throughout the Protection Visa and 417 stages; from lodging to final outcome and including asylum seekers released from detention on bridging visas.
- At least one family member should have access to work rights and including asylum seekers released from detention on bridging visas, with the 45 day rule being abandoned.

Furthermore, the early intervention casework response contributed to the fact that over 85% of all refused asylum seekers voluntarily left the country on a final decision. 43% of all asylum seekers who had a final decision were approved, receiving either a Temporary Protection Visa or a Protection Visa, and 57% were rejected and left the country. No asylum seeker absconded.

It was the experience of ASP that in the majority of cases forced removal or detention was neither desirable nor necessary. With caseworker support asylum seekers were prepared, supported and empowered throughout the process and were more likely to comply with decisions and more able to either cope with return or settle successfully.

It was also found that there is considerable merit in providing casework support to asylum seekers throughout the determination process. The ASP's casework structure has greatly improved the welfare circumstances for asylum seekers with no income or entitlements to Medicare and has improved the immigration outcomes for asylum seekers at the final stages.

The final conclusion of the research was that the Asylum Seeker Project has shown that it is possible, through the application of a comprehensive reception casework system, to adequately support asylum seekers in the community for their welfare needs and to prepare asylum seekers for all immigration outcomes. This research clearly shows the value of a community-based welfare/reception case management system for all asylum seekers in Australia.

# Introduction

The Asylum Seeker Project (ASP) is based at Hotham Mission in Melbourne and works with asylum seekers who have no right to work, welfare payments or any form of income and no entitlement to Medicare. The project provides free housing, case work and volunteer support, pays for emergencies and provides monthly cash relief.

Most clients have no family or other supports in Australia and some have been released from detention into the project's care for psychological or medical reasons. Almost all clients are on a Bridging Visa E, which denies access to government support or mainstream services. Neither the asylum seekers nor the ASP receive financial assistance from the government.

Little research is currently available on the outcomes of final decisions and welfare issues experienced by asylum seekers in the community. Given the need to gain further quantitative data on asylum seeker population characteristics and both quantitative and qualitative data on these issues, the Asylum Seeker Project has undertaken research of issues relating to the more than 200 asylum seekers the Project has worked with for a 2 year period, from February 2001 to February 2003. The research looks at 2 major areas: welfare issues and immigration outcomes for asylum seekers on Bridging Visa E.<sup>1</sup>

## Asylum seekers in the community

There are approximately 8000 asylum seekers living in the community on bridging visas<sup>2</sup>. In general, this group has never been in detention but arrived in Australia with valid visas, were immigration cleared and lodged a protection visa application. They are free to live in the community on a bridging visa while awaiting a decision. This group of on-shore asylum seekers make up the majority of all asylum seekers in Australia and includes groups such as the East Timorese and Sri Lankans.

The rights and entitlements for asylum seekers depends on which bridging visa they hold and the particular stage of their case. If asylum seekers lodged their application within 45 days and have not appealed beyond the Refugee Review Tribunal, they are entitled to work and Medicare. If they have not had a first decision within 6 months and have not been rejected by the Refugee Review Tribunal, they may receive a federally funded Asylum Seeker Assistance Scheme payment through the Red Cross . However many have no right to work, Medicare or any welfare payment. This includes all asylum seekers awaiting a humanitarian decision from the Immigration Minister and all asylum seekers released from detention on a Bridging Visa E, including those released on psychological or medical grounds.

Asylum Seekers cannot access government funded welfare agencies, such as Centrelink, Telephone Interpreter Services, Commonwealth funded settlement, housing support or Migrant Resource Centres. Asylum seekers with no relatives or friends to support them (in Melbourne approximately 400-500 people) have no supports at all. They rely on the good will of church and community based agencies for their housing, food and medical costs.<sup>3</sup>

### **The 45 day rule**

Since 1 July, 1997, all asylum seekers who have not applied for a Protection Visa within 45 days of arrival in Australia are refused the right to work and therefore Medicare. Furthermore, from 1 July 1998, a new regulation came into effect removing DIMIA's discretion to grant work permission in cases of financial hardship for people seeking exercise of Ministerial discretion on humanitarian grounds under section 417 of the Migration Act.<sup>4</sup>

### **Bridging Visa E holders**

A bridging visa gives applicants the legal right to stay in Australia while they are being considered for another visa. Applicants are eligible for a bridging visa if there has been:

- An application for a visa that can be granted in Australia, and
- An application for a visa has not yet been formally determined.
- An application has been lodged in a court about their visa or,
- An appeal to the Minister for the grant of a visa.

There are five major classes of bridging visa and while they are not substantive visas, they are normally valid until 28 days after the applicant is notified of a decision.

Under the current determination system, all asylum seekers who have been found not to be entitled to refugee protection by DIMIA/RRT may approach the Minister for Humanitarian consideration. Those who approach the Minister under his 417 powers are only eligible for a Bridging Visa E.<sup>5</sup>

Since July 1998, Bridging Visa E holders applying to the Courts for judicial review, or approaching the Minister, are no longer able to work while the case is being heard.<sup>6</sup> Loss of work rights, means the loss of a valid tax file number and the ultimate loss of entitlement to Medicare.

It should also be noted that under the current system of mandatory detention, the only avenues for release pending a substantive decision is the issuance of a Bridging Visa E. This is both discretionary and only possible prior to an RRT decision. The criteria include:

- 1) Minors with adequate community care
- 2) Special Needs: Medical/Psychological, Torture grounds
- 3) Persons over 75
- 4) Spouse is an Australian citizen
- 5) No primary decision within 6 months.

# Project history

The Asylum Seeker Project began with the support of the Uniting Church Synod, Outreach Mission and Hotham Mission in early 1997, housing single male asylum seekers in Seddon. The project moved formally to Hotham Mission in 2000. The project has for more than 6 years provided housing and support to homeless asylum seekers, most of whom are on Bridging Visa E, and now works with over 200 asylum seekers in 34 properties across Melbourne.

In the middle of 2000, refugees began being released from detention centres on Temporary Protection Visas, with no access to public housing support. This placed a huge strain on the few transitional and crisis housing options available and left many 'ineligible' asylum seekers, who have no income, on the verge of homelessness. The Asylum Seeker Project responded by focusing on the most vulnerable group, asylum seekers with no income or family support. Empty church properties and manses have provided the basis to the housing work, together with interagency agreements with transitional and youth housing agencies.

The TPV category had an enormous effect on the availability of services for asylum seekers in the community. A number of welfare agencies, once receptive to help asylum seekers living in the community, started turning them away or reducing their assistance as they shifted their focus to TPV holders. Many agencies became overstretched, with some now having policies stating they do not provide emergency relief for asylum seekers. For individuals with no work rights, no income support and no family or friends to support them, those policies can be devastating. In response, the Asylum Seeker Project began to provide ongoing emergency relief from the community donations it received.<sup>7</sup>

What emerged from this period was an influx in community support for asylum seekers, as well as new initiatives aimed at providing ongoing assistance, such as the Asylum Seeker Resource Centre and the Refugee and Asylum Seeker Health Network (RASHN). Additionally, after the introduction of the Integrated Humanitarian Settlement Strategy (IHSS) and changes to the Community Refugee Settlement Scheme (CRSS) in 1997, a number of former CRSS groups and volunteers began working with the project to house and support asylum seekers in the community.

On 10 December, 2002, the Asylum Seeker Project was awarded the 2002 Human Rights Award for the Community by the Human Rights and Equal Opportunity Commission. The project was praised by the judges for the way in which it has not only directly assisted needy asylum seekers by providing support to them when they have nowhere else to go, but also by demonstrating to the government that it is possible to systematically house asylum seekers released from detention.

In September 2003, the Asylum Seeker Project was nominated for the French Republic's Human Rights Prize for its work with detainees.

# ASP Programs

## **Staff/Management**

There are currently 5 full-time ASP staff; Coordinator, Administration Assistant, Case Coordinator, Volunteer Coordinator and Community Advocacy Liaison. A much larger volunteer team provide office and outreach support. While the project falls under the auspice of Hotham Mission, the Management Committee represents a broader group involved in asylum seekers' issues and meets monthly.

## **Who we work with:**

The Asylum Seeker Project works with people who:

- Have lodged a protection visa
- Are awaiting a decision on a protection visa application
- Are 'ineligible' for ASAS payments
- Are 'ineligible' for work rights, Medicare, or benefits

The ASP works with asylum seekers in a number of ways:

## **Housing**

The Asylum Seeker Project has an extensive history in housing asylum seekers in the community, housing more than 200 asylum seekers in the past 6 years.

ASP has also over the past 6 years successfully housed more than 50 single male asylum seekers in 5 properties with virtually no incidents. ASP believes it has developed an appropriate and effective housing response to this group based on:

- Early assessment and identification of need
- Office staff addressing primary casework and welfare issues
- An Outreach Worker providing ongoing housing support, including regular housing meetings and individual support work
- A focus on addressing isolation and disempowerment issues; through casework, the LinkUp program, Support Groups or external referral.

This response has been necessary, as apart from the various issues facing all agency-based shared accommodation, there are increased challenges in providing long-term housing for asylum seekers from different backgrounds at the final stages, particularly those with no right to work, funds to recreate or family to support them.

ASP views 'housing' or 'accommodating' asylum seekers as part of a broader reception work that involves ongoing welfare casework, support and preparation for possible future outcomes.

The extent to which ASP has been able to provide suitable housing for large numbers of asylum seekers is remarkable due to lack of funds and workers. This work has only been possible due to church housing being made available and the long-standing history of various former Community Refugee Settlement Scheme (CRSS) groups in providing a consistency in fundraising and volunteer support. Other properties have been made available as the strength of ASP's housing model has been made known to existing mainstream housing providers.

