

STARTTS' Submission to DIAC's 2008/09 Refugee and Humanitarian Intake Program, March 2008

Background to STARTTS

The NSW Service for the Treatment and Rehabilitation of Torture & Trauma Survivors (STARTTS) is a state-wide NSW Health service, established in 1988, that responds to the needs of torture and trauma survivors who have migrated to Australia, most under the Australian Government's Refugee & Humanitarian Program. STARTTS seeks to address the impact of torture and trauma on the individual, family and community through health assessment and referral, information provision, counselling, psychotherapy and other clinical interventions, community development, advocacy and training of other service providers. Funding is provided primarily by the NSW Department of Health, the Federal Department of Health & Ageing and the Department of Immigration & Citizenship, the latter for assessment and short to medium term counselling intervention under the Integrated Humanitarian Settlement Strategy (IHSS). Under the latter, the agency provides assessment and intervention services to newly arrived people arriving under Australian Refugee and Humanitarian Program. STARTTS also provides mental health care to people released from immigration detention on health grounds.

General Issues

Refugee & humanitarian intake to be based on need

- STARTTS is strongly of the view that Australia's refugee and humanitarian program intake should be based on protection requirements, not on perceptions of integration capacity. We were deeply concerned about the previous Immigration Minister, Kevin Andrews' comments about alleged failure to integrate on the part of African refugees, particularly the singling out of the Sudanese community, and the way that this was used to justify significant cuts in the intake from Africa. We followed the media coverage and responses of various organisations such as the UNHCR, the Human Rights and Equal Opportunities Commission and the NSW Anti-Discrimination Board on this issue and support the almost universal condemnation of basing any refugee and humanitarian intake decision on unreliable information of this nature.
- We were very concerned about the previous Minister's announcement of plans that in 2008 capacity of migrants to integrate into the Australian community will be formally assessed through an interview and that those "who are assessed as representing an unacceptable integration challenge will be refused permission to migrate to Australia" <http://www.minister.immi.gov.au/media/media-releases/2007/ka07104.htm>. We hope and seek an assurance that this policy approach has now been abandoned.

Integrated Humanitarian Settlement Strategy (IHSS) and Settlement Grants Program (SGP),

- Adequate funding is required for the Integrated Humanitarian Settlement Strategy (IHSS) and the Settlement Grants Program (SGP), including to address the needs of refugees requiring extensive & ongoing support. In terms of the latter, we hope that the introduction of the Complex Case Support Network will go some way to addressing this need. However, it is essential that the community has input in the design of this program.
- Refugee and humanitarian entrants requiring extensive support should have access to intensive support under the IHSS for up to 12 months, and should not be passed onto the SGP program prematurely. This is particularly important in the case of counselling interventions related to torture and trauma issues. While the current contract contemplates this issue and makes this possible, we are concerned about the unintended gap in access to other services associated with the fact that clients cannot have access to SGP services while still receiving IHSS torture and trauma counselling services. It would be easy to address this issue by allowing clients to commence accessing SGP services once their contact with IHSS services other than torture and trauma counselling has been finalized. Implementation of such a measure would contribute to minimize service provision gaps without compromising the quality and continuity of torture and trauma counselling services provided under IHSS.
- There is a five year time limit for newly arrived people to obtain assistance through Migrant Resource Centres under the SGP. We understand that this presents difficulties for some CALD migrants, who for a range of valid reasons, may not have sought assistance in this period.
- Special Humanitarian Program entrants, whose situation in many cases is very similar to that of refugees, lack adequate access to IHSS services. We believe that the expectation that proposers are able to provide adequate support to SHP entrants is unrealistic, given the fact that many proposers are themselves newly arrived and socio-economically disadvantaged. In addition, we believe it is unreasonable for proposers to have to cover the costs of air travel of SHP entrants to Australia. We are aware that this places considerable financial strain on proposers with a negative impact on both the SHP entrant and the proposer, including on their relationship. We are aware that the proposer's debt is frequently passed onto the SHP entrant and that this can lead to pressure to work too soon after arrival to repay the debt. DIAC needs to consider alternative models for nominating SHP applicants to Australia that do not result in the acquisition of significant debt by disadvantaged people, who may themselves be newly arrived.

