

## Appropriate support and accommodation in the community

- 3.1 This chapter draws on the Australian experience of alternatives to secure immigration detention. While there appears no 'best practice' model in operation the evidence received by the Committee highlighted the problems and consequences of the current system, and so provides many lessons to assist in developing a further framework for community release. This refers to the practical characteristics of model design in terms of food, accommodation, basic utilities and support services. It also refers to a broader assessment of how a future framework might better support a person or family's well being and give them the best opportunity for a just outcome through Australia's immigration processes.
- 3.2 In particular, this chapter focuses on the first of the Committee's stated considerations for evaluating alternatives to immigration detention, that is, the extent to which alternatives ensure a humane, appropriate and supported environment for people with an unresolved immigration status.
- 3.3 The chapter summarises the volume of evidence received regarding the support needed for appropriate placement in community-based options. In examining this evidence, the Committee has sought to draw out the issues to be taken into account in developing a future framework for greater use of community-based detention alternatives, namely:
- ensuring financial resources to meet the provision of basic needs, if required, such as through income support or permission to work

- providing access to available, affordable and appropriate accommodation
- giving due care to personal and family wellbeing, such as mental health, social isolation and meeting the particular needs of families and children, and
- providing support services that include case management and referral services and orientation information on living in the Australian community.

## Provision for basic needs

- 3.4 For people with an unresolved immigration status living in the community, mechanisms are required to ensure that their basic needs can be met. As mentioned earlier, in some instances people on bridging visas will have no requirement for assistance.
- 3.5 If bridging visas are utilised as a community-based alternative to detention, however, then a responsibility rests with the Department of Immigration and Citizenship (DIAC) to ensure that that person or family has the financial capacity to meet their basic needs. This may take the form of an allowance to provide income support, or permission to work as a condition of the bridging visa so that a person is able to financially support themselves and any dependent family members.
- 3.6 The next sections summarise evidence received regarding the importance of income support and permission to work.

## Income support

- 3.7 While in a detention facility, people have their basic needs for food and accommodation met within the institutional environment and through the service providers contracted by DIAC. People in immigration detention centres, immigration residential housing and immigration transit accommodation do not receive any income support, although people in residential housing may have a nominal budget or vouchers with which to purchase groceries. Additionally, all detainees are allocated weekly 'points' with which they may

purchase small items such as cigarettes, phone cards and snacks from detention stores.<sup>1</sup>

- 3.8 For people in community detention, the Australian Red Cross rents apartments or houses and provides clients with a living allowance that is transferred automatically into a bank account for them to access as needed. The living allowance is used by detainees to pay for living expenses such as food and electricity, although it may be insufficient to purchase more substantial items such as household goods, furniture, and televisions, or to pay for a telephone.<sup>2</sup> Income support is paid at a rate equivalent to 89 per cent of Centrelink Special Benefit.<sup>3</sup> At current rates, for example, this would be equivalent to a maximum of \$403.44 per fortnight for a single person with no dependents.<sup>4</sup>
- 3.9 As outlined in chapter 2, there are some means of income support for eligible people with an unresolved immigration status outside of immigration detention on bridging visas, although these are limited. The relatively rare return pending bridging visa is the only bridging visa that confers access to social security benefits provided by Centrelink.<sup>5</sup> People on other bridging visas, who may have been granted a bridging visa as an alternative to being taken into detention, are not eligible for income support through Centrelink.
- 3.10 People accepted into the Community Care Pilot may receive assistance with basic living expenses, although destitution on its own is not sufficient for eligibility for the Pilot – other indicators of

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1 Department of Immigration and Citizenship, 'About immigration residential housing', viewed on 31 March 2009 at <http://www.immi.gov.au/managing-australias-borders/detention/facilities/about/rhcs-recreation.htm>; Human Rights and Equal Opportunity Commission, *Summary of observations following the inspection of mainland immigration detention facilities 2007* (2007), p 39.

2 Human Rights and Equal Opportunity Commission, *Summary of observations following the inspection of mainland immigration detention facilities 2007* (2007), p 17; Castan Centre for Human Rights Law, submission 97, p 32; Walker V, submission 5, p 2.

3 Special Benefit is a payment made to eligible Australians who are in severe financial need due to circumstances outside their control. Special Benefit is a discretionary payment and is only paid in special circumstances, which are determined by the Secretary of the Department of Family and Community Services. Generally, it will be the same rate as Newstart Allowance or Youth Allowance. Centrelink, viewed on 19 March 2009 at [http://www.centrelink.gov.au/internet/internet.nsf/payments/special\\_benefit.htm](http://www.centrelink.gov.au/internet/internet.nsf/payments/special_benefit.htm).

4 Centrelink, 'Newstart Allowance payment rates', viewed on 19 March 2009 at [http://www.centrelink.gov.au/internet/internet.nsf/payments/newstart\\_rates.htm](http://www.centrelink.gov.au/internet/internet.nsf/payments/newstart_rates.htm).

5 A total of four return pending bridging visas granted to detainees in 2007-08, and as at 30 June 2008 there were only 16 people in the community holding this visa. Department of Immigration and Citizenship, submission 129f, pp 27-28.

‘exceptional circumstances’, such as serious medical conditions, mental health issues, or torture or trauma histories must also be present.<sup>6</sup> People in the community awaiting the outcome of a protection visa application may receive support under the Asylum Seekers Assistance Scheme (ASAS). To be eligible, asylum seekers must be in financial hardship. The income support provided under both the Community Care Pilot and the ASAS is at the same rate as that provided to people in community detention.<sup>7</sup>

- 3.11 As noted in chapter 2, the Committee received evidence that whilst the Community Care Pilot and the Asylum Seeker Assistance Scheme were welcome programs, access and eligibility was patchy or periodic.<sup>8</sup> Despite recent improvements:

...it remains the case that, under current government policy, some asylum seekers at some or all stages of the determination process, despite their lawful status within the community, are destitute by either design or the system’s deficiencies; that is sometimes for a protracted period of time, but it is always for an unknown period of time.<sup>9</sup>

- 3.12 Whilst many inquiry participants nominated bridging visas as their preferred mechanism for release from detention into the community, in preference to community detention or other arrangements, there was strong criticism of restrictions attached to bridging visas, in particular, restrictions on work, income assistance and health care.<sup>10</sup>
- 3.13 The Committee received a strong body of evidence that for bridging visa holders who do not have independent financial means or friends or family in the community willing to support them, the double bind

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6 Department of Immigration and Citizenship, submission 129n, p 2.

7 Department of Immigration and Citizenship, submission 129n, p 1.

8 Domicelj T, Asylum Seekers Centre of NSW, *Transcript of evidence*, 24 October 2008, p 52.

9 Domicelj T, Asylum Seekers Centre of NSW, *Transcript of evidence*, 24 October 2008, p 53.

10 Australian Human Rights Commission, submission 99, p 23; International Detention Coalition, submission 109, p 2; NSW Service for the Treatment and Rehabilitation of Torture and Trauma Survivors (STARTTS), submission 108, p 25; Hotham Mission Asylum Seeker Project, submission 93, p 9; Office of Multicultural Interests WA, submission 106, p 19; Law Institute of Victoria, Liberty Victoria and The Justice Project, submission 127, p 36; Asylum Seeker Resource Centre, submission 121, pp 2-3; National Legal Aid, submission 137, p 7; Ozdowski S, submission 58, p 15; Uniting Church in Australia, submission 69, pp 11-12; Detention Health Advisory Group, submission 101, p 2; submission 76, p 6; Amnesty International Australia, submission 132, p 13; Dagiland A, submission 65, p 2; Refugee Council of Australia, submission 120, p 11; Rouse R, submission 16, p 1; Little Company of Mary Refugee Project, submission 20, p 1; Ripper W, submission 50, p 3.

of no income and no work may result in poverty, destitution and other associated disadvantages. This may particularly be the case for asylum seekers, who in comparison with other bridging visa holder groups such as tourist, business or student visa over stayers may be less likely to have financial resources or assets with which to survive pending a decision on their visa application.