ASP's housing model has developed in response to growing need and is based on the accumulative experience of staff and management committee on housing responses in Sweden, former CRSS approaches, parole models, and existing housing services.



Free long-term housing is provided for asylum seekers with no income and no other housing options. Housing stock includes:

- 1) Church properties
- 2) Nomination rights to Transitional Properties<sup>8</sup>
- 3) Interagency agreements with Youth Housing
- 4) Rental Properties
- 5) Bungalows

The ASP currently houses 101 asylum seekers in 34 properties. There are currently 5 single male shared properties, 1 single female shared property, 2 bungalows for single females, 2 youth properties and 21 family properties.

Church properties, which make up the bulk of all properties, have either been previously vacant and provided free, or are provided at a subsidised rate. 9 properties are supported through Asylum Seeker Support Networks, ecumenical arrangements in financially and voluntarily supporting asylum seekers.

Once asylum seekers have been placed in appropriate housing, a volunteer Outreach worker is allocated to provide casework, referral and to ensure adequate support, crisis and safety issues are met. Further duty work is provided through the social worker at the ASP office.

### **Support programs<sup>9</sup>**

The ASP assists asylum seekers through our Basic Living Assistance Program, providing monthly cash relief. This allows asylum seekers to buy basic food items and limited transport and communication. On average, an allowance of \$30 is provided per person per week. This is particularly vital for single mothers and unwell asylum seekers, unable to access larger welfare agencies and food banks. Also provided is assistance for housing, medical and living emergencies and assistance with referrals to health, education, recreation and legal services. The project's total emergency relief and housing budget is currently \$30,000 per month, assisting over 200 asylum seekers. Besides a \$40,000 grant from the Ross Trust and Sisters of Charity (for a total of 3 years) and \$1,000 a month from St Marks Community Centre, there are no regular funds coming into the Basic Living Assistance Program. All remaining funds come from community groups or individual donations.

The ASP also runs a number of support groups, such as the Asylum Seeker Mother's Group, the Young Asylum Seeker Group and the Asylum Seeker Men's Group. These group meetings provide our clients with opportunities to talk to others in similar situations, provide support and to organise activities. These groups provide crucial supports and outlets for those not permitted to engage in paid or volunteer work and without funds for recreation.

### **Volunteers**

ASP has two volunteer streams:

*Outreach* – A professional based group of social/welfare/community workers or students who volunteer their time on a weekly basis and provide the backbone to the project's housing work. They provide casework and connect the office to the properties and ensure asylum seekers have ongoing support.

*LinkUp* – A group of people in the community who have received training, been police checked, interviewed and 'linked' to socially isolated asylum seekers. Volunteers provide social support, friendship and practical assistance, such as English tutoring, accompaniment, orientation and transport.

## Community Release Support

Since late 2000, the Asylum Seeker Project has been providing housing and assistance to 53 asylum seekers released from detention on various grounds.

### **HOTHAM MISSION DETAINEE OR FORMER DETAINEE ASYLUM SEEKER CLIENTS**

<b>Bridging Visa E</b>	15 - Psych/Medical
	31 - Bond/Breach of Visa Requirements (PV Applicants)
<b>Court Ordered Release</b>	2 - Habeas Corpus
	5 - Interlocutory
<b>Total</b>	53

46 asylum seekers were released from detention on bridging visas (BVE) without any entitlements to work rights, Medicare or welfare payments. In all BVE cases, individuals are essentially on their own undertaking but with a requirement of their release, that agencies or individuals make an assurance of support for the individual. Individuals report regularly to DIMIA Compliance. In many of these cases, the ASP has undertaken an Assurance of Support or Community Care Plan to ensure ongoing support in the community.

These asylum seekers were all still awaiting a final decision on their refugee or humanitarian case and fall into three main categories:

- Those released for psychological or medical reasons
- Those detained for breaching their bridging visa requirements
- Those released by a Federal Court order

Additionally, the Project currently houses two asylum seekers released by court order on Habeas Corpus grounds under the recent Al Masri decision at the Federal Court.

ASP has developed specialised skills in housing asylum seekers with various levels of need, particularly mental health or psychological issues. ASP has housed a total of 19 individuals released or transferred for these issues and worked with a number of community based asylum seekers with similar issues.

This work is unique in Australia and was facilitated both by the Project's experience as an asylum seeker housing agency and by its having developed a working relationship fostered with lawyers, social workers, psychologists and DIMIA.

All asylum seekers released from detention in the Asylum Seeker Project's care while awaiting a final decision have complied with DIMIA reporting requirements and none have absconded.

Despite the positive outcomes of this work, ASP is of the view that for asylum seekers in detention with severe psychological, medical or other unique needs, there currently does not exist any ideal release or alternative detention arrangement. The Bridging Visa E, Court Ordered Release and Alternative Places of Detention Arrangements all have serious shortcomings in their practical implementation and ability to adequately address serious health issues.

In all of the above cases, ASP has been concerned about the lack of acceptable transition practices from detention to community. This has included the lack of information or medical records and casework support provided to ensure an appropriate initial assessment and suitable welfare responses, which are crucial for ongoing duty of care and to be able to prepare individuals for all possible outcomes.

# Case managing asylum seekers in the community

The ASP has taken a reception/welfare based approach in its work with asylum seekers. This approach is in place to ensure the utmost duty of care to asylum seekers, to support, prepare and empower asylum seekers and facilitate the best possible immigration outcomes, whether they be settlement or return outcomes.

Much of ASP's work with asylum seekers is about providing a supportive and safe 'holding space' while they await a final decision. For workers and volunteers, providing that 'holding space' may mean many things; providing housing, advice, legal assistance, social work, counselling, assisting practically or being a support person. Ultimately it is about building trust and being consistent in the work and relationship with the asylum seeker who is often highly anxious over both past traumatic experiences and the uncertainty of their future.

It is a reception response, not a settlement response. Early intervention is the ideal approach, that is preventative rather than reactive, particularly in terms of dealing with possible crisis issues.

In the case of ASP, this work is provided in two ways:

## 1) Duty/Office work

- Initial assessment and allocation
- Duty work
- Oversight, support and supervision of Outreach work
- Distribution of Basic Living Assistance and emergency relief
- Complaints handling
- Case coordination of high risk cases

## 2) Outreach Work

- Ongoing casework; referral issues, such as legal, education and medical issues
- Regular needs and risk assessments
- Ensuring clients are linked into services and the local community, are coping well, have sufficient food, and are not isolated
- Assisting in building a supportive, friendly environment in our homes, such as outings, meals etc
- Housing support and oversight; monthly housing meetings, ensuring tenants are adhering to the house guidelines, eg. keeping the house clean, lawns mowed etc
- Ensuring crisis and safety procedures are in place, suitable to the property and needs of tenants
- Empowering and preparing clients for all immigration outcomes (see Immigration Outcome Discussion)

Important aspects of casework with asylum seekers are:

- Thorough initial assessment
- Ongoing case work
- Regular needs and risk assessments

Providing consistent case work, preferably with an ongoing worker, is crucial when working with asylum seekers, particularly in addressing client's lack of trust in authority, agencies and strangers. Furthermore, ensuring the asylum seeker completely understands the situation in which they have found themselves, (determination process, welfare situation etc) assists them in coping with the situation and in making the few decisions they are able to make.

The core principle to ASP's work with asylum seekers is in respecting and valuing each person as an individual with dignity, with specific skills and needs. Other important issues dealt with include cultural

sensitivity, trauma or medical issues and asylum seeker's orientation to their new surroundings. The Project aims to support through empowering and resourcing clients, and to provide a supportive role that is both realistic and sustainable, but also compassionate and consistent, for the period of time that the asylum seeker is awaiting a final outcome.

Staff and volunteers are encouraged to be mindful of professional boundaries and possible vicarious traumatisation and to make very clear their role to clients. As in any social, community or welfare work context, professional boundaries are crucial. This however is particularly so in working with asylum seekers. Unlike settlement work, where the worker's tasks are often to assist in integrating or starting life in a new country, reception work pertains only to the duration of the determination process. As not all asylum seekers will be granted residency, workers need to be both prepared for all possible outcomes and ideally have a mechanism to raise concerns that have come to their attention, such as mental health issues or new information about a case.

As case termination is a constant for workers, it is important to:

- Set in place the appropriate means of communicating with those who are departing, farewells etc.,
- Allowing time for discussion and working through closure, particularly in dealing with abrupt terminations, when asylum seekers must leave quickly.
- Allowing adequate time for hand-over if a different authority or worker is to become involved.

## Research aims

The ASP is unique in Australia in its comprehensive work with asylum seekers, particularly those released from detention. Working with such a large group of asylum seekers at the final stages who possess so few rights and entitlements, obviously presents many challenges. The ASP felt the need to explore these issues in its welfare context and the impact on asylum seekers in terms of housing, income, legal and health issues. Much of ASP's work with asylum seekers has however been positive, both for clients and staff. The research thus also aims to explore this in terms of Immigration Outcomes and the casework approach used to support, empower and prepare asylum seekers for all possible outcomes.

It is hoped this research may contribute to a dialogue on new approaches for case managing asylum seekers, both in detention and in the community.

# Research methodology

## Design

As there are few statistics that describe the population of asylum seekers living in the community on Bridging Visa E, a questionnaire was chosen as the best means by which to gather some of this data. Each asylum seeker was interviewed with a range of questions pertaining to their general welfare.