Detached and unattached refugee minors

- We would also like to raise the related issue of the inadequate care and support provided to many young refugees who come to Australia as detached and unattached refugee minors. It has come to our attention that some guardians of these young people, in most cases relatives who are not immediate family, may be

unsuitable and in some cases abusive and may not provide adequate care to the young person, leaving them in a situation where they are 'at risk'. We have brought these issues to the attention of the NSW Department of Community Services, but feel that there is a need for improved responsiveness to the needs of young people in this situation (case studies can be provided upon request). We understand that MoU's exist between DIAC and departments' of community services in all Australian jurisdictions apart from NSW to deal with this issue. There is an urgent need for such a MoU to be developed to cover the situation of refugee minors in NSW.

Family Reunion Issues

- Staff of our organisation who work as counsellors with refugees reiterate the importance of adequate access to family reunion, primarily with one's spouse and children, as an essential component in the recovery from trauma, for mental and emotional well-being and successful settlement. Delays and difficulties in being reunited with family members, who may be in unsafe situations, need to be adequately addressed. We are in the process of documenting these difficulties in the form of case studies and would be in a position to supply these to you in the near future. Please let us know if you would find these case studies useful.
- The situation of split families where one member in Australia has been granted a Temporary Protection Visa , which prohibits family reunion, are particularly serious, leading to worsening clinical symptoms in clients. We believe that the new Rudd government should promptly act on the ALP's pre-election commitment to abolish TPV's, and to expedite family reunion for those who were on TPV's but have now been granted permanent protection.

Temporary Protection Visas

- As discussed above we are firmly of the view that TPV's should be abolished in favour of permanent protection for onshore arrivals deemed to be refugees. The situation in regard to family reunion is discussed above. Other disadvantages faced by TPV holders vis a vis those granted permanent protection include: not eligible for most DIAC funded services such as those provided by Migrant Resource Centres, only have access to special benefit in terms of income support, not eligible for federally funded English language programs, no access to job networks, full tertiary fees imposed effectively excluding access and not eligible to apply for public housing. We believe that all of these exclusions are significant, and have been documented to have an adverse impact on mental health and social well-being, when compared with those granted permanent protection (Momartin et al: 2006). The fact that people from refugee backgrounds must apply for another Temporary Protection Visa (TPV) after 3 years leaves them in a limbo situation, and is particularly detrimental to their physical and mental health.

Physical Health Issues (mental health covered below)

- Dental health needs to be a part of a health assessment upon arrival. Visa restrictions that prevent asylum seekers without work rights on Bridging Visa E from access to Medicare should be abolished, as should restrictions to commonwealth health services for people on TPVs.

Rural/ regional issues

- Refugees who settle in regional and rural areas may face a range of disadvantages associated with lack of services, isolation, distance and limited access to employment. The suitability of rural and regional settlement, and capacity of proposers to provide adequate support in these areas, should be seriously considered by DIAC on a case by case basis, and strategies developed to address the type of problems identified above.

Addressing Racism and Discrimination

- We believe that a whole of government approach to addressing racism and discrimination, including the use of strategies proposed by the Federation of Ethnic Communities Councils of Australia (FECCA) in its 2007 Policy Statement on New and Emerging Communities is very important in encouraging successful settlement in Australia. Federal and State Parliamentarians should take the lead in modelling anti-racist conduct in the community.

Training for service providers in working with refugees

- Many service providers need training to improve their interface with refugee communities. In order to achieve this it is important for DIAC and other government departments to support the position that cultural competence training be trialled and then made mandatory for all workers likely to come into contact with people from refugee communities, including police, health workers, bus drivers, teachers and community workers (FECCA policy on New & Emerging Communities).

Community Capacity Building.

- Successful settlement is fostered through the development and funding of refugee community organisations to deliver projects to communities. Many communities have the necessary skills, knowledge, infrastructure and support to be able to achieve this. The Vietnamese & Latin American communities are good examples of successes in this regard.

Other key issues

The remainder of our submission focuses primarily on mental health, due to the focus of our agency as a torture and trauma counselling service, and on employment and housing, as key areas necessary for successful refugee and humanitarian settlement.

1. Mental Health Service Provision

Funding shortfall for mental health services

- While we acknowledge the increased commitment of the Australian Government and the State & Territory Governments to address mental health issues, apparent in COAG's July 2007 agreement to the *2006-2011 National Action Plan on Mental Health*, there has been a historic underfunding of mental health services in Australia. The implications for refugee and humanitarian entrants are that in most States and Territories mental health services are not appropriately resourced to provide continuity of care and culturally sensitive assessment and interventions.

