

Refugee and asylum seeker settlement in Victoria

Frequently asked questions for key services and sector partners – August 2016

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Purpose

This resource has been developed in response to recent national immigration policy changes that may impact the Victorian health and human services system. The intention is to provide consistent information, support strategic local, regional and statewide responses and build capacity in refugee and asylum seeker health and wellbeing.

1. Who are refugees and asylum seekers?

This resource is concerned primarily with two groups which, for the purposes of the resource, are defined as follows:

- “refugee” – a person who has been granted an Australian visa because they have experienced persecution or similar human rights violations in their countries of origin. There are a number of types of such so-called ‘protection’ visas. A person may be granted a protection visa in another country (offshore) or in Australia (onshore).
- “asylum seeker” – a person in Australia who applies for a protection visa and is awaiting a decision on the application. The person may have arrived to Australia on another valid visa or without a valid visa.

2. What changes are happening now and in the future?

Changes in Commonwealth immigration policy continue to drive significant shifts in settlement patterns and associated health and wellbeing needs. Key developments affecting current and forthcoming settlement include:

Additional Syrian and Iraqi refugee intake

In September 2015, the Commonwealth Government announced a one-off increase of 12,000 permanent places for [Syrian and Iraqi refugees](#), in addition to the current annual Humanitarian Programme of 13,750.

Victoria anticipates settling an additional 4,000 Syrian and Iraqi refugees over the next 12–18 months, in addition to Victoria's ongoing refugee intake of 4,000 per year through the annual Humanitarian Programme.

Increased refugee settlement through ongoing expansion of the Humanitarian Programme

Around 13,750-14,000 visas have been granted annually under the Humanitarian Programme since 2009-10, with the exception of 2012-13 when 20,023 visas were granted.

These included all visas granted offshore and onshore until 2013-14. Since then, the Refugee and Humanitarian Programme does not include protection visas granted to people who arrived without a valid visa.

The Programme is now scheduled to increase as follows:

- 2016-17: minimum of 13,750 places
- 2017-18: minimum of 16,250 places
- 2018-19: minimum of 18,750 places.

Victoria has typically received 33 per cent of national refugee intake. Note that this does not include the anticipated 4,000 Syrian and Iraqi permanent refugee places outlined above.

New pathways to temporary protection for asylum seekers who arrived without a valid visa

There are currently around 11,000 people seeking asylum who arrived without a valid visa, living in Victoria. They represent around 38 per cent of the national total of this group. There is no data available on the number of people seeking asylum who arrived with valid visas.

People seeking asylum who arrived with valid visas may apply for permanent protection visas. People who arrived without valid visas whether by air or sea may only apply for temporary protection visas.

Visa processing of asylum seekers who arrived without a valid visa has recently commenced. Over the next three to five years, this group will follow one of three pathways once their refugee status has been assessed. They will either be:

- granted protection and opt for a 3 year [Temporary Protection Visa](#)
- granted protection and opt for a 5 year [Safe Haven Enterprise Visa](#) which requires them to work/study in regional areas for at least 3.5 years to be eligible to apply for a number of permanent visa pathways
or
- found not to be owed protection and may remain in the community to legally challenge this decision, or may be re-detained or return to country of origin. Commonwealth supports are likely to be reduced.

3. Who is arriving, when and where will they live?

Some key known drivers of settlement location include family and community connections, employment, study options, affordable housing, proximity to services and visa conditions. The Commonwealth provides data on [migrants, refugees and asylum seekers](#). The [Settlement Reporting Facility](#) provides national, state and local data

on settlement, including refugee settlement. The Commonwealth also provides quarterly statistics on [asylum seekers on Bridging Visa E who arrived without a valid visa](#), as well as monthly national [immigration detention statistics](#) on people in detention and community detention. Note that this data does not include secondary settlement from interstate or asylum seekers who arrived on a valid visa, due to lack of available data.

One-off Syrian and Iraqi refugee intake

It is anticipated the additional increase in Syrian and Iraqi refugee intake will start arriving steadily from July-August 2016 for around 12–18 months. There is some uncertainty as to exact timing of arrival and composition of this group, given this relies upon offshore security screening and health checks. Indications at this time are that the Syrian and Iraqi refugee intake will comprise around 50 per cent children and 30 per cent single female headed households. At least half are expected to be 'linked' to families already settled in Australia. This means that a sizeable proportion of those coming to Victoria are likely to settle in the north-west metropolitan area of Melbourne in current areas of high Syrian and Iraqi community settlement (mainly Hume, Darebin, Moreland, Whittlesea, Wyndham, Brimbank and Melton). Geelong and Shepparton have been identified as key regional settlement areas.

