

Response to *Next steps to improve Australia's settlement and integration of refugees* discussion paper

Introduction

SETSCoP is the community of practice (CoP) for the 112 lead settlement service providers delivering services under the Settlement Engagement and Transition Support (SETS) Program. The purpose of SETSCoP is to facilitate ongoing sector engagement, capacity building, and the sharing of best practice—across all areas of settlement—to support better outcomes for migrant and refugee communities. Regular community of practice meetings are held to bring together SETS providers from all states of Australia, to share best practice, discuss current issues and trends, and identify resources needed to build the capacity of the sector. SETSCoP is facilitated by Migration Council Australia (MCA), now part of The Social Policy Group (SPG).

SETSCoP conducted two targeted consultations to inform the response to the discussion paper. The response is further informed by feedback received through regular sub-group meetings.

How do we design programs to respond well to people's individual needs and aspirations, and to help strengthen their capability and self-agency?

Self-agency has been proven to be an important determinant of effective settlement, including migrants' and refugees' future social and economic integration. While self-agency is a tool that lies within an individual, it nonetheless can be accessed or enhanced to influence outcomes. Accessing and enhancing self-agency and capability requires a shift from current models that focus primarily on short-term, task-based outputs, towards approaches that emphasise individual skills, knowledge, and capabilities, leading to long term outcomes. Research suggests that targeting self-agency and capability through mechanisms that focus on individual capability and minimising the impact of

stressors will lead to improved settlement outcomes.¹ National Workforce Competencies for Settlement Practitioners developed by SETSCoP acknowledge the importance of person-centred and agency-centred approach. Providing specialist settlement support that enhances mental wellbeing & recovery (Competency 6) supports self-efficacy by helping individuals to understand information about pathways to participation and supports accessing and engaging with services.²

Key considerations for implementing individual-centred and strength-based approaches in settlement programs design:

- Positioning self-agency and capability as desired outcomes in the settlement process.
- Sharing of effective refugee and migrant settlement journeys among providers with a view to practice modelling.
- Engaging people from refugee and migrant backgrounds in building confidence of newcomers and in designing strategies to address common barriers.
- Facilitating informed and independent decision-making through timely and demand-driven information, including in-language and/or simplified English.
- Providing flexible English language training that responds to individual needs and includes options for online and 'on the job' learning.
- Implementing coaching models of practice, which position the individual as responsible for their own settlement journey and the settlement practitioner as a guide or facilitator.

Key consideration for addressing barriers to self-agency and capability that may compromise settlement outcomes:

- Providing settlement services with strategies and tools to address high-level integration stressors, such as housing, employment, social relationships, and access to health care.

Settlement is a specialised and complex area, and opportunities for workforce capacity building and professional supervision are currently lacking. Promoting and encouraging the participation in regular training and supervision can enhance further professionalisation and development of the sector.

¹ David Keegan, Angela Nickerson, Joel Hoffman, "Self-Efficacy as an Enabler of Settlement", Migration Council Australia, Centre for Settlement Innovation, February 2022

² "National Workforce Competencies for Settlement Practitioners", SETSCoP, November 2021

Key considerations for enhancing workforce capability to deliver services that promote self-agency and capability:

- Offering training in strengths-based and solutions-focused theories of practice as well as training about self-efficacy and its role in effective settlement.
- Applying National Workforce Competencies for Settlement Practitioners as a framework that reinforces worker self-efficacy and coaching models of practice, including professional supervision.
- Providing adequate support structures to settlement practitioners to enable them to manage demands of the work and to maintain appropriate focus on enabling individual self-agency and capability.

How could we improve refugee health outcomes?

Risk factors such as socioeconomic adversity, cultural translation challenges, lack of exposure to Australian services and systems, and lower rates of access to services, in addition to language barriers exacerbate the health and wellbeing needs of refugees. Improving refugee health outcomes necessitates the delivery of safe and effective care, recognising individuals' unique characteristics, including cultural, religious, and linguistic considerations, as well as family and community influences.³ Refugees' access to health services and better health outcomes can be improved by:

- Empowering individuals to access healthcare system through comprehensive health literacy and, where necessary, health system navigation support programs.
- Developing accessible, user-friendly, in-language healthcare platforms and resources, including websites and mobile apps.
- Promoting culturally responsive practice through training and continuing professional development for health practitioners.