- 3.14 Bridging visa holders in the community without any means of supporting themselves are currently relying on charities, non-government organisations and the goodwill of strangers while their immigration status is being resolved. As outlined in chapter 2, in the past this situation has extended for periods of up to several years.
- 3.15 It is not known exactly how many people on bridging visas are in this situation, although the Hotham Mission has estimated that there are about 500 in Melbourne.<sup>11</sup> The Committee heard from a range of peak bodies that their clients are presenting in poverty or destitution and that the current restrictions on bridging visas conditions means they do not always represent a viable alternative to detention.<sup>12</sup> Tamara Domicelj, of the Asylum Seekers Centre of New South Wales, told the Committee:

What we see in the community at the moment is something that is entirely unmanageable. We see people in desperate circumstances, utterly debilitated by years and years of protracted destitution, often having been released from a detention environment into that ongoing limbo. They also do not know how long that is going to last. We often have people say to us: 'Arrange for us to go back inside. We can't bear it outside. We can't clothe our kids. We can't get medical attention. We're not allowed to work. We can't engage with the community. We can't study.' We hear that as well. That is not to in any sense diminish all of the issues in relation to the detention centre environment, but releasing people on a

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11 Hotham Mission Asylum Seeker Project, submission 93a, p 2.

12 For example see: Hotham Mission Asylum Seeker Project, submission 93, p 14; The Uniting Church in Australia, 'The right to work for Asylum seekers', viewed on 10 February 2009 at <http://victas.uca.org.au/outreach-justice/justice-and-international-mission/project-areas/refugees-asylum-seekers/petition-right-to-work.pdf;m,1216966525>; Walker V, Bridge for Asylum Seekers Foundation, correspondence, 23 March 2009; University of Queensland Boilerhouse Community Engagement Centre, *Defending human rights: Community-based asylum seekers in Queensland* (2005), p 12; Domicelj T, Asylum Seekers Centre of NSW, *Transcript of evidence*, 7 May 2008, p 3.

bridging visa E without work rights and without access to Medicare is no solution whatsoever.<sup>13</sup>

- 3.16 A few organisations are able to draw on philanthropic donations to provide basic cash or in-kind support to people in this situation. The Hotham Mission Asylum Seeker Project in Melbourne, for example, provides around 360 clients with \$33 a week.<sup>14</sup> In Sydney, the Bridge for Asylum Seekers Foundation provides \$90 per week for a single person and \$70 per person for a family member; as at March 2009, it was supporting 75 asylum seekers.<sup>15</sup> The Asylum Seeker Resource Centre of Melbourne provides 4800 food parcels each year through its food bank for asylum seekers and 14 560 meals a year through their community meals program.<sup>16</sup>
- 3.17 The Minister for Immigration and Citizenship has stated his interest in increasing the use of community-based alternatives following health, identity and security checks.<sup>17</sup> However, there was concern from some submitters that the current bridging visa framework is fundamentally flawed and needs reform. For example the Refugee Council of Australia said that:
- It is important, as the Australian Government moves to expand community-based alternatives to detention, that steps are taken to ensure that people are not left destitute while their visa status is determined.<sup>18</sup>
- 3.18 The Australian Human Rights Commission expressed the view that conditions and restrictions attached to some bridging visas may significantly impact on the ability of people to exercise their basic human rights, including the right to social security and the right to an adequate standard of living.<sup>19</sup> Several inquiry participants also made reference to a 2005 ruling by the House of Lords in the United Kingdom which upheld a court's decision that failure to provide basic

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13 Domicelj T, Asylum Seekers Centre of NSW, *Transcript of evidence*, 7 May 2008, p 40.

14 Coleman C, Hotham Mission Asylum Seeker Project, *Transcript of evidence*, 11 September 2008, p 26.

15 Walker V, Bridge for Asylum Seekers Foundation, correspondence, 23 March 2009; Balmain for Refugees, submission 68, p 1.

16 Asylum Seeker Resource Centre, viewed on 19 March 2009 at [http://www.asrc.org.au/about\\_us/facts\\_and\\_figures.html](http://www.asrc.org.au/about_us/facts_and_figures.html).

17 Senator the Hon C Evans, Minister for Immigration and Citizenship, 'New directions in detention', speech delivered at Australian National University, Canberra, 29 July 2008, p 7.

18 Refugee Council of Australia, submission 120, p 11.

19 Human Rights and Equal Opportunity Commission, submission 99, p 23.

support to destitute asylum seekers amounted to ‘inhuman’ or ‘degrading’ treatment in violation of international law.<sup>20</sup>

## Permission to work

- 3.19 People in immigration detention in Australia are unlawful non-citizens and are not permitted to work. This applies equally to those in less restrictive forms of immigration detention, such as community detention, where there may be no physical impediments to attending a place of work on a regular basis. These restrictions may also apply to voluntary work and formal courses of study.
- 3.20 As outlined in chapter 2, bridging visas may or may not be issued with a ‘no work’ condition. Work conditions attached to a bridging visa will vary according to the substantive visa applied for, as well as the applicant's immigration status and personal circumstances at time of application.<sup>21</sup>
- 3.21 Concerns about work rights, or lack thereof, for bridging visas were raised by many inquiry participants. The primary concern was that without access to income support, a restriction on work was equivalent to enforced destitution for some people. For example, Ms LI, on a bridging visa, told the Committee:
- One of my children and I do not have any work rights so for the past one and a half years I have been financially supported by the Red Cross. Before that I was living on my own and I would collect rubbish and furniture on the streets and resell that to support my children. It was not easy at all.<sup>22</sup>
- 3.22 Another issue raised regarding restrictions on work rights was the ‘substantial alienation and psychological concerns’ caused by not being able to work and being reliant on charities for basic needs.<sup>23</sup> It was also argued that the mental health issues generated by having no income and nothing to do rendered many people unable or ill-equipped to work when and if they were granted a permanent visa,

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20 House of Lords, *Session 2005–06 [2005] UKHL 66A, on appeal from: [2004] EWCA Civ 540, 3 November 2005*, A Just Australia, submission 89, p 22; Nasu H, Zagor M & Rice M, submission 76, p 6; see also Saul B, ‘The Rudd Government’s human rights record: One year on’, address to NSW Young Lawyers, Sydney, 29 October 2008, p 6.

21 Department of Immigration and Citizenship, submission 129f, p 28.

22 Ms LI, *Transcript of evidence*, 22 January 2009, p 15.

23 Gerogiannis B, Legal Aid NSW, *Transcript of evidence*, 24 October 2008, pp 24–25.; Bridge for Asylum Seekers Foundation, submission 5, p 2; Bishop I, submission 8, p 1; Balmain for Refugees, submission 68, p 21.

potentially perpetuating a future dependence on welfare.<sup>24</sup> The Refugee Claimants Support Centre in Brisbane argued that:

We see that not being able to work still affects people even once they have received their permanent residency. Even though they have been in Australia's some time, sometimes years, they have no experience or work references to show potential employers. On top of this, their reliance on charity to survive and their constant need to ask and beg for money has often been a big blow to their feelings of worth, adequacy and self-esteem.<sup>25</sup>

3.23 The consensus of social workers and others giving evidence to the inquiry was that a large number of those people who currently did not have work rights had the will and capacity to be largely self-sustaining.<sup>26</sup> This view was also reiterated by individuals in evidence to the inquiry. One man, a mechanical engineer from Korea, had been in a detention centre for eight months and in community detention for three months. He expressed a desire to work:

We are living on a very basic life; we are just surviving at the moment... I can understand we are given very basic support financially from government. It is really free money without me working. I should be appreciative. I would rather go to work and make money instead of getting free money from the government.<sup>27</sup>

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24 Mendis S, Hotham Mission Asylum Seeker Project, *Transcript of evidence*, 11 September 2008, p 29.

25 Hopgood B, Refugee Claimants Support Centre, *Transcript of evidence*, 23 January 2009, p 3.

26 Mitchell G, International Detention Coalition, *Transcript of evidence*, 22 January 2009, p 9; Hopgood B, Refugee Claimants Support Centre, *Transcript of evidence*, 23 January 2009, p 4; Nash C, Refugee Council of Australia, *Transcript of evidence*, 4 February 2009, p 6; Coleman C, Hotham Mission Asylum Seeker Project, *Transcript of evidence*, 11 September 2008, p 27.

27 Mr L, *Transcript of evidence*, 24 October 2008, pp 85-87; see also Ms LI, *Transcript of evidence*, 22 January 2009, p 19; Mr U, *Transcript of evidence*, 24 October 2008, p 82.



Figure 3.1 International approaches to work rights for asylum seekers

In **Europe**, where most asylum claims (about 75 per cent) have been lodged, few countries have provided asylum seekers with work rights at the front end of the assessment process (Sweden is one exception). Asylum seekers have had no work rights at all in some countries (France, Italy, and Ireland). In other countries they have been able to work after a period of time if no decision has been made on their claim, or after a particular stage in the determination process is reached (the Netherlands, Belgium). Following EU countries' efforts to 'harmonise' their asylum systems, the European Council issued a directive (2003/9/EC of 27 January 2003) under which asylum seekers are to be allowed to apply for permission to work if they have not received an initial decision on their asylum claim within 12 months.