It has been suggested by our staff that while community mental health teams generally have a good level of cultural awareness, pressure of a large workload and understaffing may mean that all the needs of the client are not taken into account. The system is overstretched and able to respond mainly to acute care needs. Adequate funding of mainstream mental health services is required to address this problem.

STARTTS staff have also noted that in areas where there is a high turnover of mental health staff, cultural awareness training should be given high priority, particularly in Local Government Areas (LGAs) with high CALD populations. One important strategy to increase the appropriateness of service delivery is the employment of bi-cultural staff in mainstream mental health and general health services.

Our staff indicate that mental health services, particularly those in rural areas are limited in their expertise in working with people from CALD and refugee backgrounds and that services are not adequately accessible. A range of strategies are needed to address this, including cultural competency training, providing regular clinical supervision and support and upskilling of staff. However the limited time staff can be released for training, and the lack of rural mental health workers are barriers. Strategies need to be put in place to recruit and retain rural mental health staff.

Public information & education on mental health issues

- There is a need to do more with regard to public information and education for CALD communities, including refugees, on mental health risk factors, how to prevent mental illness and promote mental health, and how to seek assistance. Strategies need to be developed including further translation of information in all relevant language groups and innovative ways of educating communities, especially new and emerging communities and newly arrived refugees. The translated information needs to take into account the different understandings of mental health in different cultures. Strategies also need to be developed to reach new arrivals who are not literate in their first language

Targeting newly arrived young refugees

- There is a need for early intervention and prevention programs that target newly arrived young refugees, who are at risk of developing mental health and behavioural problems, and may be at risk of coming into contact with the juvenile justice system. There is a need for improved and better coordinated support for children and young people, who may have been traumatised themselves or who are suffering from secondary traumatisation. This should occur through interagency partnerships that involve both specialised mental health services, the school system and youth services.

Improved referral from mainstream health services

- There is a need for improved referral from mainstream health services, including mental health services, to a specialist agency such as STARTTS, to better respond to the mental health needs of refugees who are torture & trauma survivors. To enable this to occur, improved training of mainstream health workers is needed to assist them to recognise & respond appropriately to this client group.

Improved training for mental health & mainstream health workers

- There is a need for improved training for General Practitioners (GPs), dentists, specialists, nurses & mainstream mental health workers in working with refugees who are torture and trauma survivors, including training & improved strategies to encourage the use of accredited interpreters. The Mental Health Workforce Programme should incorporate training for health professionals in working with CALD communities, including refugees who are torture and trauma survivors. In regard to the latter, training can be provided by specialist services such as STARTTS. The aim of such training should include to increase the recognition of the impacts of culture on mental health and improve the capacity of mainstream mental health and general health services to respond appropriately and provide culturally appropriate services for CALD mental health consumers including refugees.

Capacity Building role of specialist torture & trauma services

- Specialist torture and trauma services should continue to augment the capacity of mainstream service providers to respond to the health needs of humanitarian arrivals, with emphasis on complex case management, capacity building and sector development focused within the health, community and education sectors. For example, STARTTS has the potential to provide clinical supervision to mental health staff dealing with torture and trauma survivors to decrease effects of secondary traumatisation and prevent burn out. Unfortunately the capacity to do so within existing resources is limited.

Accommodation & support needs upon leaving mental health facility

- Unmet needs in supported accommodation, employment, family and social support services remain important barriers to improved mental health outcomes for our client group. There is a lack of supported accommodation for our client group following release from a mental health facility. To address this we reiterate that support should be made available for ongoing case management of clients

with multiple needs so that there is adequate access to related services and the capacity to monitor and respond to changing needs.

Improved services for older clients

- There is a need for improved support for older clients with torture and trauma issues who may have been in Australia many years but still require ongoing support and treatment. There is also a need to adequately resource the capacity and knowledge base of specialised torture and trauma services in working with this client group.

Other

- Restrictions on people on Bridging Visas accessing STARTTS' IHSS funded Early Intervention Program should be abolished.