However as there is much diversity among asylum seekers who live in the community and, as many asylum seeker's experiences mirror the complexity of the asylum seeking process, case studies were also chosen as a means by which to convey some of the lived experiences and difficulties related to survival on Bridging Visa E. Therefore the research was exploratory and involved both quantitative and qualitative research techniques.

## Sample

The sample was composed of asylum seekers with whom the Asylum Seeker Project has worked from February 2001-February 2003. As many of the participants were from groupings such as families, siblings or couples, these groupings were defined as 'cases'. Therefore each participant was representative of a 'case' with which the project has worked. This method of sampling was chosen because the Project generally works with familial groups in order to secure housing and welfare and was considered a feasible method of sampling due to the time, language and other restraints of Project workers and participants. Subsequently the total number of 'cases' surveyed was 111. This number excludes 2 cases that did not consent to the research and a number of cases the project had only preliminarily worked with.

A separate analysis of gender and age was conducted which included members within each case. This was performed in order to gain statistics regarding the gender and age characteristics of those involved with the ASP. Hence the total number of people that the ASP worked with between the dates February 2001- February 2003, and whose basic gender and age details were included in the research, was 203.

## Data collection

The data collection methods focused on collecting the population's characteristics via a detailed questionnaire (see Appendix 1). Participants completed the questions with a worker from the ASP. Particular questions and issues (i.e. difficulties with migration agents, discussion regarding debts) were potentially more exploratory and complex and therefore if complex answers arose out of such questions these were explored by workers. Some of the responses were later developed into specific case studies. Data collection therefore combined participant questionnaires with the gathering of more detailed experiential and/or anecdotal knowledge. Information from duty assessments and case notes was used for asylum seekers who have already left the country.<sup>10</sup>

## Data analysis

All questionnaires were gathered and responses systematically entered into a data matrix. Data was then subjected to descriptive analysis. Case studies were developed where more in depth responses were indicated on the questionnaires.

## Limitations

Limitations of the research design include the way in which questions could have been interpreted differently by respondents. While many of the questions requested information pertaining to population

characteristics, others, such as those pertaining to housing history and health status, may have resulted in the need for several answers, were subjective in nature and could have been interpreted differently depending on the cultural and linguistic background of participants in addition to a subjective interpretation of events. By ensuring that workers completed questionnaires with participants and rechecking information with workers, some of the limitations relating to differing interpretations and lack of understanding of questions were hopefully addressed.

Questions regarding housing also indicated the way in which workers and participants held differing definitions of homelessness, housed and insecure housing. In order to counteract inconsistencies in responses, particular definitions relating to housing were adopted.

### **Definitions**

A person was defined as being 'housed' when they were living in a house which included THM's, church owned properties, sharing with friends, private rental etc. They were generally regarded as being housed despite many of these forms of housing being insecure and relatively impermanent for many BVE holders.

'At risk of homelessness' and 'insecure housing' included people who were currently in housing which they were experiencing immediate difficulties affording and/or feared that they would be required to leave in the imminent future. This included people who were not able to cover the cost of rent, were regularly moving due to lack of income, and/or were experiencing difficulties within family support networks, and/or and were in urgent need of alternative accommodation.

'Homeless' was defined as those who, upon presentation, had nowhere to spend the night and no knowledge of or ability to access housing options. All who were released from detention and immediately presented at ASP in need of housing, were defined as homeless.

'Constant homelessness' included people who may have moved continually, had no permanent or semi-permanent address and/or were living on the street.

### **Other definitions**

*Welfare issues* – The response to the issues pertaining to an asylum seeker's general well-being; such as housing, health, income, education, recreation and social support. ASP bases their 'welfare provision' on the idea that certain forms of welfare are a fundamental right of all peoples.

*Immigration outcomes* – Refugee and humanitarian issues are generally viewed, not in immigration terms, but in a context of international obligations under various conventions and covenants. However for this research we have defined the final decisions pertaining to protection visa and 417 applicants, i.e, refusal and return, or approval and TPV/PV, as an immigration outcome.

# Research findings

## Population characteristics

The following subsection describes the characteristics of the population surveyed. This includes information regarding gender, age, family status (in Australia), country of origin, means of arrival, visa status, time spent in Australia and where the person is located in the visa determination process.

111 cases (including families, couples and singles) are represented, totalling 203 asylum seekers. 37 of these cases have had a final immigration outcome, while the project is still working with 74 cases.

### GENDER

	Total	% of total
Male	124	61.1%
Female	79	38.9%
Total:	203	100.0%

### AGE

	Total	% of total
0-15	44	21.7%
16-25	39	19.2%
25-65	119	58.6%
65+	1	0.5%
Total:	203	100.0%

### FAMILY STATUS

	Total	% of total
Single	60	54.05%
Two parent families	20	18.02%
Single mother family	16	14.41%
Single father family	1	0.90%
Couples	10	9.01%
Unaccompanied child	3	2.70%
Siblings	1	0.90%
Total:	111	100.00%

### MEANS OF ARRIVAL

	Total	% of total
Plane	100	90.09%
Boat	8	7.21%
Boat-stowaway	2	1.80%
Working on ship	1	0.90%
Total:	111	100.00%

### PLANE ARRIVALS/VISA

	Total	% of total
Tourist	43	42.57%
Visitor	22	21.78%
Student	21	20.79%
Business	5	4.95%
Other	10	9.90%
Total:	101	100.00%

### BOAT ARRIVALS

Country of origin/ ethnicity	Numbers	% of total
Afghanistan	4	36.36%
Iran	2	18.18%
Kenya (stowaway)	2	18.18%
Palestinian	1	9.09%
Iraq	1	9.09%
Srilanka (working on ship)	1	9.09%
Total:	11	9.09%

**COUNTRY OF ORIGIN (FIRST 20)**

	Total	% of total
Srilanka	30	27.03%
Russia	8	7.21%
Iran	6	5.41%
Albania	5	4.50%
India	5	4.50%
Pakistan	5	4.50%
Afghanistan	4	3.60%
Egypt	4	3.60%
Ethopia	4	3.60%
Turkey	4	3.60%
China	3	2.70%
Palestine	3	2.70%
Serbia/Croatia	3	2.70%
Iraq	2	1.80%
Eritrea	2	1.80%
Ethiopia	2	1.80%
Angola	2	1.80%
Kenya	2	1.80%
Somalia	2	1.80%
Other	15	13.51%
Total	111	100.00%

**TIME SPENT IN DETENTION**

	Total	% of total
Never	76	68.47%
Less than three months	12	10.81%
3-6 months	5	4.50%
6-12 months	7	6.31%
More than 12 months	11	9.91%
Total	111	100.00%
<b>Total no. who have been in detention</b>	<b>35</b>	<b>31.53%</b>

**TYPES OF RELEASE**

	Total	% of total
Breached/bond paid	20	57.14%
Psychological/Medical grounds	6	17.14%
Federal Court Order	5	14.29%
Unaccompanied minors	2	5.71%
Ministerial discretion	1	2.86%
Close Ties	1	2.86%
Total:	35	100.00%

**Presentation****VISA ON PRESENTATION AT ASP**

	Total	% of total
BVE	99	89.19%
No valid visa	5	4.50%
BVA	3	2.70%
Under administrative detention	2	1.80%
Student	1	0.90%
Other	1	0.90%
Total:	111	100.00%

**MAJOR PRESENTING NEEDS OF ASYLUM SEEKERS WHO ACCESS THE ASP (MULTIPLE RESPONSES)**

	Total	% of total
Financial assistance	101	90.99%
Housing	71	63.96%
Emergency relief/Material aid	33	29.73%
Isolation and support issues	24	21.62%
Medical	15	13.51%
Education	11	9.91%
Psychological	10	9.01%
Legal	10	9.01%
Childcare	2	1.80%

**TIME SPENT IN AUSTRALIA**

	Total	% of total
Under 12 months	4	3.60%
1-3 years	44	39.64%
4-5 years	29	26.13%
6 years plus	32	28.83%
Not answered/do not know	2	1.80%
Total:	111	100.00%

**WHERE CURRENTLY IN THE DETERMINATION STAGE**

	Total	% of total
DIMIA	0	0.00%
RRT	12	16.22%
Fed Court	27	36.49%
High Court/Class action	15	20.27%
Minister	14	18.92%
High Court/Minister refused	4	5.41%
Son to lodge	2	2.70%
Total:	74	100.00%

**% of tot. pop surveyed still  
in determination process**

66.67%



## **Welfare issues**

This section explores welfare issues pertaining to an asylum seeker's general well-being; divided into the categories of income, medical, legal and housing. Accompanying issues, such as social and recreational needs, are highlighted in the discussion section. Questions generally looked at circumstances both pre and post presentation to the project.

Groups of particular concern to the Asylum Seeker Project highlighted in this research include:

- Single mothers/vulnerable families/children at risk
- Medical/Mental Health/Torture/Trauma
- UAM/Elderly

Some of this group are awaiting a decision under the Minister's 417 powers and have unique and exceptional welfare needs. Those with serious medical issues are too unwell to leave the country at the moment, while others are awaiting an outcome from the Minister for torture, trauma or humanitarian grounds. For others circumstances have changed since they first arrived in the country.

Two primary welfare issues face this group:

- Removal of Asylum Seeker Assistance Scheme benefits (This group in most cases were previously eligible)
- Change of circumstances (loss of income, pregnancy, medical conditions or other issues)

ASP examples of these cases include:

### **Pregnant Mothers**

Hotham Mission in the past 2 years has worked with 15 pregnant asylum seeker women on Bridging Visa E with no Medicare entitlement. Of particular concern to this group are nutritional issues and access to health care.