In **Sweden**, if it appears that the application process will exceed four months, the asylum seeker is entitled to gain employment during the application period (to pay for food and accommodation in the Refugee Reception Centre) through use of a general identity card.

In the **UK**, a 'concession' formerly allowed asylum seekers to work after six months if 'a decision' had not been made. This was withdrawn in July 2002 in an attempt to further discourage 'bogus' asylum seekers, and to quarantine the UK's new economic migration programs from asylum inflows. Since February 2005, asylum seekers have been granted permission to work after 12 months if the Home Office determines that they were not responsible for the delay in making a decision.

In the **USA**, asylum seekers can apply for work rights after six months if their case remains unresolved. Work rights may also be granted to asylum seekers whose claims are refused, if they cannot be removed.

In **New Zealand**, asylum seekers may be granted a temporary work permit (one per family) if they have arrived with 'legal documentation', but are refused permission to work if they arrive with no or fraudulent papers and/or are on 'conditional release' from detention.

**Canada** grants work rights to asylum seekers throughout the refugee determination process, and for 12 months following the refusal of their claim for refugee status. It would appear however that asylum seekers may be authorised or directed to work only in specific sectors of the Canadian labour market, associated with temporary or guest worker schemes.

*Source* Adapted from Parliamentary Library, 'Asylum seekers on bridging visa E' (2007), research brief no. 13 2006-07, p 15; information on Sweden from Law Institute of Victoria, Liberty Victoria and The Justice Project, submission 127, p 42.

- 3.24 During the course of the inquiry the Committee met with people on bridging visas with work rights who were working as a chef, physical education teacher, dairy farmer, fruit picker, and hotel worker, and others who were self-employed as a market stall operator and an owner of a prefabrication business. The Refugee Claimants Support Centre in Brisbane reported having highly skilled people, such as nurses, dentists and doctors, in their client group without work rights.<sup>28</sup>
- 3.25 Several witnesses made mention of a survey conducted in 2005 of bridging visa holders without work rights, which found that 71 per cent of a sample of 113 people had skills or qualifications listed on the Skilled Occupation List for the General Skilled Migration stream. Of these 45 per cent were listed on the Migration Occupations in Demand List.<sup>29</sup>
- 3.26 Even where work rights are granted, though, it can be difficult for individuals to find work due to mental or physical health reasons or because they are caring for children. Additionally, people on bridging visas may face barriers to employment common to other groups of migrants to Australia, such as recognition of overseas qualifications, a lack of local work experience, inadequate English language skills, or employment discrimination on the basis of race or religion.<sup>30</sup>
- 3.27 In addition, bridging visas might be granted on one, two or three month periods of extension, and even where work rights are granted, employers were unwilling to employ anybody who only had a valid visa for a short time.<sup>31</sup>

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28 Hopgood B, Refugee Claimants Support Centre, *Transcript of evidence*, 23 January 2009, p 4.

29 Conducted by the Asylum Seeker Resource Centre for the Right to Work Campaign, 2005, information available at <http://blogs.victas.uca.org.au/safetynotcharity/resources/research.htm#download>.

30 Ethnic Communities Council of Victoria, *Real jobs: Employment for migrants and refugees in Australia* (2008), policy discussion paper no. 3, p 4; Kyle L et al, Brotherhood of St Lawrence, *Refugees in the labour market: Looking for cost-effective models of assistance* (2004), p ii.

31 Mendis M, Hotham Mission Asylum Seeker Project, *Transcript of evidence*, 11 September 2008, p 31. See also Briskman L et al, *Human rights overboard: Seeking asylum in Australia* (2008), Scribe Publications, Melbourne, p 319.

- 3.28 A grant of a bridging visa on a monthly basis was considered favourable and many were only granted on a fortnightly basis.<sup>32</sup> Ms WD, a protection visa applicant from Ethiopia currently on a bridging visa E, told the Committee that:

The visa that I am holding now just said that it was granted for only one month and they want to make sure that I work for three months minimum. So they are not sure whether I am living with them for one month. If they are hiring someone they want to depend on them so they said that they are not sure how they can give me the job because the visa that I am holding is just for one month.<sup>33</sup>

- 3.29 The Committee also heard that the desire to work can lead to some unacceptable work practices. The Asylum Seeker Resource Centre in Melbourne has said that people on bridging visa E, having no form of income:

...are extremely motivated to find work of any kind, for any price. They often accept underpaid work, which may be cash-in-hand, in dangerous conditions, for long hours and with minimum training.<sup>34</sup>

- 3.30 Evidence suggests that the limited access to income support or permission to work is resulting in substantial hardship to bridging visa holders and placing unacceptable demands on non government organisations. In chapter 5 the Committee makes a series of recommendations to ensure basic material needs of bridging visa holders can be met.

## Access to medical care

- 3.31 People in immigration detention do not have access to Medicare benefits. Health services for people in immigration detention are currently contracted to International Health and Medical Services

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32 Psihogios-Billington M, Asylum Seeker Resource Centre, *Transcript of evidence*, 22 January 2009, p 16.

33 Ms WD, *Transcript of evidence*, 22 January 2009, p 23.

34 Asylum Seeker Resource Centre, submission to DIMA [DIAC] bridging visa review (2006), p 36. See also Coleman C, Hotham Mission Asylum Seeker Project, *Transcript of evidence*, 11 September 2008, p 31; see also Ethnic Communities Council of Victoria, *Real jobs: Employment for migrants and refugees in Australia* (2008), policy discussion paper no 3, p 10.

(IHMS).<sup>35</sup> In relation to mainland immigration detention centres, the Department provides access to a range of onsite primary health care services, including registered nurses, general practitioners and mental health professionals, as well as referrals to external services. For people in community detention, IHMS facilitates access to health care through third party providers with the Australian Red Cross continuing to provide support services to these people. People with critical health needs may be admitted to hospitals or psychiatric facilities, classified as a type of 'temporary alternative detention', and the full cost of these services is borne by the Commonwealth.

- 3.32 There has been a greater investment in detention health services in recent years, as evidenced by the establishment of the Detention Health Advisory Group and development of detention health standards.<sup>36</sup>
- 3.33 In considering bridging visas as a community-based alternative to immigration detention, the Committee has sought to consider the relative access to health care between the detention population and bridging visa holders in the community.
- 3.34 Access to health care is an important consideration given the typically complex health needs of the detention population and others at risk of becoming unlawful.<sup>37</sup> For example, Hotham Mission reported that 66 per cent of asylum seekers required medical attention while on a bridging visa E.<sup>38</sup> Amongst asylum seekers, particularly, there is a high incidence of complex psychological and mental health issues.<sup>39</sup> Additionally, people may be released from immigration detention onto a bridging visa specifically because DIAC has recognised that they have psychological or physical health issues that cannot be

35 Department of Immigration and Citizenship, 'Immigration health services contract finalised', media release, 27 January 2009.

36 Royal Australian College of General Practitioners, *Standards for health services in Australian immigration detention centres* (2007); Department of Immigration and Citizenship, *Detention health framework: A policy framework for health care for people in immigration detention* (2007).

37 Australian Medical Association, *Health care of asylum seekers and refugees* (2005), position paper, p 1; Harris M and Telfer B, 'The health needs of asylum seekers living in the community', *Medical journal of Australia* (2001), 175, pp 589-592; Refugee and Asylum Seeker Health Network (RASHN) Victoria, *Asylum seeker health care in Victoria* (2005), briefing paper, p 1; Office of Multicultural Interests WA, submission 106, p 16; Migrant Health Service, submission 33, p 2; Australian Psychological Society, submission 105, p 5; Royal Australasian College of Physicians, submission 54, p 5.