2. Employment Related Issues

We are aware that for our clients, there are strong links between employment and English language capacity, recognition of overseas qualifications & completion of compulsory and post compulsory education in Australia. Specific issues are dealt with below:

- **Job Network Providers** – Clients we assist under programs such as our IHSS funded Early Intervention Program, are being referred to Job Network Providers (JNP) by Centrelink too soon after they arrive in Australia, many as early as 3 months after arrival. At this time most are not ready to work as they are still dealing with pressing settlement matters such as obtaining secure housing, learning English, understanding 'the system' in Australia, and in many cases dealing with refugee trauma. Staff from this program have also expressed concern about some clients who are keen to take up employment soon after arrival in Australia, mainly young male clients, but due to poor English and other forms of disadvantage, may be vulnerable to exploitation in the labour market. Specific measures may need to be developed to better prepare this group for early insertion in the labour market so that they are protected from unscrupulous operators.
- Refugees with high needs may require more extensive assistance by Job Networks. We support the Federation of Ethnic Communities Council's recommendation that Job Network Intensive Support Customised Assistance be extended from 9 to 19 months, with adequate resources provided to focus on long term employment outcomes.
- The Humanitarian and Refugee Entrant Job Seeker Pilot Project was discontinued in 2004 despite its reputed success. We support the recommendation of the Community Relations Commission, that the Australian Government develop and resource a refugee and humanitarian entrant job seeker program, (Community Relations Commission: 2006).

- **AMEP Program** - There is increasing pressure on Adult Migrant English Program students from JNP's to take up positions in workforce before they have used up their full entitlement to English language programs. This pressure exacerbates workforce problems, like pre-mature workforce participation in unskilled & semi-skilled jobs, with inadequate English levels. Centrelink should ensure that clients understand that they do not have to immediately seek employment, but can be regarded as a fulltime student English learner, if they are able to access full-time English language tuition (this can be a problem if only part time hours are available). Currently people studying under AMEP are eligible for a 13 wk exemption from Job Network job seeking requirements, and further extensions may be available. However clients may not be aware that these exemptions exist.
- Refugees should be able to remain in AMEP English language classes until they reach the basic level of competency necessary for the workplace. We understand that the current hours available for refugees under AMEP are often inadequate to reach the level of competency needed for the workplace, Level 3 at least. No-one should exit the program until they have reached this level of competency, while the program needs to be sufficiently flexible to take account of the fact that the hours individuals may need will vary. Flexibility is needed to cater to the pre-literate, and those who haven't had complete primary or secondary education in their country of origin. It is important that free childcare is provided to women to enable them to attend English language classes: we understand that this can be an issue when clients enter the Language Literacy & Numeracy Program (LLNP).

Supplementary hours are available under the AMEP but we understand that it can be hard to access supplementary hours in Sydney's south west due to high demand. These supplementary hours (SPP) should be available in distance mode, particularly for refugees, to improve access. We understand that distance education is available and working quite well through Mission Australia. We acknowledge the good work that ACL are doing to create partnerships so as to enable access to vocationally focussed English classes. This initiative needs to be supported.

'Welfare to Work' changes

- Changes to Commonwealth income support eligibility through 'Welfare to Work' have placed added pressure on clients with mental health problems, due to changes in eligibility for the Disability Support Pension as well as eligibility for Parenting Payment. Difficulties some of our clients face when trying to fulfil their work obligation have the potential to lead to loss of payments through breaching, with severe impacts such as destitution. Staff have reported that clients with moderate to severe clinical symptoms related to refugee trauma have unreasonable job search requirements imposed upon them by being placed on Newstart Allowance, when placement on the Disability Support Pension would be more appropriate.

Centrelink staff and Job Network Providers require training in cultural competency

- Our counselling staff report that the attitude and approach of some Centrelink staff, particularly a lack of sensitivity and awareness to refugee issues, can negatively impact on the mental health of clients, triggering post-trauma symptoms and problems. They require training to enable them to reach an adequate level of cultural competence. We understand that DOCS have an innovative on line cultural competency training package which includes a module on refugee issues which is regarded as best practice. However we are unaware if this is compulsory training for all staff, and part of the orientation of new staff, and believe that if this is not the case, that this change should be introduced.
- We consider it important that JNP's also be required to undertake cultural competency training if they wish to operate in areas with high CALD populations. To ensure that this occurs we believe that it should be included in JNP's contracts with DEEWR.

Bridging Visa E

- We remain concerned about the situation of asylum seekers on Bridging Visa E who lack work rights and as a consequence live in destitute situations, reliant on assistance from charity groups. This is unacceptable, and we believe that work rights should be available to asylum seekers in situations such as these, where their case is before the Minister or subject to appeal.