### **Vulnerable Children/Children at risk**

Additional to single parent families, there are a number of children in two parent family units that are of concern. This includes children with developmental and health needs, such as asthma and nutritional issues.

### **Torture and Trauma**

ASP works with a number of individuals who are awaiting a decision with the Minister who previously received ASAS for torture and trauma grounds.

### **Medical/Mental Health**

Hotham Mission and ASC have worked with a number of medical cases involving disability, cancer and chronic conditions such as diabetes, heart problems, eye conditions, and chronic ongoing viral infections.

## Income

This section explores the level of debt and income for asylum seekers, both through work rights, ASAS, the federally funded Asylum Seeker Assistance Scheme through the Red Cross<sup>11</sup>, and other sources.

### WORK HISTORY/INCOME (MULTIPLE RESPONSES)

	Total	% of total
No work rights (now)	105	94.59%
Have had work rights	65	58.56%
Have worked in Australia	53	47.75%
Received ASAS	30	27.03%

### INCOME (MULTIPLE RESPONSES)

	Total	% of total
BLAP	108	97.30%
Other Agency	62	55.86%
Family/Friends/Relatives	17	15.32%
Other income	4	3.60%

### RECEIVING ASSISTANCE WITH

	Total	% of total
Utilities	49	44.55%
Rent	23	20.91%
Medical	18	16.36%
Education	11	10.00%
Family	9	8.18%
Total:	110	100.00%

### DEBT

	Total	% of total
Detention	12	10.81%
Legal	8	7.20%
Bank/Credit card	6	5.40%
Other/Friends	6	5.40%
Bills	6	5.40%
Housing/Rent	4	3.60%
Transport fine	4	3.60%
Detention Release Bond	2	1.80%
Medical	1	0.90%
Total:	49	44.14%

## Prior to presentation

Almost 60% of all interviewed asylum seekers have previously had work rights. This includes the 40% that lodged their PV application within 45 days and the 20% of former student visa holders, who had a restricted right to work. Of those previously with work rights, 82% have been employed, which equals 52% of the total group of asylum seekers. Thus 40% of all asylum seekers interviewed have never had the right to work in Australia and 48% have never worked in Australia.

## At the time of interview

Almost 95% of all interviewed asylum seekers currently have no right to work. This includes all asylum seekers who failed to lodge their Protection Visa (PV) Application within 45 days (60% of all plane arrivals) and those who have appealed after receiving a negative decision from the RRT or Courts. No asylum seeker interviewed currently has access to ASAS benefits.

While 95% of all asylum seekers presently have no income, a total of 23% of asylum seekers have never had an income while in Australia. In fact, the primary presentation needs in most cases were a direct result of loss of income and the need for emergency relief and financial support for housing and medical issues. The impact of a lack of income is exacerbated given that 55% of all asylum seekers interviewed have been awaiting a decision for 4 years or more.

The 45 day rule directly contributed to a loss of potential income for 60% of all asylum seekers interviewed who failed to lodge within that period of time. A number of reasons were given for failure to lodge within 45 days:

- Misinformation from well-meaning family or community members; insufficient information or inability to access representation
- Migration Agent failed to lodge on time
- Circumstances changed in home country while in Australia (primarily those on student visas)
- Lack of English or understanding of legal or immigration procedures

Asylum seekers with no income face further financial pressures. 44% claimed to be in debt and almost 20% are required to report to DIMIA Compliance. 63% of this group must report once a week, 23% must report two or more times per week and the remainder every fortnight or month. Travel tickets for this group currently costs the project in excess of \$15,000 per year.

Lack of income raises immediate concerns for asylum seekers; Homelessness, health, nutrition, isolation and depression.<sup>12</sup> Many asylum seekers presented in a chronic state of poverty, uncertain of what services are available to them and often unable to access those services. A number of asylum seekers claimed to have not been told by DIMIA that they could access the ASAS program, despite their being eligible. Others claimed to have been turned away from mainstream welfare agencies, many assuming they must be accessing Centrelink or have family in Australia to support them. Most had no family in Australia to support them, while others presented after a family breakdown had occurred.

The statistics raise a particular concern for the numbers of children who are living in families where there is no income support, other than that provided by ASP. The Basic Living Assistance (BLA) Program, is the only ongoing non-government funded financial assistance program specifically for ineligible asylum seekers. Though crucial for the support of this group, at a maximum of \$30 per week, it rarely covers even basic items.

Asylum seekers are required to access welfare agencies to supplement this allowance in order to survive. Particular concerns are raised for single mother families, which total more than 14% of the total asylum seeker population, who are often unable to access food banks and local welfare agencies. This is often due to transport and isolation issues and the inability to carry food items together with small children.

#### **CASE EXAMPLE**

**There are a number of single mothers who have no form of income. One mother from South Asia arrived in 2001 with her three children. Having no income in the first few months, she used her remaining funds before being exempted for ASAS payments. Since her RRT refusal more than 1 year ago and with her case being in the Federal Court, she lost her entitlement to ASAS. With no income she could not afford to pay for food or rent forcing her and her three children into homelessness and severe poverty. ASP has assisted since that time with Basic Living Assistance and housing, though the family have had to move three times in different crisis and church properties.**

**A number of single male asylum seekers have never had an income while in Australia. A male asylum seeker from the Middle East approached a Migration Agent within 2 weeks of arrival in Australia but the agent failed to lodge within 45 days, leaving the man without work rights or Medicare for 4 years. Not being eligible for ASAS, the man faced constant homelessness and presented in very poor health and nutrition.**

Many mothers stated they have at times been unable to access sufficient food, medicine and clothing for their children, including staples like milk and bread. This is particularly so on weekends or holidays when food banks are closed or when the small allowance they have runs out.

## Medical

These issues have been divided into General Medical, Specialist Medical, Mental Health, Dental and Emergency.

### MEDICARE STATUS

	Total	% of total
No Medicare	105	94.59%
Some family have Medicare	4	3.60%
Do have Medicare	2	1.80%
Total:	111	100.00%

### HEALTH ISSUES SINCE BEING ON BVE

		% of total
General medical	70	63.06%
Dental	28	25.22%
Mental health issues	24	21.62%
Specialist medical	23	20.72%
Emergency/ambulance	11	9.90%

### Number of cases that reported a

(any) health issue since BVE	68	61.26%
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### REFUSED HEALTH RELATED SERVICES

	Total	% of total
Dental	8	7.21%
General medical	12	10.81%
Hospital	3	2.70%
Emergency/Ambulance	2	1.80%
Specialist medical	2	1.80%
Total:	27	24.32%

Almost 95% of all asylum seekers interviewed are not entitled to Medicare, this includes 51 children under 18 years of age. In just over 3% of cases, some but not all, family members have a Medicare card. Not having a Medicare card was typified by the loss of work rights and thus a valid tax-file number, which is a requirement for eligibility for Medicare.

61% of asylum seekers claimed the need to seek medical attention since receiving a Bridging Visa E, with assistance for health issues being the primary need for 13.5% of asylum seekers at initial presentation to the project. The primary health issues raised by asylum seekers included high blood pressure, depression, dietary health issues and high levels of anxiety and stress.

The major areas of concern were the following:

- The level of refused treatment
- Asylum seekers not completing required medical treatment
- Disparity between detention releasees and community based asylum seekers
- Asylum Seekers not seeking medical attention
- Pharmaceutical issues
- Anxiety and mental health

### Refused treatment

More than 24% of asylum seekers claimed to have been refused medical treatment since being on a BVE. Refused treatment included those turned away after presenting to medical centres or hospitals and those unable to get appointments due to no Medicare card or lack of funds. Asylum seekers were more likely to be refused general or dental treatment, than mental health or specialist treatment.

Three reasons were given for refusal of medical treatment:

- Not having a Medicare card
- Not having sufficient funds to pay for services
- Not having sufficient identification

### **CASE EXAMPLE**

**A single mother and her 2 young children from the Horn of Africa arrived in Australia three years ago were detained and subsequently released for psychological reasons. Being released on a Bridging Visa E, the family did not have any right to Medicare, a source of extreme anxiety and concern for the mother, particularly as her youngest son, 2, was prone to viral infections. Despite the project undertaking to assist the mother for any medical issues, one Sunday night, her son was extremely unwell and with a high fever.**

**She quickly presented to the local medical centre but was turned away because she did not have a Medicare card.**

**This same mother also suffered serious gynaecological issues, due to female genital mutilation in her home country. Despite a referral by a GP, this mother was refused an appointment by a gynaecologist for not having a Medicare card. Another specialist willing to assist her was later found.**

**Another mother, from Eastern Europe, suffered cancer and received treatment while on ASAS benefits. Although still requiring 6 months remission testing, after becoming ineligible she was unable to gain appointments for testing, as she had no funds or a Medicare card.**

### **Not completing required treatment**

Another issue of concern was the number of asylum seekers not completing their required medical treatment. This was primarily the case for asylum seekers who had begun treatment but who were unable to pay for the cost of treatment. This included asylum seekers asked to pay outstanding bills or to pay in advance for further treatment and also those who had become ineligible during treatment.

### **CASE EXAMPLE**

**One single mother from South America was recently hospitalised after having a mild heart attack. After being presented with a large hospital bill to pay on her second day in hospital, she discharged herself, assuming she could no longer stay at the hospital as she had no funds.**

### **Disparity between detention releasees and community based asylum seeker**

Of the 61% of asylum seekers claiming the need to seek medical attention since receiving a Bridging Visa E, 77% were asylum seekers released from detention, while 23% were community based asylum seekers. Asylum seekers released from detention were thus more than three times more likely to seek medical attention than those asylum seekers who have never been in detention. In particular, the need to access mental health services was higher for asylum seekers released from detention. Additionally, the amount of casework and support required from ASP was more than 3 times higher for detention releasees than community based asylum seekers.