38 Hotham Mission Asylum Seeker Project, submission 93, p 15.

39 Domicelj T, Asylum Seekers Centre of NSW, *Transcript of evidence*, 24 October 2008, p 56.

adequately cared for or may be exacerbated in a detention environment.<sup>40</sup>

- 3.35 Some bridging visas holders are entitled to Medicare and the Pharmaceutical Benefits Scheme (PBS). However, Medicare access is generally tied to work rights. To be eligible for Medicare, a bridging visa holder must have lodged an application for permanent residence (excluding a parent visa application) *and* either have permission to work or have a parent, spouse or child who is an Australian citizen or permanent resident.<sup>41</sup>
- 3.36 The Committee was not provided with statistical data that could describe how many bridging visa holders in Australia would fail to meet these intersecting eligibility requirements. However, based on the sample of bridging E visa holders as at 30 January 2007, a population of around 7000, which showed that approximately 37 per cent of visa holders had work rights, this would suggest that around two thirds did not have access to Medicare.<sup>42</sup>
- 3.37 Health care services for people on bridging visas in capital cities are largely being provided by networks of health professionals willing to provide pro bono services.<sup>43</sup> For example, the major such clinic in Victoria, that operated by the Asylum Seeker Resource Centre since 2002, provides over 3000 medical consultations each year through the work of volunteer medical professionals.<sup>44</sup> A number of asylum seeker agencies and support groups draw on donations to underwrite pharmaceuticals for serious or life-threatening illnesses, as these medications are charged at the full (non-PBS) cost.<sup>45</sup>
- 3.38 A recent study published in the *Medical Journal of Australia* found that in Melbourne, restrictions on Medicare access for people with an unresolved immigration status were placing 'a considerable burden

40 See the eligibility criteria for bridging visa E (051), outlined in table 2.4. The Committee did receive criticism about the effectiveness and operation of this provision, see Coffey G and Thompson S, submission 128, p 20; Castan Centre for Human Rights Law, submission 97, p 14, Refugee and Immigration Legal Centre, submission 130, pp 5-6.

41 Medicare Australia, correspondence, 19 February 2009.

42 Department of Immigration and Citizenship, submission 129, p 35.

43 Detention Health Advisory Group, submission 101a, p 1; Correa-Velez I et al, 'Community-based asylum seekers' use of primary health care services in Melbourne', *Medical journal of Australia* (2008), vol 188, no 6, p 346; University of Queensland Boilerhouse Community Engagement Centre, *Defending human rights: Community-based asylum seekers in Queensland* (2005), p 9.

44 Asylum Seeker Resource Centre, viewed on 24 March 2009 at [http://www.asrc.org.au/about\\_us/facts\\_and\\_figures.html](http://www.asrc.org.au/about_us/facts_and_figures.html).

45 Domicelj T, Asylum Seekers Centre of NSW, *Transcript of evidence*, 24 October 2008, p 56.

on small community-based organisations and volunteer health care professionals, who are trying to fill the gap for a marginalised population with complex care needs'.<sup>46</sup> This study found that most of the people seeking medical attention were on a bridging visa E, and 46 per cent had been in Australia for five years or more. Eighty-eight per cent of the visits during the study period involved a person with no Medicare access.<sup>47</sup> If counselling or specialist services were required, 'clinical staff at the clinics were forced to devote considerable energy to time-consuming negotiation of referrals and fee waivers for specialist services'.<sup>48</sup>

- 3.39 Regarding hospital admissions, in 2005 the Victorian government has directed its public hospitals and community health centres to provide health care free of charge to asylum seekers (although not necessarily to bridging visa holders who have not applied for protection).<sup>49</sup> The Australian Capital Territory has also made equivalent policy changes. This is not the case in the other Australian states and territories, however, where people on bridging visas are charged full rates for inpatient and outpatient care which can be in the region of \$80 for outpatient care to \$695 per day for inpatient care.<sup>50</sup>
- 3.40 Agencies working with this client group reported on the impact that no or limited access to health care had on their clients. Hotham Mission reported that over 90 per cent of clients were not eligible for Medicare, seventeen per cent claim to have been refused medical treatment since being on a bridging visa which includes those turned away after presenting to medical centres or hospitals and those unable to get appointments due to lack of funds or being without a Medicare card.<sup>51</sup>

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46 Correa-Velez I et al, 'Community-based asylum seekers' use of primary health care services in Melbourne', *Medical journal of Australia* (2008), vol 188, no 6, p 346.

47 Correa-Velez I et al, 'Community-based asylum seekers' use of primary health care services in Melbourne', *Medical journal of Australia* (2008), vol 188, no 6, p 345.

48 Correa-Velez I et al, 'Community-based asylum seekers' use of primary health care services in Melbourne', *Medical journal of Australia* (2008), vol 188, no 6, p 347.

49 Victorian State Government, Department of Human Services, Hospital Circular 27/2005, 'Revised Arrangements for Public Hospital Services to Asylum Seekers', 28 December 2005, viewed on 20 January 2008 at <http://www.health.vic.gov.au/hospitalcirculars/circ05/circ2705.htm>.

50 Singleton G, Detention Health Advisory Group, *Transcript of evidence*, 11 September 2008, p 42; Harris M and Telfer B, 'The health needs of asylum seekers living in the community', *Medical journal of Australia* (2001), 175, pp 589-592.

51 Hotham Mission Asylum Seeker Project, submission 93, p 15.

- 3.41 Robyn Sampson, from the Refugee Research Health Centre at La Trobe University, provides the following account of a person's experience in detention and on a bridging visa:

One asylum seeker became destitute after living on a bridging visa with no work rights or income support. He took a job illegally in order to avoid starvation. As a result, he was taken into immigration detention for breaching his visa conditions. While in detention, he experienced stomach pains and was treated for ulcers. With the support of a charity, he was released from detention on another bridging visa. In the community, a doctor took pity on him and treated him as a patient for free. He was soon diagnosed with oesophageal cancer, not ulcers. The cancer progressed quickly, and as the man was ineligible for health care he struggled to obtain proper treatment. In the terminal stages of the illness, he was threatened with removal as his application for protection has been refused at all levels. Clearly unfit for travel, he lived out his remaining months in Australia living off the charity of others while his illness progressed without appropriate access to treatment or palliative care.<sup>52</sup>

- 3.42 This account highlights, in particular, the inconsistency between care available in the detention environment and in the community on a bridging visa, which is all the more concerning where a person is specifically released from detention because they are deemed to have health issues that cannot be managed within a detention environment. A number of peak bodies reported similar cases during the course of the inquiry.<sup>53</sup>

- 3.43 Associate Professor Harry Minas, Chair of the Detention Health Advisory Group (DeHAG), told the Committee, 'We already have very good health services in the country. There is no reason why people who are going through a process for status resolution should not have access to those services'.<sup>54</sup>

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52 Australian Policy Online, 'Asylum seekers, searching for healthier policy', 8 October 2007, viewed 10 February at

[http://www.apo.org.au/webboard/comment\\_results.chtml?filename\\_num=176949](http://www.apo.org.au/webboard/comment_results.chtml?filename_num=176949)

53 Domicelj T, Asylum Seekers Centre of NSW, *Transcript of evidence*, 7 May 2008, p 19.; Hotham Mission Asylum Seeker Project, submission 93, p 9; Thom G, Amnesty International Australia, *Transcript of evidence*, 7 May 2008, p 20.

54 Minas H, Detention Health Advisory Group, *Transcript of evidence*, 11 September 2008, p 42.

- 3.44 The Committee notes that the United Nations guidelines on the reception of asylum seekers state that asylum-seekers should receive free basic medical care, in case of need, both upon arrival and throughout the asylum procedure; a principle recently affirmed by the European Parliament.<sup>55</sup>
- 3.45 Peak organisations in Australia, including the Australian Human Rights Commission, the Royal Australasian College of Physicians and the Australian Medical Association, have expressed the view that a person should have access to basic medical care regardless of their immigration status and current arrangements are discriminatory.<sup>56</sup>
- 3.46 Evidence suggests that there is currently limited access to health care for people on bridging visas, where this is used as an alternative to immigration detention, and this places some people at risk of poor or acute health situations. In chapter 5, the Committee makes a series of recommendations aimed at meeting these gaps.

## Accommodation

- 3.47 This section examines some of the challenges involved in providing appropriate accommodation for a person or family in the community, as opposed to a designated detention centre environment. In particular, it reviews the evidence submitted regarding availability, affordability and other issues associated with use of the private rental market for people with an unresolved immigration status.

## Availability and affordability

- 3.48 In a secure detention environment, accommodation for people awaiting resolution of immigration status is constructed or adapted, maintained and equipped by the Commonwealth. In alternative temporary detention and community detention, DIAC or the

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55 United Nations High Commissioner for Refugees (UNHCR), submission 133, pp 13, 14; see also *Reception of asylum seekers, including standards of treatment, in the context of individual asylum systems* (2001), 4 September, EC/GC/01/17, p 2; European Parliament, *Resolution of 5 February 2009 on the implementation in the European Union of Directive 2003/9/EC laying down the minimum standards for the reception of asylum seekers and refugees: visits by the Committee on Civil Liberties 2005-2008 (2008/2235(INI))*.

56 Human Rights and Equal Opportunity Commission, submission 99, p 23; Royal Australasian College of Physicians, submission 54, p 3; Australian Medical Association, *Health care of asylum seekers and refugees* (2005), position paper, p 1.



Australian Red Cross locate and provide for a hospital room, foster family home, hotel room or private rental property.