A significant health issue for refugees is mental health. Due to the circumstances that have led to them fleeing their home country, refugees are more likely to experience mental health challenges than the population born in Australia and tend to delay help-seeking due to cultural stigma. It is well documented that pre-migration trauma can impact on the mental health of refugees. Further evidence

³ "Culturally Responsive Clinical Practice: Working with People from Migrant and Refugee Backgrounds", Competency Standards Framework for Clinicians, Migrant and Refugee Health Partnership, January 2019

shows that those who are forcibly displacement are also impacted by post-migration difficulties, which may include separation from family members, social isolation, and discrimination in their new country.⁴ Refugees' access to mental health services can be improved by:

- Implementing a culturally responsive approach to the language used in the promotion of mental health awareness and services. It has been proven that using words like 'mindfulness', 'family wellbeing', 'positive psychological support', rather than 'mental health issues' or 'mental illness' is more accessible to, and acceptable by, refugee population.
- Promoting culturally responsive practice through training for mental health practitioners and support workers.
- Providing free legal advice and support for refugees regarding family support, family reunions, financial help to people they feel they left behind overseas.
- Promoting the engagement of bi-lingual mental health practitioners or have lived experience of settlement.
- Delivering counselling programs through settlement services, as refugees in need are more likely to engage with providers they have already built trust with.

Addressing structural barriers—further exacerbated by the COVID-19 pandemic—to access health care will significantly improve health outcomes for refugees. A particular focus is need to support refugee health access in regional areas, and when accessing the National Disability Insurance Scheme (NDIS) and My Aged Care..

Given the pressures in finding affordable housing in Australia, are there any changes we need to make to settlement services' approach to housing refugees?

Key considerations for improving refugees' settlement experiences with regard to social and affordable housing:

- Supporting settlement service providers to manage clients' expectations from the beginning of their settlement journey and providing them with in-language resources to gain better understanding of the Australian housing market.
- Delivering programs that focus on individuals' life-skills, such as finance management and property maintenance.

⁴ Li, S.S.Y., Liddell, B.J. & Nickerson, A. The Relationship Between Post-Migration Stress and Psychological Disorders in Refugees and Asylum Seekers. *Curr Psychiatry Rep* **18**, 82 (2016). <https://doi.org/10.1007/s11920-016-0723-0>

- Providing support and resources to help refugees navigate the housing and rental systems in Australia. It is essential for refugees to understand their rights and legal obligations with regard to lease agreements, as well as where to seek help.
- Supporting settlement service providers to partner with real estate agencies and promoting the use of the Free Interpreting Service by real estate agencies.

How do we ensure there is good coordination between our settlement services and English learning, employment, and health services, to ensure an end-to-end approach to service delivery?

There is a need for shift from current service delivery models that focus primarily on short-term, task-based outputs towards approaches that emphasise individual skills, knowledge, and capabilities, leading to long term outcomes. This is particularly relevant to delivering end-to-end approach and coordination between services.

Coordination between services can be improved by:

- Implementing a people-centred, outcomes-based approach in services integration.
- Engaging with settlement service providers in the context of existing service integration for refugees at a local level, including in the areas of health and mental health, housing and education.
- Allowing a degree of flexibility within the funding model to implement relevant evidence-based projects within the contract period.

How do we design programs to take into account the large differences between settlement locations?

Due to the challenge of vast differences in settlement locations, the settlement programs design needs to allow flexibility for specific cohorts and place-based initiatives. Place-based responses should be designed based on the needs within an area. The current service model, which excludes clients from the eligibility for settlement service provision after five years diminishes the opportunity for some refugees and vulnerable migrants making the connections they need to settle successfully, when evidence demonstrates that building connection to community is based on trust and takes time to develop.⁵

Due to limited specialist services (especially in regional areas), there is a need for settlement service providers to support capacity building of local mainstream services, so that the needs of vulnerable migrants and refugees can be met beyond their eligibility to settlement-specific supports. There is a need for specialists in the area of domestic and family violence, employment and English language.