Increased intake through the annual Humanitarian Programme

Refugee settlement through the annual Humanitarian Programme is likely to follow existing settlement patterns (see map), however, future settlement may be influenced by a higher proportion of Syrian and Iraqi refugees.

Asylum seekers who arrived with or without a valid visa

There is currently no data available on the number of people seeking asylum who arrived with valid visas.

The majority of asylum seekers who arrived without a valid visa are already in the Victorian community waiting for their claims for refugee status to be processed over the next three to five years through a new [Fast Track](#) assessment process. The new Safe Haven Enterprise Visa is expected to result in significant numbers of people agreeing to work or study in designated regional areas as part of the conditions under which they will receive protection for five years and possibly eligible for permanent visa pathways.

Local Government Authorities are working with State Government through the Municipal Association of Victoria (MAV) to finalise a list of regional postcodes for the Safe Haven Enterprise Visa implementation in Victoria.

4. What can services expect?

Changes to immigration policy will require a well-planned and coordinated departmental response at a local, regional and state-wide level. There is likely to be increased demand for specialised services and mainstream services. Some key challenges are outlined below:

Health services early in settlement

Service demand is likely to be high for on-arrival screening, basic health system orientation, health education, assessment and follow-up care. The greatest pressures are likely to be on primary care, community health, mental health, public health screening, immunisation catch-up and specialist clinics. Client needs extend well beyond the first 6 to 12 months of settlement, particularly for those with complex or chronic health concerns, communicable diseases and mental health issues. Vulnerable children, women and young people will be a priority.

Human services

Potential for rising vulnerability and complexity may place further pressure on community services, particularly non-government services that work to alleviate destitution, homelessness, isolation and family breakdown. Key service pressures include emergency housing support, supports for child, youth and families (for example, Child First and Refugee Minor Program supports for unaccompanied minors) and disability supports, links with schools and Department of Education and Training, non-government organisations and not-for-profit agencies.

Regional services capacity

Significant anticipated increases in regional refugee settlement may place pressure on regional health and human services, particularly as regional settlement has typically averaged around 10 to 15 per cent of intake. Supporting expertise, capacity building and cultural responsiveness in regional services will be critical, along with secondary clinical consultation, referral and telehealth support.

Language services

Changing patterns of migration and increased refugee and asylum seeker intake, along with increased number of languages spoken by new arrivals and the ageing of the post-war migrant communities, may put pressure on language services and is crucial to future responses.

5. What information can services expect about the new arrivals and when?

Refugee intake including Syrian and Iraqi refugees

Specific information about new refugee arrivals, including the Syrian and Iraqi refugee cohort, and their anticipated settlement locations is expected to be provided to State Government by the Commonwealth around 6 weeks in advance. De-identified information on anticipated refugee settlement will be made available to targeted regional sector partners through Operational Divisions.

Safe Haven Enterprise Visa Scheme implementation

The Victorian Government, led by the Office of Multicultural Affairs and Citizenship, is working closely with the Commonwealth Government and local government on the implementation of the Safe Haven Enterprise Visa scheme for refugee settlement in regional areas, including agreeing on mechanisms for information/data sharing and communication.

State Government needs to opt in Victorian regional postcodes for inclusion in the Scheme as part of negotiations with the Commonwealth. The Office of Multicultural Affairs and Citizenship is currently consulting with Local Government Authorities to develop the list of postcodes, with some postcodes to be opted in on a trial basis.

The list of Victorian regional postcodes opted in for the SHEV scheme will be made public on the Department of Immigration and Border Protection [website](#) once an implementation plan is agreed with the Commonwealth.

6. What are the key differences between groups and how does the department support equitable access to services?

Refugees on permanent visas

Under current Australian immigration policy, refugees who hold permanent visas under the Humanitarian Programme have the same eligibility to services as the broader Australian community. The additional Syrian and Iraqi refugee intake will hold permanent visas like other Humanitarian Programme entrants.