- 3.49 People released from immigration detention on bridging visas, or granted bridging visas as an alternative to detention, are required to make their own accommodation arrangements. There is no designated accommodation available for these people. This is because bridging visa holders are temporarily lawful non-citizens considered independently responsible for their welfare and immigration choices. It also reflects the fact that a significant proportion of bridging visa holders are expected to be making arrangements to depart Australia.
- 3.50 While the absence of designated housing is entirely appropriate for the majority of the bridging visa population, for the group of people of most interest to the Committee – those released from detention on bridging visas, or granted a bridging visa as an alternative to detention – this situation is putting some people at risk of insecure, temporary or inappropriate housing, or of homelessness. Issues of housing and homelessness were raised by a number of inquiry participants.<sup>57</sup>
- 3.51 People on bridging visas cannot generally access public or community housing. Even where they may be eligible, those without permission to work or access to Centrelink benefits are typically unable to fulfil independent income criteria that demonstrate they have the capacity to make regular rental payments.<sup>58</sup> The Committee received evidence that state and territory housing agencies are struggling to understand the complexities of legal status, entitlements and needs of this group.<sup>59</sup> Notwithstanding all this, access to public housing is

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57 NSW Service for the Treatment and Rehabilitation of Torture and Trauma Survivors (STARTTS), submission 108, p 26; Caton S, Refugee and Immigration Legal Service (RAILS), *Transcript of evidence*, 23 January 2009, p 31; Edmund Rice Centre, submission 53, p 5; Romero Centre, submission 102, p 14; Hopgood B, Refugee Claimants Support Centre, *Transcript of evidence*, 23 January 2009, p 8; Domicelj T, Asylum Seekers Centre of NSW, *Transcript of evidence*, 24 October 2008, p 55. See also University of Queensland Boilerhouse Community Engagement Centre, *Defending human rights: Community-based asylum seekers in Queensland* (2005), p 12; Hotham Mission Asylum Seeker Project, *Welfare issues and immigration outcomes for asylum seekers on Bridging Visa E* (2003), p 26.

58 Government of Western Australia, Department of Housing and Works, viewed on 28 January 2009 at [http://www.housing.wa.gov.au/404\\_437.asp#Eligibility%20Criteria](http://www.housing.wa.gov.au/404_437.asp#Eligibility%20Criteria); Housing SA, correspondence, 10 February 2009; Queensland Government, Department of Housing, correspondence, 13 February 2009; Housing New South Wales, correspondence, 17 February 2009.

59 Hotham Mission Asylum Seeker Project, submission 93, p 18.

extremely competitive, with nearly 180 000 households in Australia already on waiting lists.<sup>60</sup>

- 3.52 There is some limited housing assistance available to vulnerable people on bridging visas in the community through the Asylum Seeker Assistance Scheme and the Community Care Pilot – although this assistance is substantially less than that provided by DIAC and the Australian Red Cross under the community detention program where a private rental property is secured and furnished on behalf of the person.
- 3.53 People eligible for the Asylum Seeker Assistance Scheme may receive rent assistance in addition to income support. Under the Community Care Pilot, housing assistance was identified as a significant gap. There is no specific provision for assistance in sourcing or securing housing in the model, however people in need of affordable accommodation may be assisted. In exceptional circumstances, the Pilot covers the cost of short term crisis accommodation.<sup>61</sup>
- 3.54 In Sydney and Melbourne there are a small number of loaned, donated or church-owned properties available for housing people on bridging visas. Father Jim Carty, of the House of Welcome in Sydney, said that:
- Sydney is dire in terms of available housing. Currently, the House of Welcome is a very small operation. We have four houses and five units in which we accommodate about 28 people during the transitional period, which is when they are released from detention or they are on bridging visa Es without access to work.... Every day we get a phone call from a little family or a single person asking for accommodation, and we have to say no.<sup>62</sup>
- 3.55 Similar stories are reported across Australia. For example, in Melbourne, Hotham Mission is currently housing 120 people across 46 properties. These include families, single mothers, single males and single females. Many of these houses are vacant church properties or houses donated by individuals, with rent and bills paid by the donor or the Hotham Mission. Once an asylum seeker has been placed in an appropriate housing situation, a volunteer outreach worker is

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60 Australian Institute of Health and Welfare, *Public rental housing 2007–08: Commonwealth State Housing Agreement national data report* (2009), p x.

61 Department of Immigration and Citizenship, submission 129n, p 1. Hotham Mission Asylum Seeker Project, submission 93a, p 7.

62 Carty J, House of Welcome, *Transcript of evidence*, 7 May 2008, pp 40-41.

allocated to visit or contact the house at least once a week and provide support and referral.<sup>63</sup>

- 3.56 In addition there is anecdotal evidence that members of the community provide accommodation in private households. Despite the generosity of the community in opening their homes, donated properties and places in emergency accommodation shelters, private rental properties are often the only option for many people.
- 3.57 Hotham Mission reported that in the current context of pressures on housing markets, the challenges facing bridging visa holders have been brought into sharper focus, particularly as the availability and affordability of properties is diminishing.<sup>64</sup>
- 3.58 As a result, many agencies reported that people with an unresolved immigration status were commonly homeless, in precarious housing situations or in constant movement between temporary solutions. Hotham Mission reported that 62 per cent of their clients present as homeless, with approximately 73 per cent having experienced homelessness while on a bridging visa E. Almost 17 per cent become homeless due to unstable housing or lack of appropriate accommodation on release from detention. In 70 per cent of cases, the loss of income (due to loss of work rights or ineligibility for the Asylum Seeker Assistance Scheme) is the primary cause of homelessness. The loss of housing further compromises the health and security of asylum seekers.<sup>65</sup>
- 3.59 It was the view of a number of peak agencies that the availability and accessibility of appropriate housing was one of the most critical issues facing their clients in the community.<sup>66</sup>

## Other issues with the private rental market

- 3.60 Aside from the issues of availability and affordability associated with the private rental market, others raised by contributors to this inquiry

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63 Hotham Mission Asylum Seeker Project, submission 93, p 17; Baptcare, viewed on 25 March 2009 at

<http://www.baptcare.org.au/lwp/wcm/connect/Baptist/Services/Sanctuary>.

64 Hotham Mission Asylum Seeker Project, submission 93, p 19.

65 Hotham Mission Asylum Seeker Project, submission 93, p 18. Domicelj T, Asylum Seekers Centre of NSW, *Transcript of evidence*, 24 October 2008, p 55. University of Queensland Boilerhouse Community Engagement Centre, *Defending human rights: Community-based asylum seekers in Queensland* (2005), p 12.

66 Hotham Mission Asylum Seeker Project, submission 93, p 17; Hopgood B, Refugee Claimants Support Centre, *Transcript of evidence*, 23 January 2009, p 8.

and in the research literature were difficulties in securing rental contracts without proof of identity, visa status, or regular income; language, culture and discrimination barriers; and a need for sources of information and support.<sup>67</sup> This included information about tenancy rights and obligations and how to maintain an average Australian house, which may be different to practices in the home country of the person. These issues are common to many migrants to Australia, with the distinction that bridging visa holders do not know how long they will require housing for, and do not have access to the settlement services that support other migrants and people with refugee status.

- 3.61 The Committee noted that Hotham Mission in Melbourne provides housing support and oversight through monthly housing meetings, ensuring tenants are keeping the house clean and maintained, and ensuring crisis and safety procedures are in place, suitable to the property and needs of tenants.<sup>68</sup> This appears to be the exception, however.
- 3.62 Carolyn Doherty, of the Metropolitan Association Towards Community Housing (MATCH) in Brisbane, drew on her agency's experience with refugee resettlement and housing. After a short period of transitional housing, newly arrived refugees were 'we would say – 'dumped out' onto the private rental market' – and they had had:

...no opportunity to learn how to manage a tenancy in Australia. They have a lease – a contract that they do not understand and that they may not have had an interpreter for. They have absolutely no idea of how to care for a house in the Australian context. In our experience, many people have not used sewerage systems or toilets. They have not had electric ovens, and they certainly do not know how to clean them or what cleaning products to use for them. They throw buckets of water into ovens to clean them. They put rocks and big pots on stove tops and end up damaging them. They put pots on laminate. These are things that they need time to understand. They need support in learning about things... A

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67 Doherty C, Metropolitan Association Towards Community Housing (MATCH), *Transcript of evidence*, 23 January 2009, pp 27-28.