Many service providers have reported that paying for interpreter services reduces their ability to provide the services needed by clients. This is exacerbated in regional areas where very few bi-lingual staff are available and access to interpreters in some languages may be limited.

Further, the COVID-19 pandemic highlighted the disparate gap between those who can and cannot access and use technology. The need for devices and training to develop skills, so that government services and supports are accessible, particularly in regional settlement locations, is essential for refugee clients.

Key considerations for designing programs to take into account the differences in settlement locations:

- Building into the funding model flexibility for service providers to implement various roles, based on the ever-changing needs in their area.
- Building capacity and resourcing active community members to connect with refugees and vulnerable migrants in order to build valued connections that can provide support and advocacy.
- Resourcing capacity building for mainstream services to work effectively with refugees and vulnerable migrants.
- Providing access to the Free Interpreting Service for settlement services.

What are the biggest existing barriers to the delivery of good outcomes in our current services?

SETS providers consistently emphasise the challenge of the settlement process not being completed within five years, and the demand for services from people who have been here over five years is common across the settlement sector. In their first five years of settlement, individuals often focus their efforts on settling their family, seeking stable housing, getting connected to education, learning about

their new country, how and where to go to meet their needs, and learning about the laws and services available. Once this is done, they begin to turn their attention to themselves, become aware of other issues they are facing and available support services, build their confidence and self-efficacy skills. It is often after five years that individuals are ready to engage and seek support. This, in particular, affects women in the cohort. By enabling service provision for some clients beyond the five years after settlement, individuals are more likely to receive the early intervention support they need to avoid more intensive service support later on.

SETS providers acknowledge that there are a variety of clients, needs for support and definitions of successful settlement, which differ depending on individuals' goals. The time needed to achieve these goals can vary significantly. The current Humanitarian Settlement Program (HSP) has a high number of claim points and requires a lot of reporting and administration to meet obligations. The SETS program also requires a lot of detailed information to be collated from clients in order to meet reporting requirements. Focusing on output rather than outcomes leads to an emphasis on reporting over relationship. Enhanced use of qualitative reporting can be achieved by sharing case studies through a settlement outcomes reporting framework. These case studies can be used to demonstrate how organisations are delivering person-centered, strengths-based, culturally responsive services through collaborative practice which leads to enhanced outcomes.

Currently, the amount of funding that is directed towards the Community Capacity Building stream is significantly lower than that for the Client Services stream. By building capacity of the community, settlement services can be more proactive than reactive. This builds trust between communities, service providers and the broader community. This would enhance the knowledge and understanding of community groups to respond to the needs of new community members, which would reduce the amount of support required from services over time and foster the sense of belonging for these new members.

Key considerations for addressing the biggest barriers to effective settlement service delivery:

- Enabling settlement-specific supports for clients with additional needs.
- Reviewing the current output reporting requirements, with a view to reporting within an outcomes framework and allowing more qualitative reporting to demonstrate outcomes.
- Building in flexibility for more funding to be used for community capacity building where needed.

Are there any examples of innovative programs operating at a state, local or community level that we can learn from?

In the health area, examples of innovative programs delivered by settlement service providers include:

- Employing community members to meet on a monthly basis with health practitioners to speak on behalf of the community and convey needs, as well as take health service information back to the community.
- Employing community members and training them in communications, so that they can effectively share information about health issues and the health system.
- Delivering in-language community-based prenatal support for women.
- Delivering health literacy and system navigation programs in partnership with local Primary Health Networks.

In the area of domestic and family violence response, examples of innovative programs delivered by settlement service providers include:

- Delivering driving programs that support women escaping domestic and family violence.
- Delivering faith-based and cultural empowerment programs for men, addressing the drivers of domestic and family violence, religious considerations, and prevention strategies.

Other innovative programs include:

- Water safety and swimming courses.
- Sports programs.
- Social groups for specific cohorts.

It is further suggested that the re-designed model should facilitate innovation by seeking evidence-based input and proposals from service providers for dedicated and locally-responsive programs that can be funded and implemented as part of the settlement service delivery.