Refugees on temporary visas

Under new Commonwealth immigration policy, asylum seekers who arrived without a valid visa who are granted refugee status will now only be provided temporary protection through either a Temporary Protection Visa or Safe Haven Enterprise Visa. Because this group are temporary residents they will not be eligible for State and Commonwealth services that use permanent residency to determine service eligibility (for example, the NDIS). This group have better access to services (for example, Health Care Cards and Medicare) than asylum seekers on bridging visas, however, service access is more restricted than refugees on permanent visas.

Asylum seekers who arrived with or without a valid visa

Asylum seekers who arrived with or without a valid visa do not have permanent protection and their entitlements vary across visa types in relation to eligibility to work, access to casework and income support and eligibility to health and medical services (including Medicare). Because asylum seekers are temporary residents they face challenges to accessing some Commonwealth and State services which use residency status to determine eligibility (such as the NDIS, Health Care Cards). Some asylum seekers are Medicare ineligible which can also significantly impact service access. Medicare status is usually linked to visa status and thus can change throughout the refugee determination process.

The department's access arrangements

The department has a number of arrangements in place to ensure that refugees and asylum seekers are eligible for a wide range of services through special access initiatives such as priority of access and fee waivers (across services such as community health, dental, ambulance, hospital and HACC). These are outlined in the [Guide to asylum seeker access to health and community services in Victoria](#). Note that the department provides a range of access policies for Medicare ineligible asylum seekers including [hospital services](#), [immunisation](#), [community health](#) and [dental services](#).

7. What programs does the department provide to support refugee and asylum seeker health and wellbeing?

The department supports a range of targeted programs that provide direct health and human services to the refugee and asylum seeker population and build the capacity and responsiveness of the mainstream service sector through secondary consultation, professional development and strengthening referral pathways for ongoing care. Key specialised State services include:

- The [Refugee Health Program](#) in community health services provides refugee health nursing, allied health, bicultural worker support, state-wide facilitation and training.
- The [Refugee Health Fellows Program](#) provides support to primary and specialist health service providers through direct specialist clinical services; telehealth support, education and capacity building; and secondary consultation and outreach to strengthen pathways between primary and tertiary care.
- [Immigrant and refugee health clinics](#) at the [Royal Children's Hospital](#), [Royal Melbourne Hospital](#) and [Dandenong Hospital](#) provide outpatient clinic services and are hubs for research, policy development, education and training. The new [Cabrine Refugee and Asylum Seeker Health Hub](#) will also be hosting a GP and specialist mental health clinic in Brunswick from May 2016. Outreach specialist clinics operate in community health centres in other areas of high settlement.
- The [Victorian Foundation for Survivors of Torture](#) (Foundation House) provides specialised counselling services and support to torture and trauma survivors along with secondary consultation, training and professional development across the health, education and community service sectors.
- The [Refugee Minor Program](#) provides support to unaccompanied refugee children and young people through direct services to clients and their relatives or carers to develop key settlement skills. The Refugee Minor Program is a cost shared arrangement between Commonwealth and State Government.
- The [Victorian Refugee Health Network](#) plays a statewide facilitation role to enhance collaboration among health, community and settlement services and develop sector resources, bulletins and a website.
- Specialist [Homelessness](#) and [Family Violence](#) services provide open access to refugees and asylum seekers in need of crisis and transitional support and accommodation within available resources. Access to public housing and related services are available for people who are permanent residents of Australia.

8. What supports will be available in the 2016–17 State Budget?

2016–17 State Budget funding for refugee health and wellbeing

Additional funding of \$10.91 million over 4 years (not ongoing) was announced for health and human services to support rising Syrian and Iraqi refugee settlement. This funding will support early health and human services orientation, triage and assessment; immunisation; psychosocial community education and support; Refugee Minor Program casework support for unaccompanied minors; and language services. This funding will complement Commonwealth funded settlement services.

Work on funding allocations has commenced, in consultation with key service partners, to support service planning and delivery before Syrian and Iraqi refugee settlement starts to flow from July–August 2016.