Two other issues observed for a number of detention releasees were:

- Comparative high use of medical services
- High dependence on medication

On the whole, asylum seekers released from detention were found to be more likely to seek out medical assistance, as opposed to asylum seekers who have never been in detention, who tended to access fewer medical services. While the research was inconclusive as to the reasons for higher medical use of services by detention releasees, much research has documented the way in which detention has had extreme

negative impact on psycho-social health<sup>13</sup>. Thus there may be overutilisation of services as a result of impact of detention experiences in addition to the effects of prolonged institutionalisation, i.e., the culture that often develops where medical assistance is constantly sought.

A number of asylum seekers, for example, released from detention were dependent on pharmaceuticals, such as sleeping tablets and anti-depressants. This was particularly the case for long-term detainees, who had the highest level of medicine useage. This group were often highly anxious about being physically and psychologically dependent upon medication, yet not having a Medicare card.

#### **CASE EXAMPLE**

**One mother from the Middle East living in the project's care had been on more than 10 different prescriptions during her time in detention for various health ailments, including sleeping tablets and anti-depressants. Not being provided with sufficient medical records for this period, she stopped a number of these medications quickly after release, which had some adverse effects on her health, such as dizziness and heart palpitations. She was generally unaware of exactly what medications she had taken in detention and what were their purpose or correct dosage. In response, the mother sought out medical attention very frequently, as was the case during her time in detention.**

#### **Asylum seekers not seeking medical attention**

An observation in the research was that community based asylum seekers tended to underuse medical services, despite requiring assistance. A number of community based asylum seekers presented with serious untreated health issues, such as diabetes and asthma. This was due in part to isolation, lack of entitlements and financial considerations. Other reasons for not seeking out treatment included not knowing or understanding the health services that are available and assuming they had no right to any medical assistance in Australia. Others had been previously refused treatment and felt hesitant or unable to seek out assistance again. A number of cases highlight the tendency for community-based asylum seekers to remain untreated and not seek medical attention.

#### **CASE EXAMPLE**

**Two pregnant mothers, with no Medicare, had not seen a doctor for their entire pregnancy, despite being over 7 months pregnant. A number of asylum seekers had remained untreated for asthma, high blood pressure and diabetes. One man from South Asia was in fact so unwell from his untreated diabetes, his eyes were yellow and face swollen. He said he assumed that there were no health services available to him since losing his Medicare card and having no income.**

#### **Pharmaceutical issues**

Another issue for asylum seekers was access to pharmaceuticals. As ineligible asylum seekers do not have a Medicare card or a Health Care card they are not entitled to the Pharmaceuticals Benefits Scheme (PBS).

## **CASE EXAMPLE**

**One father came from South Asia to Australia in 1997 with his wife and 2 year old son. He worked for 5 years in the hospitality industry while his protection visa application was being processed. When the RRT refused his claim for refugee status, he lost his work rights and Medicare while awaiting a decision from the Minister. Soon after this, his son, came terribly ill and was taken to the hospital immediately. At one stage the doctors believed that the son was suffering from cancer, later he was diagnosed with a deadly but treatable virus. He slowly got better enough to go home, but required constant check ups and appropriate medications.**

**After his son was discharged, the father stopped at the chemist to pick up the medications, only to have the pharmacist ask for the highest price due to the family not being eligible for PBS and not having a Medicare Card or a Health Care Card. The father pleaded with this person, offering the only money he had, \$16.40. The pharmacist refused and only part of the prescription was purchased at that time. The father, sick with worry for his son's wellbeing, was not able to purchase all of the medicine that was needed to improve his son's health.**

This means ineligible asylum seekers must pay full price for medicines. This is of particular concern to asylum seekers released from detention, who had a higher level of pharmaceutical use than other asylum seekers, but also for asylum seekers who required expensive medicine.

### **Anxiety and mental health**

A general high level of anxiety was noted for all asylum seekers interviewed. Causes of anxiety on the whole were due to uncertainty about both their present welfare needs and their future, in terms of their legal status in Australia, fear of return, as well as multiple other issues. While men were anxious about not having work rights, women were more likely to be anxious at not having Medicare and the impact of this on their children. Single mothers were particularly anxious about the difficulty of accessing medical services for their children, particularly out of working hours, due to isolation, lack of transport and funds.

Asylum seekers highlighted the impact of not having the right to work, volunteer, study or the funds to recreate on their general mental health. As noted by Amnesty International, asylum seekers with no outlet for productive and physical activity are more susceptible to depression, high levels of anxiety and the effects of Post Traumatic Stress Disorder. This may include sleeplessness, increased suicidal thoughts and disorientation.<sup>14</sup>

Furthermore, not having the right to work or an income, contributes to increased isolation, which was the reason for the introduction of support programs such as LinkUp and the Mens, Mothers and Youth Groups.

Workers in turn noted the general lack of counselling services available for ineligible asylum seekers. This was exacerbated by no funding for mental health services specifically for this group, as well as long waiting lists and catchment area restrictions, affecting asylum seekers with unstable housing.

### **Response to these health issues**

The seriousness of health issues for community based asylum seekers and difficulties to access services, documented as early as 1996,<sup>15</sup> has prompted the emergence of a number of initiatives in Melbourne. ASP, together with Refugee and Asylum Seeker Health Network (RASHN), Bula Bula Asylum Seeker Health Centre, Asylum Seeker Specialist Clinic and the Red Cross<sup>15</sup> have been successful in reducing the number

of refused services due to individual advocacy and referral to free services. A network of free services, including hospital services, specialists and GPS, has emerged and the hard work of the above groups should be commended.

Undoubtedly there would have been a larger percentage of refused services if not for these initiatives and indeed anecdotal evidence from other states around Australia indicates a less coordinated approach to community based asylum seeker health and far less services available.

## Legal representation

### LEGAL HISTORY

	Total	% of total
No legal representation on presentation	13	11.71%
No legal representation currently	5	4.50%

Almost 12% of all asylum seekers presented with no legal representation. Despite advocacy and referral assisting in reducing unrepresented cases to 4.5% (a reduction of 7.21%), legal issues remained a great concern to most asylum seekers interviewed. According to the statistics, 16% of asylum seekers interviewed claimed to have been badly represented by their Migration Agent for one of the following reasons:

- Failed to lodge within 45 days
- Provided inaccurate information about immigration procedures
- Not all information provided by the client being submitted in the application
- Charged more than initially stated

Most of these asylum seekers claimed to be afraid to file a formal complaint as they felt uncertain of their rights in Australia and were unsure of the impact this may have on their refugee claim.

### CASE EXAMPLE

**A single mother from Eastern Europe waited for 4 years for a final decision before being approved by the Minister. Although having no family in Australia, with work rights for the first 3 years, she was able to support herself and her child and pay for the services of a Migration Agent. The agent initially had said the maximum fee would be between \$3,000 and \$4,000. At the time of lodging a submission to the Minister, the mother lost her work rights, was unable to support herself or her child and approached ASP. The Agent allegedly had told the mother that she would be able to get her work rights back and then charged the mother \$7,000 to lodge the ministerial submission.**

**Another young male asylum seeker from South Asia was not told by his Migration Agent that he had had an RRT refusal. With his bridging visa unknowingly expired, the man was subsequently detained.**



## Housing

### HOUSING HISTORY

	Total	% of total
Private rental	30	27.03%
Shared/friends/family	33	29.73%
Detention	17	15.32%
Transitional housing	8	7.21%
Religious facility/mosque	2	1.80%
On street	1	0.90%
Refuge/Aged care	2	1.80%
Caravan	1	0.90%
Insecure housing/Movement between two or more of the above categories	17	15.32%
Total:	111	100.00%

### CAUSE OF HOMELESSNESS

	Total	% of total
Loss of income/ASAS/Work rights	45	59.21%
Previously detained	18	23.68%
Combination of loss of income and family breakdown	7	9.21%
Family breakdown	2	2.63%
Constant homelessness	1	1.32%
Other reasons	3	3.95%
Total:	76	100.00%

### HOUSING STATUS AT PRESENTATION

	Total	% of total
At risk of homelessness	49	44.14%
Housed	35	31.53%
Homeless	27	24.32%
Total:	111	100.00%
Total homeless/at risk of homelessness	76	68.46%

### TYPE OF HOUSING SINCE PRESENTATION

	Total	% of total
ASP/ASP supported	36	32.43%
Shared accommodation/friends/family	19	17.12%
Private rental	18	16.22%
THM/Youth Housing	13	11.71%
Church paid	7	6.31%
Seeking accommodation/ Currently homeless	5	4.50%
Refuge	1	0.90%
Insecure housing/Movement between two or more of the above categories	12	10.81%
Total:	111	100.00%

The high level of homelessness or at risk of homelessness at presentation for asylum seekers on Bridging Visa E, at over 68%, is the direct result of loss of income in almost 70% of cases.

For most asylum seekers there was a constant movement in and out of homelessness, with impermanence and insecure housing remaining at over 15%. This group are required to move on a regular basis as a result of lack on income and work rights and due to the lack of access to permanent sources of stable accommodation.