68 Hotham Mission Asylum Seeker Project, submission 93, p 18.

lot of the models that have existed have not allowed that to occur.<sup>69</sup>

- 3.63 Ms Doherty reported high rates of tenancy breach and evictions amongst recently arrived refugees, which often resulted in people being put on tenancy black-lists by real estate agents, affecting their long-term ability to be housed.<sup>70</sup>
- 3.64 Affordable private rental properties may also be geographically dispersed around outer metropolitan areas, meaning that people have to spend more on public transport to meet appointments, may find it difficult to access support services, and may be more at risk of social isolation. This also creates challenges for DIAC and non-government agencies maintaining contact with and providing support to a number of people in a multitude of locations. This can increase service delivery costs for DIAC. Anecdotally it was reported to the Committee by one case worker that more time was spent travelling around the city than talking with clients.
- 3.65 There are also challenges when clients are located in regional areas which do not have the necessary infrastructure of non government agencies to provide assistance and support. Hotham Mission said that, due to the fact that all their properties were donated and they could not choose their location, 'The people we work with are housed all over Melbourne and that brings challenges to us in working with them'.<sup>71</sup>
- 3.66 Finally, from the perspective of DIAC and of other housing service providers in the community, assisting someone to find accommodation in the private rental market can be very resource-intensive. For example, MATCH said that their recent statistics showed that they were spending a minimum of 32 hours to get each client a housing option.<sup>72</sup>
- 3.67 The Minister for Immigration and Citizenship has acknowledged that, in the context of the community detention program, the competitiveness of the private rental market, especially in Sydney,

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69 Doherty C, Metropolitan Association Towards Community Housing (MATCH), *Transcript of evidence*, 23 January 2009, pp 27-28.

70 Doherty C, Metropolitan Association Towards Community Housing (MATCH), *Transcript of evidence*, 23 January 2009, pp 27-28.

71 Coleman C, Hotham Mission Asylum Seeker Project, *Transcript of evidence*, 11 September 2008, p 36.

72 Doherty C, Metropolitan Association Towards Community Housing (MATCH), *Transcript of evidence*, 23 January 2009, p 28.

makes finding appropriate accommodation for a person on a bridging visa a challenge and is limiting the department's ability in making placement decisions in the best interests of the person.<sup>73</sup>

- 3.68 In some instances, people will be forced to remain in secure detention forms until suitable accommodation is sourced. This has a negative impact on the person and also results in higher costs for DIAC (relative costs are discussed in chapter 4).
- 3.69 A more cost effective responsive solution to community based accommodation is required. The Committee sets out its recommendations for new accommodation alternatives in conjunction with enhanced social support services in chapter 5.

## Personal and family wellbeing

- 3.70 This section reviews evidence received on the impact of detention centres and detention alternatives on mental health and wellbeing. In particular, it acknowledges the continuing vulnerability of people with uncertain and unresolved immigration status in relation to anxiety, depression and other mental disorders. Finally, it makes special mention of the evidence received on the wellbeing of children and families in detention alternatives.

## Mental health issues and social isolation

- 3.71 Many clinical mental health studies, reports and inquiries have documented the deleterious impact of indefinite immigration detention on mental health, and associated impairment of cognition and memory. Depression, anxiety, other psychiatric disorders and are prevalent in the detention population. This is a product of the detention environment and in particular prolonged detention with uncertain outcomes. It is also a product of its interaction with risk factors already present in the detention centre population, such as asylum seekers with torture and trauma histories and section 501 detainees who have come from the criminal justice system.<sup>74</sup>

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73 Senator the Hon C Evans, Minister for Immigration and Citizenship, *Senate Hansard*, Supplementary Budget Estimates, Legal and Constitutional Affairs Committee, 21 October 2008, p 113.

74 NSW Service for the Treatment and Rehabilitation of Torture and Trauma Survivors (STARTTS), submission 108, p 12; Coffey G and Thompson S, submission 128, p 20; Forum of Australian Services for Survivors of Torture and Trauma (FASST),

- 3.72 In this regard, many inquiry participants regarded the development of community release arrangements as a significant and positive improvement in Australia's detention framework.<sup>75</sup> The Australian Human Rights Commission has said that the people the Commission met as part of their 2008 visits 'were much happier to be in community detention than in an immigration detention facility'. The Commission urged DIAC to make greater use of community release arrangements: 'In particular, any detainees with significant health or mental health issues, or with a background of torture or trauma, should be promptly considered for a residence determination'.<sup>76</sup>
- 3.73 This is consistent with the evidence given by the NSW Service for the Treatment and Rehabilitation of Torture and Trauma Survivors (STARTTS), which told the Committee, 'We would support community detention – outside from the detention centre – because there is a better recovery opportunity' for people with experience of torture and trauma.<sup>77</sup>
- 3.74 Similarly, the Commonwealth Ombudsman reported that individuals in community detention had commented on an improvement in wellbeing since being outside of a secure detention environment, and that people spoke positively of the support provided by the Australian Red Cross and members of the community generally.<sup>78</sup>

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submission 115, pp 8, 11; Australian Psychological Society, submission 105, p 7; Researchers for Asylum Seekers, submission 57, p 1; Ozdowski S, submission 58, p 10; Uniting Church in Australia, submission 69, pp 6-7; Rural Australians for Refugees Daylesford and District, submission 91, p 3; Vichie S, submission 18, p 2; Circle of Friends 42, submission 32, p 4; Walker L, submission 66, p 3; Minas H, Royal Australian College of General Practitioners (RACGP), *Standards for health services in Australian immigration detention centres* (2007), p 2. Some relevant clinical studies that have considered the impact of immigration detention on mental health are Steel Z et al, 'Impact of immigration detention and temporary protection on the mental health of refugees', *The British journal of psychiatry* (2006) vol 188, pp 58-64; Steel Z et al, 'Psychiatric status of asylum seeker families held for a protracted period in a remote detention centre in Australia', *Australian and New Zealand journal of public health* (2004) vol 28, pp 23-32; Sultan A and O'Sullivan K, 'Psychological disturbances in asylum seekers held in long-term detention: a participant-observer account', *Medical journal of Australia* (2001) vol 175, pp 593 -596.

- 75 Royal Australasian College of Physicians, submission 54, p 4; International Detention Coalition, submission 109, p 3; Australian Psychological Society, submission 105, p 7.
- 76 Australian Human Rights Commission, *2008 Immigration detention report: Summary of observations following visits to Australia's immigration detention facilities* (2009), p 12.
- 77 Hol-Radicic G, Service for the Treatment and Rehabilitation of Torture and Trauma Survivors (STARTTS), *Transcript of evidence*, 24 October 2008, p 37.
- 78 Commonwealth Ombudsman, submission 126, p 27.

- 3.75 Notwithstanding these achievements, people on bridging visas released into the community remain at risk of depression, anxiety and social isolation, and a future framework for community release must be sensitive to this. While no income, 'no work' conditions and lack of access to health care contributed to poor mental health amongst people on bridging visas, mental health issues also appeared to be present in those supported through the community detention program.
- 3.76 In part this commonality may be attributed to the fact that people in community detention and on bridging visas, like all people in immigration detention, live in a state of uncertainty about their future, not knowing what that future may hold and when they will learn the final outcome of their applications to remain in Australia. The Australian Human Rights Commission, while noting the benefits of community detention over secure detention facilities, reported that, 'Virtually all of the people the Commission met with [in community detention] expressed anxiety about the ongoing uncertainty'.<sup>79</sup>
- 3.77 Alternatively, people on return pending bridging visas and others who cannot be returned to their country of origin are living in a state of limbo in the community with the possibility of removal occurring at any time.<sup>80</sup>
- 3.78 A number of agencies and individuals identified a general high level of anxiety amongst their community-based clients, as well as a high incidence of mental health conditions such as depression, psychosis, self-harm and suicidal ideation, in part due to uncertainty about the future and their legal status in Australia.<sup>81</sup>
- 3.79 Dr Tim Lightfoot, a member of the Detention Health Advisory Group, expressed a concern that as the number of people in detention grew less and less and people got released, then the system could simply

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79 Australian Human Rights Commission, *2008 Immigration detention report: Summary of observations following visits to Australia's immigration detention facilities* (2009), p 68.