English as a Second Language Classes in Schools and school retention

- Funding of English as a Second Language (ESL) classes in schools should be adequate to meet the needs of refugee young people. We acknowledge that some improvements in this area are under way following the last Commonwealth Budget Allocation.
- Additional resources should also be allocated to support the transition between Intensive Language centres and mainstream school classes, particularly for refugee children coming from situations where they have had minimal exposure to formal education, but where a protracted stay in IEC's may be counter-productive.
- Young refugees require further support and assistance to remain within mainstream schooling and complete compulsory and post-compulsory school education, and move on to further education, be it vocational or tertiary. This is particularly the case for detached and unattached refugee minors.

Improved Recognition of Overseas Qualifications

- There is a need for improved recognition overseas qualifications of refugee and humanitarian entrants, particularly in cases where documentation of qualifications can not be provided. In some cases bridging courses are required to aid the transition to work in Australia.

3. Housing

Staff of our agency repeatedly identify housing as a major issue for refugee clients seeking to settle in Sydney, Newcastle and Wollongong, all areas where we provide services (case studies can be provided upon request). The issues identified are many and varied, but they all hinge around the lack of availability of affordable housing of an adequate size and good standard close to community networks and services. The high cost and lack of availability of housing is forcing clients further away from support.

We have also become aware that refugees often do not arrive in Australia with realistic expectations of the availability of appropriate housing. This could be remedied through the provision of accurate information about the Australian housing environment, and processes of obtaining housing by the International Organisation of Migration, contracted to provide information to refugees prior to arrival.

Literature on refugee settlement & housing

- The national and international literature on migrant and refugee settlement indicates that obtaining secure and affordable housing “that satisfies a person’s need for privacy, space, safety, interaction and allows suitable access to employment” is an essential part of integrating into the new country (Beer and Foley: 2003: 4). This is particularly the case for refugees and asylum seekers who have experienced persecution, incarceration and torture, as suitable housing assists them to regain independence and dignity and aids in their recovery from trauma. The importance of housing is apparent in the 4 recovery goals identified by the Victorian Foundation for Survivors of Torture: safety, trust/relationships, dignity and value and meaning. Obtaining adequate, suitable and affordable housing, especially in the initial stages of settlement, has been identified as particularly important to successful integration (Murdie & Teixeira, 1999 cited in Beer & Foley: 2003).
- Newly arrived refugee and humanitarian entrants often face significant housing difficulties and require greater assistance from government (Beer and Morphet: 2002) than other categories of migrants. As Beer and Foley explain, visa category is an important factor in influencing housing outcomes. Refugees face extreme difficulties accessing social housing and also obtaining affordable rental housing in the private sector that meets their needs.
- A survey of the Australian housing experiences of refugees, special humanitarian entrants and asylum seekers conducted by Beer & Foley, revealed that many encounter a range of problems, varying from “the cost of renting, through to harassment by the landlord, the poor quality of housing and difficulties in finding accommodation when you lack a referee” (Beer & Foley: 2003: 17). In addition, the limited availability of rental housing stock at the lower end of the market in capital cities such as Sydney is well known (Berry: 2002).
- Beer and Foley found that 22% of the 434 respondents had been harassed by their real estate agent, neighbours or landlord, 17% had suffered from overcrowding and 20% had experienced difficulties paying the rent. The latter was typically related to very low income and unemployment, and sending money to families in their country of

origin. This had lead in some cases to near destitution, with 30% of respondents seeking help from charities to obtain food, and 39% seeking assistance to obtain furniture and household goods.

- Respondents also complained of the poor quality of the housing obtained, mostly in the private market. This included that it was too remote from employment, schools, shopping and services, was in an unsafe neighbourhood, and that the housing itself was of poor standard, for example the absence of heating. In addition, homelessness was common among respondents, defined as living temporarily with friends or relatives or in temporary emergency accommodation. The authors estimated that on this basis 30% of refugees and TPV holders had been homeless after arriving in Australia.

Difficulties in the private rental market

- Information provided by staff of our agency and obtained through participation in forums and networks that consider refugee housing issues, reinforces the accuracy of the sources above.
- Sydney and other areas of NSW such as Newcastle are currently experiencing a supply crisis in regard to the availability of housing in the private rental market. In such a market refugee clients on low incomes with no renting history in Australia and a lack of rental references, face extreme difficulties in securing rental housing. We have also learnt through participation in groups such as the NESB Housing Taskforce, convened by the peak housing lobby group Shelter NSW, of agents/ landlords taking advantage of this situation by attempting to impose repeated excessive rent increases, and discrimination in access to private rental housing on the basis of factors such as ethnic background.