Loss of income contributed to an almost halving of the numbers of asylum seekers able to remain in shared housing or maintain private rental. Asylum seekers ability to access rental assistance through the Housing Establishment Fund (HEF) remains low at 9%, despite consistent advocacy on the issue. In most cases this assistance was one-off and for less than 4 weeks. Of those remaining in private rental, ASP has had to cover the costs or take over the lease where no other housing options are available.<sup>16</sup>

Despite a 4.5% increase since presentation, the numbers of asylum seekers able to access transitional housing remained low, at only 11.7%. Reasons for this include:

- Few available properties
- Lack of exit options for asylum seekers with no income
- Time limitation of a maximum of 1.5 years
- Lack of understanding from housing providers about asylum seekers on bridging visas

Housing options are further limited as asylum seekers are not eligible for Public Housing or transitional housing through the Supported Accommodation Assistance Program (SAAP), which is Commonwealth or joint Commonwealth/State funded.

## **ASP housing**

By fully utilising available housing stock, particularly church properties, ASP has however been extremely successful in finding housing and reducing the level of homelessness for asylum seekers with no income, which was 4.5% at the time of interviewing. The project has extensive asylum seeker housing experience, currently accommodating over 100 asylum seekers with no income, in 31 properties throughout Melbourne.

The value of ongoing casework in providing specialised support, providing early intervention and in reducing incidents is worth noting in ASP's housing work. In the 2 year period researched there has been an extremely low level of incidents in ASP housing requiring a crisis response. These included:

- Two attempts of self-harm (Requiring 2 calls for an ambulance)
- Three calls to a Crisis Assessment Team (CAT)
- No calls to the police or fire
- No deaths

Recent feedback from asylum seekers in ASP housing indicated a high level of satisfaction with both the appropriateness of housing and the level of support. The Outreach Team in particular has played an important role in providing both ongoing support and preventative response to vulnerable asylum seekers, particularly those experiencing depression, anxiety or not coping with their predicament.

There are concerns however as to the sustainability of such a housing program given increasing demands, heavy reliance on donated or subsidised properties and volunteers and a general lack of funds, particularly from government sources.

### **CASE EXAMPLE**

**Many asylum seeker families spent time living in unacceptable conditions prior to presenting to the project. A family from South Asia who had awaited a decision since 1997, had lived for many years with very little income. The family of 4 lived in a back shed in a friend's home with no running water in cramped and unsanitary conditions. When the family lost their right to work, the family were told they had to leave. Faced with homelessness, and not aware of their option to contact the Red Cross previously, the family later found them and were referred to ASP who is currently housing the family in a church property.**

**A number of single females have presented as very vulnerable and susceptible to abuse, having to depend on people they don't know very well or who don't always have their interests at heart. A young woman from the Horn of Africa who lodged her protection visa in 2000, spent most of her time with no income and chronically homeless, moving between friends until the welcome was overstayed, then moving on. Her days were spent trying to access food banks and looking for housing. She said she was often treated like a servant and felt scared much of the time. She faced high levels of anxiety, depression and health issues. At one point she was hospitalised for malnutrition before the project was contacted and found housing for her.**

**Many more single young males have presented to the ASP after having spent time living on lounge room floors, in cars, in a mosque and a number on the street.**

## **Young Asylum Seekers**

A number of specific welfare issues faced young asylum seekers. Many of these issues related to difficulties participating in the school system with no income. A number of youths stated their school did not understand the situation for asylum seekers on Bridging Visas, particularly those with no income. These students indicated that they at various points have had no school or PE uniform, difficulty accessing school

books and attending excursions, sporting or extra-curricular activities. Transport to school was a difficulty for most students with many young people not telling their friends they were asylum seekers and not inviting friends home, particularly if their housing was unstable.

#### CASE EXAMPLE

**One 13 year old boy from the Middle East stated that he was ashamed to tell his teacher or his friends that he was an asylum seeker and that his family had no money. The project later found that he was constantly being held after school in detention for being late and for not attending sports. However the boy did not have any sneakers or any travel ticket to get to school. Instead he had to walk almost 2 hours to get there. He said he went without food many days as he had no money for lunch and nothing to take from home. On the days he slept in and raced to school, he would spend so many hours walking to school and then being kept behind, he often wouldn't eat until the evening meal, thus eating only once a day. The family were forced to move 3 times in the boy's 4 month stay at the High School.**

#### Immigration Outcomes

Refugee and humanitarian issues are generally viewed, not in immigration terms, but in a context of international obligations under various conventions and covenants. However for this research we have defined the final decisions pertaining to protection visa holders, i.e, refusal and return, or approval and TPV/PV, as an immigration outcome.

#### OUTCOMES

	Total	% of total
Detained	1	2.70%
Detained and Returned	2	5.40%
Voluntarily left Australia	18	48.64%
TPV/THV	14	37.83%
PV	2	5.40%
Absconded	0	0.00%
Total:	37	100.00%

#### VOLUNTARY DEPARTURE (COUNTRY OF ORIGIN)

	Total
Iran	3
Srilanka	3
Cyprus	2
India	2
Serbia	2
Albania	1
Congo	1
Ethiopia	1
Iraq	1
Pakistan	1
Russia	1
Total:	18

#### VOLUNTARY DEPARTURES (WHERE IN DETERMINATION PROCESS DID THIS OCCUR)

	Vol departure	Vol departure to 3rd country	Total	% of total
DIMIA			0	
RRT	2		2	
Federal Court	1	1	2	
High Court			0	
Minister	1	4	5	
High Court/Minister refused	7	2	9	
Total			18	16.21%

There has been a final immigration outcome in 33% of all cases. That is a total of 37 cases that have had a final decision either approving or rejecting their protection visa or humanitarian (section 417) claim. Asylum seekers usually have only two possible outcomes, settlement or return. In Australia there is, of course, another possibility, grant of a TPV. Of all final outcomes assessed, 43% of all asylum seekers were approved, receiving either a TPV or a PV<sup>17</sup>, and 57% were rejected and left the country. No asylum seeker absconded.

Of the 21 cases finally refused, 18 cases (85%) involved voluntary departure, divided between:

57% Having voluntarily repatriated

29% Having voluntarily departed for a third country

Taking into account the 19% of all Minister (section 417) rejected cases that entered a High Court class action, the total percentage of refused asylum seekers that voluntarily departed is 67%.

The high level of repatriation is particularly evident given that 95% of asylum seekers interviewed presently have no form of income and thus few possibilities to make their own travel arrangements. Exploration of third country options was facilitated by the fact that almost 50% of all surveyed asylum seekers were in possession of a valid passport and made possible through the provision of funds from the project and other agencies and churches. It is however unsustainable for small community agencies to fund travel costs on anything more than an emergency basis.

#### **CASE EXAMPLE**

**The Iranian parents of a teenage son had waited for 2 years in the community for a decision on their Protection Visa Application. After the family were rejected by the RRT, the family had many discussions with their Outreach Worker about their future. Slowly the discussions explored the possibility of refusal by the Minister, after which the family decided to pursue third country options. Having lost their right to ASAS and work rights the family had few options. They did however have valid passports. When the family were later rejected by the Minister, ASP raised enough funds for the family to leave the country together and assisted with some preliminary supports in the country of arrival. A letter was received shortly afterwards indicating their safe arrival.**

**A young Pakistani, who had awaited a decision for 4 years was rejected by the Minister. Having no income, both ASP and other agencies assisted in providing funds for his return. Another man from Congo, who had awaited a decision for 6 years, was supported by the project in the steps to returning after also being refused. While these were difficult decisions for the clients, it was eased by assisting with preparations, such as calls, arrangements for housing and extensive internet research. In fact, both men have emailed the Project indicating their safe arrival.**

Further improvements on the level of returns would no doubt occur if there were increased resources to better work with clients at the final stages and if DIMIA Compliance allocated funds for resettlement and travel (including third countries) and allowed more flexibility in notice given to leave the country.

The lack of income does affect people's choices to depart Australia. Two asylum seekers released from detention on a BVE wanted to return home voluntarily but did not have work rights to pay for the travel or the issuance of a new passport. As the project cannot fund travel for all clients, they were advised by DIMIA that they would have to return to detention where the fares could be paid. As they did not wish to return to detention and feared prolonged detention pending removal, they appealed further. DIMIA has recently indicated it will explore further these issues facing community based asylum seekers. Alternatively,

allowing work rights or income support at the final stages would enable asylum seekers to better plan and prepare for either return or settlement.

### **An outline of ASP's work with asylum seekers in the final stages**

The high figures for voluntary repatriation highlight the success of ASP's casework system in preparing, supporting and empowering asylum seekers in the final stages.

Working with asylum seekers at the final stages is a challenge, particularly when addressing client's concerns about having to leave Australia, being rejected or returned. In many cases the issue of return is only raised with an asylum seeker once a final decision is imminent or has been made.

Assisting clients to think about, prepare, and ready themselves for all possible immigration outcomes as soon as possible is vital. However, discussing the possibility of having to leave Australia is a challenge due to high anxiety levels and the amount invested in the determination process.

There are three major options for refused asylum seekers: Third country options, voluntary repatriation or forced return. Voluntary repatriation indicates a degree of confidence in the determination process and ideally involves a mechanism to monitor a percentage of returns to ensure safety, dignity and security.<sup>18</sup> It is important that asylum seekers are satisfied that they have been properly represented and that any new information has been fully considered prior to a final decision. It is equally important that caseworkers are able to provide DIMIA with information affecting a client's capacity to leave the country, such as medical, mental health, family or humanitarian issues.

The ASP has found that bringing up the subject of a final decision or return needs to be approached with sensitivity to the client's unique situation and only if sufficient trust has been gained and the asylum seeker is ready. It is important that the exploration of return issues is raised in a way that does not diminish the level of trust the client may have developed with the worker or that denies their refugee claims. Instead, it should be explored as putting their interests first and looking at all their options. Furthermore, it is important a clear distinction is made between DIMIA's responsibility in implementing immigration decisions and the caseworker's role in providing support and preparation during the process. The ASP has concluded that any discussion with the client should not instil false hope.