2016–17 State Budget for multicultural affairs, family violence and education

Additional funding of \$18 million over 4 years for [multicultural affairs](#) was announced to respond to immigration policy changes for the broader refugee and asylum seeker population, including enhanced social participation and inclusion programs; programs to strengthen access to education, employment and encourage the use of sports, arts, culture and community to foster a sense of belonging for new arrivals; and new regional coordinators to coordinate place based settlement. An additional \$6.3 million over 4 years was also announced to support culturally and linguistically diverse communities as part of the Victorian response to the recommendations from the Royal Commission into Family Violence.

The [Department of Education and Training](#) also received funding boosts to the Refugee Education Support Program, Community Language Schools and English language support.

9. What departmental services and resources are available to support effective communication?

The department recognises the need to ensure its services are accessible and responsive to all its clients regardless of their proficiency when communicating in English or if they use a form of sign language. Language services support clients to effectively participate in decision making, enabling them to make informed choices to improve their health and wellbeing. The department and its funded organisations have a duty to provide language services appropriate to a client's needs.

Language Services Policy

An updated Language Services Policy that identifies when language services should be offered to clients based on legislative requirements and best practice service delivery will be released shortly. Funded organisations and services are encouraged to develop local language services policies and procedures consistent with this policy.

The department's Language Services Credit Line

Organisations may receive departmental funding for language services via direct allocation or as part of their unit price. Other organisations not in receipt of a direct allocation for language services may be eligible to access the department's Language Services Credit Line. This credit line currently has two streams, one being for eligible health programs and the other being for eligible human services, and is comprised of a monthly allocation of funds per program area to enable organisations to book interpreting or translating services.

Health stream: dhlanguageservices@dhhs.vic.gov.au Human Services stream: languages@dhhs.vic.gov.au

Health Translations Directory

The [Health Translations Directory](#) is an online portal for health professionals and the wider community to access multilingual health resources. The Directory aims to support the needs culturally and linguistically diverse

communities by providing the high-quality translated health information needed to make informed health and lifestyle choices. There are currently links to more than 10,000 resources in 90 languages. The [Centre for Culture, Ethnicity and Health](#) has been contracted by the department to manage and improve the Health Translations Directory. If organisations have produced multilingual resources they can register them on the [Health Translations Directory](#).

10. What supports does the Commonwealth provide and who are the key providers?

The Commonwealth Government has responsibility for providing settlement services to new arrivals, as well as administering the Migration and Humanitarian Programmes and asylum seeker policy and support programs.

Refugees arriving through the Humanitarian Programme

Settlement services are administered under the [Humanitarian Settlement Services Programme](#) which provides early practical support to humanitarian entrants (refugees) on arrival, and throughout their initial settlement period, generally for the first six to 12 months. AMES Australia is the primary service providers contracted to deliver the programme on behalf of Department of Social Services.

In Victoria, AMES caseworkers familiarise and connect new arrivals to essential services including on arrival support; accommodation assistance; property induction; a start-up food and household goods package; assistance to register with Centrelink, Medicare, health services, banks, schools and English language classes; orientation to health, education, employment, laws and culture; and links into community and recreational programmes.

As humanitarian arrivals are permanent residents they are entitled to access the breadth of Commonwealth benefits, including Centrelink and Medicare. Under the Humanitarian Settlement Services programme, humanitarian arrivals also have access to jobactive employment assistance and receive 510 hours of English lessons through the Adult Migrant English Program.

Note that refugees granted temporary protection on Safe Haven Enterprise Visas or a Temporary Protection Visas are not eligible for settlement services through the Humanitarian Settlement Services Programme however, will be eligible for Medicare, Health Care Cards and most other mainstream service supports.

Asylum seekers who arrived with or without a valid visa

The Department of Immigration and Border Protection provides support to eligible asylum seekers through the [Status Resolution Support Services](#) (SRSS) Programme. Support is provided in Victoria by AMES Australia, Red Cross and Life Without Barriers across six bands that vary in type and level of support depending on individual circumstances. Services delivered may include: financial assistance; housing or accommodation assistance; help accessing health care; case worker support; case management support; access to English language lessons; and access to schooling for school aged children. Support is generally less intensive than for newly arrived refugees.