After paying for their housing, clients on Centrelink benefits and low wages have limited funds remaining for other necessities such as food and clothing, and experience extreme housing related poverty. Many of our clients are not in employment for a range of reasons, including health problems as a consequences of torture and trauma, caring responsibilities and difficulties obtaining employment due to a lack of English language, skills, qualifications and local (Australian) experience. In a tight rental market, refugees on Centrelink benefits have difficulty obtaining rental housing as people in employment are preferred candidates.

Barriers to obtaining social housing and problems associated with NSW housing 'reforms'

- From an affordability perspective, it would be preferable for clients to be able to access social housing, such as public and community housing. However tightening eligibility for public housing in NSW and a lack of supply, contribute to the problems our clients experience accessing public housing, which include long waiting times to obtain housing in preferred areas. Under the NSW state government's changes to public housing, known as 'reshaping public housing', eligibility to public housing is becoming more targeted to those most in need, and is effectively only available to new tenants on very low incomes, often with other complex needs, such as a disability or health problems.

- Under ‘reshaping public housing’, new tenants are being given temporary leases of varying lengths depending on their circumstances, which are to be reviewed on a regular basis to determine continuing eligibility. Public housing has thus lost one of its main benefits to low-income tenants: security of tenure. This is a concern as one of the most important resources for refugees is secure, stable and affordable housing, as a base on which to settle successfully in Australia. We understand that state and territory government policies of increased targeting have occurred as a consequence of requirements imposed by the Commonwealth to obtain Commonwealth funding under previous Commonwealth State Housing Agreements (CSHA). This has also occurred as a consequence of significant real declines in commonwealth funding for public housing under the CSHA in recent decades.
- Newly arrived refugees with poor English language skills also have difficulty with onerous application processes and documentation required to obtain public housing such as letters from medical professionals and real estate agents. Applicants may also not understand appeal processes if they are rejected as a public housing applicant. A lack of knowledge of the housing system in Australia is a significant access barrier to obtaining social housing. Application processes also represent a barrier in the private market.
- A number of new and emerging communities tend to have large families of 4 or more children. There is a lack of both social housing and housing in the private rental market to cater to these groups. As a consequence overcrowding and hidden homelessness are common.

Other housing issues

- STARTTS staff have identified that housing options and support needed are needed by refugee women experiencing domestic violence
- TPV holders & those on bridging visas do not have access to social housing. We also understand that subsidised refugee housing post-arrival under the IHSS is not necessarily available for the length of time it is required. Although IHSS housing providers are meant to assist refugees to secure long-term housing, this can be difficult to obtain, leading to refugees overstaying in the short term IHSS provided accommodation, such as that provided through Resolve FM.
- Housing of Special Humanitarian Program (SHP) entrants is the responsibility of the proposer, which often means that they stay with the proposer upon arrival, which can lead to overcrowding and family stress. Proposers may not themselves have been in Australia for a long period and may not be of high socio-economic status. In addition, SHP entrants are vulnerable to homelessness and other housing difficulties if the relationship with the proposer breaks down. Support needs to be available for people entering under the humanitarian program when the proposer/ refugee relationship breaks down.
- To facilitate access to information about housing, including social housing, private rental housing and home ownership, housing information needs to be provided in plain English and community languages at a range of distribution

points and using a variety of mediums (including internet, offices of government departments such as Department of Housing and Department of Fair Trading, ethnic radio programs, DVDs), and non-government organisations such as Migrant Resource Centres.

- **Type of housing required by refugees:**

In order to satisfy their human right to housing, refugees ideally require housing that is:

- affordable, that is, with a rent to income ratio of 20-30%, depending on the household's circumstances;
- of a good standard, catering to any accessibility needs, & well located with regard to public transport and services, particularly services relevant to CALD & refugee communities;
- of a size adequate to meet the needs of large families without overcrowding;
- housing should also be easily accessible to employment opportunities, be in neighbourhoods perceived as safe, with a good standard of urban amenity with regard to the provision of social and physical infrastructure and open space;
- located in close proximity to public transport, particularly for families with children;
- due to the proximity to existing communities and CALD/ refugee community organisations, many new arrivals to NSW choose to settle in Sydney's west and south-west. Social housing is particularly required in these areas.
- social housing should offer security of tenure, and be available for as long as the person on a low-moderate income wants to live in the dwelling. Social housing should include a mix of tenants, including those earning moderate wages below average weekly earnings (AWE), and be planned to include a mix of public & private dwellings.

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