A number of approaches have been taken by caseworkers in preparing asylum seekers for return:

- Ensuring asylum seekers are properly legally represented, are able to contribute to putting their case together and understand decisions made in their case
- Discussing all possible outcomes as early as possible
- Providing updated, independent country information
- Providing statistics of the percentage of refugee approvals for the country of origin
- Briefing the client on changes in the country; politically, socially etc.
- Exploring third country options where applicable<sup>19</sup>
- Exploring the possibility of domestic relocation with the client
- Empowering asylum seekers to undertake their own research, particularly using the internet or library
- Being realistic and open about the information provided or discovered
- Empowering asylum seekers to make as many preparations as they can; calling family members, arranging on-arrival accommodation and people to meet them.
- For asylum seekers with particular needs, making referrals, care plans or organising on-arrival support
- Ideally, providing statistics and case studies of the outcomes of returned cases
- Ideally, ensuring resettlement funds are available

### **Absconding and the availability for return**

A key concern for government, and a consistent argument in favour of detention, is ensuring the availability of asylum seekers for removal. This concern raises a number of issues:

- The actual risk of absconding
- The role of caseworkers and DIMIA
- The ability to track asylum seekers in the community

Although there is always some possibility of absconding, the experience of ASP and indeed international findings, is that the actual risk is minimal.<sup>20</sup> This may in part be due to the strong incentive for asylum seekers to comply during the determination process and should be considered in the context that authorities are aware of a final negative outcome prior to the asylum seeker, and are thus able to make an individual risk assessment at that point.<sup>21</sup>

Given however that there may be some risk of absconding, this can be minimised by:

- Compliance requirements in the community, such as regular reporting
- Living assistance linked to maintained contact with authorities
- Risk assessments
- Comprehensive case management.

An important distinction needs to be made at this point between the responsibility of DIMIA to implement immigration decisions and the role of caseworkers and NGOs in supporting and preparing asylum seekers throughout the process. DIMIA Compliance is ultimately responsible for ensuring asylum seekers comply with expulsion orders, which for community based asylum seekers in most cases involves 28 days notice to make travel arrangements or risk being detained and removed.

The role of the caseworker is crucial as it is this point that they can provide DIMIA with any new information that may affect a person's ability to travel or safety upon return. At the point of imminent return the case worker's role should include:

- Encouraging asylum seekers to comply with decisions
- Maintaining regular contact with the client
- Ensuring the client's contact details are accurate
- Ensuring clients have the means to report to DIMIA (travel or telephone cards etc)

DIMIA however are ultimately responsible for ensuring the availability of asylum seekers for return, while caseworkers have a legal obligation to inform DIMIA if a client has absconded or there is an apparent risk that they will.

It is however the experience of ASP, that in the majority of cases forced removal or detention is neither desirable nor necessary. With caseworker support asylum seekers are prepared, supported and empowered throughout the process and are more likely to comply with decisions and more able to either cope with return or settle successfully.

# Conclusion

The Asylum Seeker Project (ASP) is unique in Australia in its comprehensive work in housing and supporting asylum seekers, particularly those released from detention. Working with such a large group of asylum seekers at the final stages who possess few rights and entitlements, obviously presents many challenges. The ASP felt the need to explore how this situation impacts on asylum seekers in terms of welfare and immigration outcomes and the casework approach used by ASP to support, empower and prepare asylum seekers for all possible outcomes.

Furthermore, by researching the welfare issues, immigration outcomes and ASP's case management of ineligible asylum seekers, the Asylum Seeker Project has aimed to contribute to a dialogue regarding approaches to case managing and supporting asylum seekers. Such approaches include improved duty of care and more humane methods of return and settlement.

The research of more than 200 asylum seekers on Bridging Visa E over a two year period, has shown that ineligible asylum seekers were found to live in abject poverty with virtually no mainstream supports available to them. The impact of these issues, coupled with the long waiting period and the prolonged passivity of this group, included high levels of homelessness, anxiety, depression, mental health issues and a general reduction in overall health and nutrition. High levels of family breakdown, including separation and divorce, were also noted. The impact of the Bridging Visa E category was felt particularly by single mothers and young asylum seekers.

The research has shown however that the reception/welfare casework response administered by the project was successful in significantly reducing the level of homelessness and increasing access to legal, medical and other services. ASP's comprehensive program: casework, housing, living assistance and support programs, complimented each other to provide a high standard of care for asylum seekers, a remarkable achievement given the lack of resources and funds for this group. However it was also found that this work is unsustainable without government funds to ensure supports and resources are in place for this vulnerable group.

**Recommendations:** Taylor argues that by restricting asylum seekers access to work rights and social welfare, Australia is in breach of its obligations under the International Covenant of Economic, Social and Cultural Rights (ICESCRA)<sup>22</sup>. Certain minimum entitlements are required for asylum seekers in the community, regardless of where their case is placed in the determination process.

In the context of international human rights obligations, the Asylum Seeker Project recommends a number of recommendations be implemented:

- Asylum seeker children should have access to ASAS throughout the Protection Visa and 417 stages; from lodging to final outcome and including asylum seekers released from detention on bridging visas.
- Asylum seekers should have Medicare coverage throughout the Protection Visa and 417 stages; from lodging to final outcome and including asylum seekers released from detention on bridging visas.
- At least one family member should have access to work rights and including asylum seekers released from detention on bridging visas, with the 45 day rule being abandoned.

The research also found that there is considerable merit in providing casework support to asylum seekers throughout the determination process. Being indefinitely detained or left with no supports in the community does not provide adequate duty of care, nor the assistance needed to ensure the best outcome in terms of return or settlement. Instead it unnecessarily creates further anxiety and, in some cases, retraumatizes the already traumatised.

The Asylum Seeker Project's casework structure has greatly improved the welfare circumstances for asylum seekers with no income or entitlements to Medicare and has improved the immigration outcomes for asylum seekers in the final stages of refugee and humanitarian determination.

The early intervention casework response contributed to the fact that over 85% of all refused asylum seekers voluntarily left the country on a final decision. 43% of all asylum seekers who had a final decision were approved, receiving either a TPV or a PV, and 57% were rejected and left the country. No asylum seeker absconded.

It was the experience of ASP that in the majority of cases forced removal or detention was neither desirable nor necessary. With caseworker support asylum seekers were prepared, supported and empowered throughout the process and were more likely to comply with decisions and more able to either cope with return or settle successfully.

In both detention and community contexts, social-welfare based case management of asylum seekers has an excellent track record in other countries in maintaining high standards of duty of care and in reducing incidents of self-harm, rioting, hunger strikes and in improving immigration outcomes.<sup>23</sup> There is considerable merit in providing casework support to asylum seekers throughout the determination process.

The final conclusion of the research was that the Asylum Seeker Project has shown that it is possible, through the application of a comprehensive reception casework system, to adequately support asylum seekers in the community for their welfare needs and to prepare asylum seekers for all immigration outcomes. This research clearly shows the value of a community-based welfare/reception case management system for all asylum seekers in Australia.



# Appendix 1

## Questionnaire – BVE Research

ID details

-Age 0-15

16-25

25-65

65+

-Gender

-Family status

Single

Single Mother

Single Father

Couples

- Families

- Unaccompanied child

-Country of Origin/ Ethnicity/religion/ Language

Detention Release:

-Time spent in detention

Never

Less than three months

3-6 months

6-12 months

More than 12 months

-Types of release

Psych

Medical

Federal Court

Breached/working

-Improvement of overall mental health\*

Visa History:

-Means of arrival

-Lodged within 45 days

-Visa on arrival

-Visa on presentation

Welfare needs

What were the major presenting needs of asylum

seekers who access the ASP?

• Medical

• Psychological

• Financial assistance

• Emergency relief/ material aid

• Service refused by service provider

• Housing

• Isolation and support issues

• Legal

• Education

• Childcare

• Other

Work History/Income:

-No work rights

-Have had work rights

-Have worked in Australia

-Income

• Family/Friends/Relatives

• BLAP

• Other Agency

• Other income

-Receiving assistance with

• Rent

• Utilities

• Medical

• Family

• Education

-Debt

-Legal

-Housing/Rent

-Medical

-Bank

-Detention

-Transport fined

-Other

Medical History:

-No Medicare

-Previous health issues

-What health issues since being

on Bridging Visa E?

- Specialist medical
- Dental
- Psychiatric
- General medical
- Emergency (ambulance)
- Refused health related services
- What?

Legal History:

- Lawyer
- Barrister
- Migration Agent
- No legal representation on presentation
- No legal representation currently

-Compliance Requirements

How often

-Where currently in the determination stage:

- DIMIA
  - RRT
  - Fed Court
  - High Court
  - Minister
  - High Court/Minister refused
- Other legal issues experienced?

-Migration Agent issues/what

-Other

Support Initiatives

Outreach Worker

LinkUp Volunteer

Support Programs (YAS, ASMG etc)

Housing History:

-Previous Housing

-How did the client present:

- Homeless
- At risk of homelessness
- Housed

-Cause of homelessness

- Loss of income-ASAS/work rights
- Family breakdown
- Previously detained?
- Other

What type of housing since presentation

- ASP
- ASP supported
- THM
- Private rental
- Shared accommodation
- Seeking accommodation
- Currently homeless
- Refuge
- Other

Received or refused HEF

OUTCOMES

What has been the final visa outcome of asylum seekers on BVE who are supported by the project?