11. Who are some of the key service, government and sector partners?

Government bodies

- The Victorian [Office for Multicultural Affairs and Citizenship](#) and the [Victorian Multicultural Commission](#)
- The Commonwealth [Department of Immigration and Border Protection](#), [Department of Social Services](#) and [Department of Health](#)
- Local government authorities and the [Municipal Association of Victoria](#)

Health and human services

- The [Victorian Refugee Health Network](#)
- The [Victorian Foundation for Survivors of Torture](#) (Foundation House)
- Specialised health and human service providers – such as from [Refugee Minor Program](#), [Refugee Health Program](#), [Refugee Health Fellows Program](#), and specialist [Homelessness](#) and [Family Violence services](#)
- Community health and primary health organisations – such as Community Health Centres, [Primary Health Networks](#) and [Primary Care Partnerships](#)
- Peak multicultural and cultural diversity agencies – such as [Centre for Culture, Ethnicity and Health](#), [Centre for Multicultural Youth](#), [Ethnic Communities' Council of Victoria](#), [Action on Disability within Ethnic Communities](#), [InTouch Multicultural Centre on Family Violence](#), [Multicultural Sexual Health Network](#), [Victorian Transcultural Mental Health](#)
- Language services providers – including [Translating and Interpreting Services](#) (TIS), [Victorian Interpreting and Translating Service](#) (VITS) and [ONCALL](#) Interpreters and Translators Australia
- Research partnerships – such as with the [Murdoch Children's Research Institute](#) on the Bridging the Gap maternity project and the [Southern Academic Primary Care Research Unit](#) through the new [OPTIMISE Refugee Partnership Project](#)

Settlement services and advocacy organisations

- Refugee settlement services – through [AMES Australia](#) and contracted partners
- Asylum seeker support services provided through [Status Resolution Support Services](#) by [AMES Australia](#), [Red Cross](#) and [Life Without Barriers](#) and other agencies such as [Asylum Seeker Resource Centre](#), [Baptcare Sanctuary](#), [Brigidine](#), [Hotham Mission](#), [Salvation Army](#) and [Ecumenical Migration Centre](#)
- Refugee and asylum seeker advocacy groups – such as the [Refugee Council of Australia](#) and the Network of Asylum Seeker Agencies Victoria (NASAVIC)
- Broader settlement supports – such as [Migrant Resource Centres](#) and [Adult Migrant English Program](#) providers

12. What are the key mechanisms for planning Victoria's service response?

There are a number of planning mechanisms and activities currently underway to support Victoria's service planning response, including, but not limited to:

Whole of Victorian Government response

Whole of Victorian Government policy and coordination effort is coordinated through the Victorian Multicultural Commission and the Office of Multicultural Affairs and Citizenship. The department works with these agencies to ensure that health and welfare needs are addressed at national and state levels. The department is also well represented on settlement planning mechanisms across three tiers of Government and the sector, through the Victorian Settlement Planning Outcomes Committee and its new Action Groups on housing, data, resource coordination and employment.

Whole of department response

The department is building internal capacity and shaping a strategic whole of department response through a range of activities including:

- developing communications materials to ensure our staff and services are well informed and equip to respond
- the department's Operational Divisions and regional office led activation of relevant planning and service coordination mechanisms
- links to a range of research groups to support significant research proposals

- responding to the recommendations on the May 2014 Victorian Auditor General's Office (VAGO) Audit report on [Access to services for migrants, refugees and asylum seekers](#) including progressing work on health and human services data systems, cultural diversity planning and training
- progressing actions through the release of the department's [Cultural Diversity Plan](#) which provides an important context for refugee and asylum seeker issues including supports such as interpreting, training and data.

Local service planning

At a local level new and existing partnerships across the sector are emerging to support local and state-wide coordination, planning and collaboration. Several regions have or are setting up regional refugee planning working groups. Primary Care Partnerships, Primary Health Networks, the Victorian Refugee Health Network and other human service coordination and planning agencies are critical to this work.

13. How can local partners work together on this response?

Services are encouraged to engage with key local organisations to strengthen local planning and coordination in response to these changes. Some key organisations leading this work at a local level in your region will include Operational Divisions staff, Primary Health Networks, Primary Care Partnerships, settlement services, asylum seeker support services, Migrant Resource Centres, local government and related networks such as Local Area Service Networks (which include 17 homelessness and family violence services networks coordinating service delivery and responses to homeless populations at the local level).

14. Who to contact for more information?

For more information about this topic please email diversity@dhhs.vic.gov.au or call 03 9096 1009.

To receive this publication in an accessible format email diversity@dhhs.vic.gov.au

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