80 Kenny M & Pederson A, submission 26, p 2; Prince R, submission 113, p 5.

81 Hotham Mission Asylum Seeker Project, submission 93, p 17; NSW Service for the Treatment and Rehabilitation of Torture and Trauma Survivors (STARTTS), submission 108, p 27; Clement N, Australia Red Cross, *Transcript of evidence*, 11 September 2008, p 6; Walker L, submission 66, p 6; Researchers for Asylum Seekers, submission 57, p 4; Milne F, Balmain for Refugees, *Transcript of evidence*, 24 October 2008, p 75; Mrs K, *Transcript of evidence*, 24 October 2008, p 80; Little Company of Mary Refugee Project, submission 20, p 2.



transfer the problem of mental health difficulties in detention to mental health difficulties in the community.<sup>82</sup>

- 3.80 Similarly, the Australian Red Cross, which administers and operates the community detention and community care pilot programs, said that:

Three years in community detention has taught us that really people's status is equally important. If people have unresolved immigration status and do not know what their future is, it is really hard to address mental health issues.<sup>83</sup>

- 3.81 Another issue common to people in community detention and on bridging visas was the problem of filling their days with meaningful activities when they are not permitted to work, volunteer or undertake a formal course of study.<sup>84</sup>

- 3.82 This point was confirmed by a number of people in community detention in Sydney who described to the Committee what they did on a typical day:

Mr U: [In a normal day I would do]... nothing.<sup>85</sup>

Mrs K: Every day seems aimlessly with nothing. It seems hopeless all the time. There is no looking forward to the day. It is just aimlessly everyday and just do not know what to do. Watch a bit of TV, go shopping to buy some food for cooking. That is it, another day. Every day I just do not know what I am going to do. I cannot visit people. I cannot catch public transport a long distance. I am counting my money... Endless waiting for that particular day. It is just waiting and waiting.<sup>86</sup>

Mrs L: I go to English class three times a week. We try to attend seminars which the community organises. They are things like seminars in a church or a library. My husband spends a lot of time reading *Time* magazine in the library and searching on the internet. We put in an application for voluntary work through the Royal Prince Alfred Hospital to care for elderly people.<sup>87</sup>

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82 Lightfoot T, Detention Health Advisory Group, *Transcript of evidence*, 11 September 2008, pp 42, 45.

83 Clement N, Australian Red Cross, *Transcript of evidence*, 11 September 2008, p 2.

84 Australian Psychological Society, submission 105, p 6.

85 Mr U, *Transcript of evidence*, 24 October 2008, pp 90, 92.

86 Mrs K, *Transcript of evidence*, 24 October 2008, p 92.

87 Mrs L, *Transcript of evidence*, 24 October 2008, p 93.

- 3.83 These accounts are corroborated by the Australian Human Rights Commission, who reported that one of the most common concerns raised by people in community detention is that they would like to be able to spend their time doing something meaningful and constructive, particularly some form of work or study. Similar feedback has also been reported by the Commonwealth Ombudsman.<sup>88</sup>
- 3.84 Sister Lorraine Phelan, of the Mercy Refugee Service, said that:
- The guys [in the detention centre] would love to be outside but once they got outside there was nothing they could do. It was bad enough for them mentally inside but outside was even worse. They thought they were getting freedom but in fact they were not getting any freedom at all because they could not work, they could not do voluntary work and they could not study. There was nothing for them. Some of them actually said time and over again, 'We'd be better back in Villawood detention centre.'<sup>89</sup>
- 3.85 The Committee also received anecdotal evidence that people living in the community, either on bridging visas or in community detention, could be socially isolated. Single people or couples living in private rental properties in outer metropolitan suburbs, particularly, said that they knew nobody in their local area. Others felt that their detention experience and current immigration status was a stigma that prevented them from seeking interaction with others.<sup>90</sup>
- 3.86 Many community-based people with an unresolved immigration status reported recurring mental health problems, being unable to sleep and being on sleeping medication or antidepressants.<sup>91</sup>
- 3.87 Chris Nash, of the Refugee Council of Australia, said that, 'There is anecdotal evidence of some people being lonely, but equally there is

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88 Australian Human Rights Commission, *2008 Immigration detention report: Summary of observations following visits to Australia's immigration detention facilities* (2009), p 69. Commonwealth Ombudsman, *Report for tabling in Parliament by the Commonwealth and Immigration Ombudsman under s 4860 of the Migration Act 1958, personal identifier: 448/08* (2008), tabled 15 October 2008.

89 Phelan L, Mercy Refugee Service, *Transcript of evidence*, 7 May 2008, p 20.

90 Mrs K, *Transcript of evidence*, 24 October 2008, p 79; Mr U, *Transcript of evidence*, 24 October 2008, pp 81-82; Mrs L, Mrs L, *Transcript of evidence*, 24 October 2008, p 84.

91 Penneck M, submission 14; The Migrant Health Centre, submission 33, pp 2-3. See also Mr U, *Transcript of evidence*, 24 October 2008, pp 80-81; Mr W, *Transcript of evidence*, 24 October 2008, p 83; Mrs L, *Transcript of evidence*, 24 October 2008, p 84; Mr QL, *Transcript of evidence*, 22 January 2009, p 17.

anecdotal evidence people finding support through the community [and] organisations in the community'.<sup>92</sup>

- 3.88 The degree of support and assistance available to a person in developing connections in the local community or through religious or ethnic communities appeared to contribute to their wellbeing.
- 3.89 The evidence received on the mental health and social wellbeing issues experienced by people in community detention and bridging visa holders underscores for the Committee the importance of acknowledging that any alternative to immigration detention, no matter how well designed or how intensive the support provided, must be regarded as a temporary measure.
- 3.90 Ultimately, both the person and immigration system are best served by expedient processing of claims and review and better provision of information and legal advice – both subjects taken up further in the following chapter.

## Children and families

- 3.91 The development of alternatives to immigration detention centres in Australia, both within and outside of the legal definition of immigration detention, has been spurred by evidence about the impact of high security institutional detention on family life and on children's development and mental health.<sup>93</sup>
- 3.92 The *Migration Amendment (Detention Arrangements) Act 2005* held that children would no longer be held in detention unless as a 'last resort'. Instead families with children could reside at a specified place in accordance with a residence determination (grant of community detention) by the Minister. This arrangement has bipartisan political support and was reiterated by the Minister for Immigration and Citizenship in the immigration detention values announced on 29 July 2008.
- 3.93 Families with children are now placed in community detention, although some may be detained in immigration residential housing, immigration transit accommodation or alternative temporary

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92 Nash C, Refugee Council of Australia, *Transcript of evidence*, 4 February 2009, p 9.

93 Human Rights and Equal Opportunity Commission, *A last resort? National inquiry into children in immigration detention* (2004), and submission 99, p 16; Children out of Detention (ChilOut), submission 40; Ozdowski S, submission 58, pp 10-11; Australian Psychological Society, submission 105, p 5; Royal Australasian College of Physicians, submission 54, p 2; Researchers for Asylum Seekers, submission 57, p 1.

detention immediately prior to removal; for initial processing; or whilst appropriate rental accommodation in the community is being sourced.<sup>94</sup>

- 3.94 While the Committee expresses its strong support for the commitment not to place children in detention centres, there remain serious concerns about the welfare of some children in families on bridging visas with no income support, work rights or health care entitlement.<sup>95</sup> These go to the direct effects of poverty on child health and nutrition as well as issues of child and family wellbeing caused by stress on normal family roles and responsibilities, family breakdown, lack of independent income and lack of daily activities such as work and education.
- 3.95 It is difficult to know how many children might be living in the community under these circumstances. The Committee requested this data from DIAC but the department was not able to provide it before this report was finalised. It is revealing that DIAC's information systems are able to report promptly on the number of children in forms of immigration detention but not the number living in the community in families without work rights, income support, or health care.
- 3.96 The Committee received some anecdotal evidence from support agencies about children and minors amongst their clientele:
- Hotham Mission in Melbourne, which has worked with more than 1000 asylum seekers since 1997, reports in its submission that around 40 per cent of their clients are family groupings. This figure includes 14 per cent single mother families, with almost 30 per cent of clients being children under the age of 15.<sup>96</sup> Hotham Mission told the Committee that they were currently supporting 114 children under the age of 17 whose parents had no access to an income.<sup>97</sup>
  - The Refugee Claimants Support Centre in Brisbane reported that they were currently supporting 11 families and 22 children, adding

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94 Department of Immigration and Citizenship, submission 129, p 18. The submission states that all families with children and unaccompanied minors who enter into immigration detention are referred to the Minister for possible consideration for community detention arrangements within two weeks of being detained.