- Detained
- Detained and Returned
- Voluntarily Repatriated
- Voluntarily Repatriated 3rd Country
- TPV/THV
- PV

Incidences in our properties:

- Police intervention
- CAT team
- Suicide attempts

How many asylum seekers who have been supported by the project have absconded?

## Appendix 2

### **ASP Partnerships**

Some of the most exciting aspects of the Asylum Seeker Project are the creative and innovative initiatives that have developed in the face of real need and which have been strengthened through partnerships with other agencies.

#### **Some of these initiatives include:**

*LinkUp Program* - ASP works together with Red Cross and Victorian Foundation for Survivors of Torture on the LinkUp Volunteer program, as well as the Asylum Seeker Mothers and Young Asylum Seeker Group  
*Asylum Seeker Support Networks* – The basis of our housing work, these 12 networks are made up of over 500 people around Melbourne who contribute funds, volunteers and provide housing for asylum seeker families together with ASP.

*Young Asylum Seeker Support Program* – ASP, Moonee Valley Youth Support, Centre for Multicultural Youth Issues Network and Red Cross meet to identify needs and improve the supports available for young asylum seekers.

*Asylum Seeker Mens Group* – This group is run with support from the Melbourne City Council Cultural Development Unit.

*Network of Asylum Seeker Agencies (NASAVic) Victoria* – A network of over 12 agencies working together in Melbourne to coordinate and advocate on behalf of asylum seekers. Convened by the Refugee Council of Australia.

*Asylum Seeker Housing Network* – ASP, Red Cross and Wombat Lanigiro come together monthly to explore housing issues for homeless asylum seekers. With input from the Council to Homeless Persons and the Victorian Council of Social Service.

### **The project works with two peak**

#### **lobby and campaign groups**

*Justice for Asylum Seeker (JAS) Alliance* – A lobbying group in Victoria aimed at addressing human rights issues for both asylum seekers in detention and in the community.

*A Just Australia (AFJRP)* - A national umbrella group that campaigns on the rights of asylum seekers in Australia

### **Two new initiatives being developed**

*Crisis Response Team* – ASP/Asylum Seeker Resource Centre; An on-call Outreach Volunteer Team aimed at assisting asylum seekers out of working hours.

*Supported Return Program* – A support program for asylum seekers at the final stages, exploring return issues and third country options. The program has input from the International Social Service (ISS) and Latrobe University Politics Department.

# Footnotes

1. Definitions: Welfare Issues -The response to the issues pertaining to an asylum seekers general well-being; such as housing, health, income, education, recreation and social support. ASP bases their 'welfare provision' on the idea that certain forms of welfare are a fundamental right of all peoples. Immigration Outcomes - Refugee and humanitarian issues are generally viewed, not in immigration terms, but in a context of international obligations under various conventions and covenants. However for this research we have defined the final decisions pertaining to protection visa and 417 applicants, i.e, refusal and return, or approval and TPV/PV, as an immigration outcome.
2. <http://www.amnesty.org.au/refugees/ref-fact14.html>
3. Taylor, Savitri, 'Do On-shore asylum seekers have economic and social rights?', Melbourne Journal of International Law; Vol 1 2000
4. <http://www.amnesty.org.au/refugees/ref-fact14.html>
5. <http://www.iargel.com.au/faq.html>
6. <http://www.parishpatience.com.au/immigration/nl1.htm>

There are two Bridging Visa E subclasses: Schedule 2 (subclass 050 Bridging visa - general)

  - granted to those who have been detected as unlawful and are making arrangements to leave
  - those who have made or about to make - an application for a substantive visa in Australia, but no longer hold a substantive visa - merits review or judicial review of a decision to refuse a substantive visa before:
    - IRT (Immigration Review Tribunal) [now replaced by the MRT]
    - RRT (Refugee Review Tribunal)
    - AAT (Administrative Appeals Tribunal)
    - or those whose appeal to the Minister have not been acted upon.

Schedule 2, Subclass 051 Bridging visa, (Protection visa applicant) Usually granted to those who have passed immigration clearance and have lodged an application for a protection visa and under special conditions. The Minister may in certain circumstances allow for work rights to be reinstated if he is actively considering a case, as has been the situation for East Timorese cases.
7. In the past 2 years, ASP has received almost 2000 calls from individuals or groups wanting more information or wanting to assist, with more than 1000 people offering volunteer services. More than 500 people have attended ASP General Information and LinkUp training workshops, with over 80 volunteers currently involved in the project. The project's website has received over 6,000 visitors and over \$400,000 has been donated by more than 750 donors. The Project has responded to around 150 speaking requests for community education and awareness raising. These requests have come from a great variety of groups and individuals.
8. Agreements with Transitional Housing Managers (THMs) allowing agencies, such as ASP, the use of properties for specific periods.
9. For more information on ASP partnerships, see Appendix 2
10. This research was undertaken by Grant Mitchell, Sara Kisner, Katherine Marshall, and Stancea Vichie.
11. The Federally funded ASAS program, administered through the Red Cross, provides eligible asylum seekers casework and an allowance of up to 89% of Centrelink's 'Special Benefit' rate. Taylor, Savitri, 'Do On-shore asylum seekers have economic and social rights?', Melbourne Journal of International Law; Vol 1 2000.

12. Ndungi wa Mungai, 'Issues facing asylum seekers with no income support' (Paper presented at the 27th Australian Association of Social Workers National Conference 23-27 Sept. 2001).
13. This research includes: Sultan, A. and O'Sullivan, K., (2001), Psychological disturbances in asylum seekers held in long term detention: a participant-observer account, *Medical Journal of Australia*, 2001, 175, 593-96; Steel, Z., Paper presented at 38th Congress Royal Australian and New Zealand College of Psychiatrists, Hobart, 12 -15 May, 2003; Smith, M. Desperately Seeking Asylum: The plight of asylum seekers in Australia, *New Doctor*, Summer 2000-1, 74: 21-2; and Drozdek, B., Noor, A., Lutt, M., Foy, D., (2003), Chronic PTSD and medical services utilisation by asylum seekers, *Journal of Refugee Studies*, Vol 16., No. 2, 2003
14. <http://www.amnesty.org.au/refugees/ref-fact14.html>
15. Sinnerbrook, I., Silove, D., Manicavasagar, V., Steel Z., Field A., (1996), 'Asylum seekers: general health status and problems with access to health care', *Medical Journal Australia*.
16. RASHN is an alliance of welfare and health agencies. Bula Bula Asylum Seeker Health Clinic and the Asylum Seeker Specialist Clinic provide free medical services in Melbourne for asylum seekers with no Medicare or income.
17. Asylum Seeker Resource Centre, Red Cross and Broadmeadows Care have assisted in raising funds for asylum seekers facing homelessness and unable to cover rental payments.
18. Some asylum seekers were issued a Temporary Humanitarian Visa under the Minister's 417 powers.
19. RCOA position paper, 'Australia's reintegration package for Afghan refugees', April 2003.
20. Although not realistic for most asylum seekers, 50% of ASP clients have a valid passport, with some having third country options (skills, family etc) but rarely funds to facilitate this.
21. Testing community supervision for the INS: An evaluation of the Appearance Assistance Program. Volume 1, by E. Sullivan, F. Mottino, A Khashu, and M. O'Neil, VERA Institute of Justice, August 1, 2000. ([http://www.vera.org/section4/section4\\_4.asp](http://www.vera.org/section4/section4_4.asp)) p. 31-32.; JAS, *Alternative Approaches to Asylum Seekers: RTP System*; June, 2002.
22. Steven Columbus, 'Absconding and compliance options', 31/5/2002. (Unpublished).
23. Taylor, Savitri, 'Do On-shore asylum seekers have economic and social rights?', *Melbourne Journal of International Law*; Vol 1 2000.
24. Grant Mitchell, 'Asylum Seekers in Sweden', August 2001
25. JAS, *Alternative Approaches to Asylum Seekers: RTP System*; June, 2002.

This is achieved by liaising between the asylum seeker and the authorities involved, such as departmental decision-makers and those involved in security or compliance measures.

The provision of supportive and empowering case management is also assisted by :

- Informing asylum seekers of rights, compliance requirements and processes;
- Undertaking individual needs assessments;
- Providing referrals to specialists; and
- Preparing people for all immigration outcomes.

Outcomes of welfare-based case management systems include:

- Assisting decision-makers to make informed decisions as to whether a person is required to remain in detention or whether they are able to be released into the community, and what needs or risks are present;
- Tracking asylum seekers through the stages of detention and into the community;
- Ensuring continuity of care and ongoing social and welfare support; and
- Improving outcomes on return and settlement, as well as reducing crises or incidents.<sup>24</sup>

The above findings have shown the value of a comprehensive reception/welfare based casework system for asylum seekers, both in detention and in the community.

# Thanks

The Asylum Seeker Project has many, many people to thank for the strength and continuation of the work: Hotham Mission, Uniting Church of Australia, Reichstein Foundation, Myer Foundation, Ross Trust, Sisters of Charity, Victorian Women's Trust, National Council of Churches, Refugee Council of Australia, Ivanhoe Uniting Church, The Religious Society of Friends (Quakers) Victorian Regional Meeting and the following Asylum Seeker Support Networks: Ashburton, Camberwell, Chelsea, Inner Eastern, Outer Eastern, Merri Deanery and Warrandyte and a growing number of networks in formation.

And all the wonderful donors, supporters and friends of the Asylum Seeker Project. A special thanks to the East Kew Uniting Church Refugee Support Group for their ongoing support and inspiration and ASP's amazing staff and volunteers.

Also, thanks to Sara Kirsner and Savitri Taylor for assistance with this research.

**For more information about our work visit:**

**<http://www.hothammission.org.au>**