95 Children out of Detention (ChilOut), submission 40, p 5.

96 Hotham Mission Asylum Seeker Project, submission 93, p 4.

97 Coleman C, Hotham Mission Asylum Seeker Project, *Transcript of evidence*, 11 September 2008, p 26.

that only some of their target client group were making it to the centre due to their limited capacity.<sup>98</sup>

- As at March 2009, the Bridge for Asylum Seekers Foundation in Sydney were providing assistance to 10 children who were part of families without permission to work, income support, or Medicare. Since June 2003 they have provided funding assistance to 364 people who have since had their immigration status resolved, including 90 youths and children.<sup>99</sup>

3.97 The difficulty of finding appropriate housing and the forced reliance on temporary, insecure or inappropriate accommodation solutions is also impacting on families and children. Refugee Claimants Support Centre said that families without somewhere to live faced particular difficulties in finding crisis accommodation. In Brisbane, there were some shelters for women and children but there are very few full family crisis accommodation places.<sup>100</sup>

3.98 Tamara Domicelj, of the Asylum Seekers Centre of New South Wales, described the impact of being in a family on a bridging visa without income support or work rights as:

...utterly debilitating; there is no other way to describe it. The sheer experience of living in circumstances where the entire family is placed under inordinate pressure as a result of destitution and uncertainty is devastating to a child's development.<sup>101</sup>

3.99 Stephanie Mendis of Hotham Mission also talked about the negative impact of bridging visa conditions on family relationships and child development:

One of the major impacts on children is that they have to watch their parents deteriorate mentally because they have no right to work, nowhere to go and no ability. It is a basic sense of pride and responsibility to provide for your children and they cannot even do that. They have to go from service to service begging, often with their children in tow... We have also seen a lot of depression in children from having to take

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98 Hopgood B, Refugee Claimants Support Centre, *Transcript of evidence*, 23 January 2009, p 2.

99 Walker V, Bridge for Asylum Seekers Foundation, correspondence, 24 March 2009.

100 Hopgood B, Refugee Claimants Support Centre, *Transcript of evidence*, 23 January 2009, p 8; see also Gleeson M, Bric Housing, p 39.

101 Domicelj T, Asylum Seeker Centre of NSW, *Transcript of evidence*, 24 October 2008, p 56.

over the parent role, given that their parents have deteriorated.<sup>102</sup>

- 3.100 Agencies working with families on bridging visas report problems with family violence and family breakdown.<sup>103</sup> The Asylum Seeker Resource Centre in Melbourne has previously reported that, 'It is evident from our work with asylum seeker women that there is a high level of undocumented and unreported incidence of domestic violence within families living on bridging visas'.<sup>104</sup> Two of the bridging visa holders the Committee met in Melbourne mentioned contact with Australian child protection authorities in the context of them not being able to adequately provide for their children, as well as of depression and anxiety.<sup>105</sup>
- 3.101 As noted previously, poverty has the potential to seriously impact on health outcomes for pregnant women and growing children in community placements.<sup>106</sup> For example, it was noted:
- We are talking about getting \$33 a week from us and then traipsing around agencies [not-for-profit organisations and charities] looking for food. The food that is given is basics like rice, lentils and dry goods. So, children do not get fresh milk, they do not get fresh bread, they do not get any meat or protein.<sup>107</sup>
- 3.102 Hotham Mission reported that they had worked with newborn and toddler children with conditions normally only found in the third world, such as scurvy, rickets and malnutrition.<sup>108</sup>
- 3.103 Other issues raised were around the education of children and young adults. Children on bridging visas may attend school, but this appears to be the result of individual schools' and principals' discretion on

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102 Mendis S, Hotham Mission Asylum Seeker Project, *Transcript of evidence*, 11 September 2008, pp 35-36. See also Australian Psychological Society, submission 105, pp 6-7.

103 Uniting Church in Australia, submission 69, p 11; Markus A and Taylor J, 'No work, no income, no Medicare', *People and place* (2006), vol. 14, no. 1, p 49; Hotham Mission Asylum Seeker Project, *Welfare issues and immigration outcomes for asylum seekers on Bridging Visa E* (2003), p 20.

104 Asylum Seeker Resource Centre, submission to DIMA [DIAC] bridging visa review (2006), p 38.

105 Mr GS; *Transcript of evidence*, 22 January 2009, p 21; see also Ms LI, p 15.

106 Office of Multicultural Interests WA, submission 106, p 16.

107 Mendis S, Hotham Mission Asylum Seeker Project, *Transcript of evidence*, 11 September 2008, pp 35-36.

108 Hotham Mission Asylum Seeker Project, submission 93, p 16.

enrolment, fees and other costs.<sup>109</sup> This is in contrast to the arrangements for children in community detention, who have access to primary and secondary schooling as well as access to English language classes, in the words of the department, 'in line with community standards'.<sup>110</sup>

3.104 Hotham Mission reported that their clients' children often had to take time off school to help them go and get food items from the Asylum Centre Resource Centre because the parents had no car in which to carry items home. Hotham Mission also reported having spent money on excursions, uniforms and school books because parents cannot afford these attendant costs of children going to school.<sup>111</sup>

3.105 Children and young adults on bridging visas also have difficulty in applying for university, because without a substantive visa they are required to enrol as an international student and pay full fees.<sup>112</sup>

Mrs LI, living in Melbourne on a bridging visa, told the Committee:

I have a daughter who is going to Monash next month and we do not know whether she can apply for a scholarship. She was also very suicidal and depressed when she was sitting for her exams last year, because she feels she has got no future. She wakes up at two o'clock or three o'clock in the morning, banging her head on the door, because she feels she has no future.<sup>113</sup>

3.106 The daughter, S, spoke to the Committee about the stresses present in her family:

There should be more help, not just in terms of financial help also in terms of emotional support for other children like me going through the final year of school and having a mum with severe depression. Having children to look after in the house is not easy and there should be someone to help. I did not study for my year 12 exam and I really regretted it. It was not just my mum being sick but the stress and the constraints that I was under having to live practically in handcuffs – not

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109 Domicelj T, Asylum Seekers Centre of NSW, *Transcript of evidence*, 24 October 2008, p 56.

110 Department of Immigration and Citizenship, submission 129, p 20.

111 Mendis S, Hotham Mission Asylum Seeker Project, *Transcript of evidence*, 11 September 2008, pp 35-36.

112 Ms SI, *Transcript of evidence*, 22 January 2009, p 31; see also Ms GD, p 31.

113 Ms LI, *Transcript of evidence*, 22 January 2009, p 15.

allowed to work, not allowed to do anything except breathe.<sup>114</sup>

- 3.107 It is wholly appropriate that children are no longer being placed in immigration detention centres, and the Committee has observed that DIAC is making great efforts to secure alternative accommodation for families in the community. The Committee is concerned, however, that these acknowledgements of the particular vulnerability of children do not extend to all minors living in the community, and makes some recommendations directed at this in chapter 5.

## Support services

- 3.108 The final section of this chapter examines support services that are needed as part of a future framework for community release of people with an unresolved immigration status. Drawing on the experience to date with the Community Care Pilot, this section considers case management and referral services, and orientation assistance for people living in community-based detention alternatives.
- 3.109 A number of other support service needs – such as legal advice, migration information, and return counselling – are discussed in the following chapter in the context of a maintaining a robust and enforceable immigration system.

## Case management and referral services

- 3.110 Many inquiry participants, including the Australian Red Cross, the Immigration Detention Advisory Group and the Refugee Council of Australia, supported the continuation and expansion of the Community Care Pilot, or at least, a program for intensive community support that drew on its key components.<sup>115</sup>

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114 Ms SI, *Transcript of evidence*, 22 January 2009, pp 30-31.

115 Immigration Detention Advisory Group, submission 62, p 9; Power P, Refugee Council of Australia, *Transcript of evidence*, 4 February 2009, p 4; Hotham Mission Asylum Seeker Project, submission 93, p 3; NSW Service for the Treatment and Rehabilitation of Torture and Trauma Survivors (STARTTS), submission 108, p 26; International Detention Coalition, submission 109, p 2; Federation of Ethnic Communities' Councils of Australia (FECCA), submission 71, p 5; Forum of Australian Services for Survivors of Torture and Trauma (FASST), submission 115, p 20; Uniting Church in Australia, submission 69, p 15; Refugee and Immigration Legal Centre, submission 130, p 4; A Just Australia, submission 89, p 23; Amnesty International Australia, submission 132, p 16.



3.111 The Australian Red Cross, which currently manages the Community Care Pilot under contract to DIAC, said that the program would form the basis of its ideal model of community release:

Our idea would actually be release on a visa with support such as the Community Care Pilot. If you are asking for the actual model, it would not be community detention. To me, there is the graduated scale from an immigration detention facility through to Community Care Pilot. Community Care Pilot would be the ideal.<sup>116</sup>

3.112 Similarly, Tamara Domicelj, of the Asylum Seekers Centre of New South Wales, suggested that the Community Care Pilot should be seen 'a key mechanism for providing fair and reasonable treatment to asylum seekers in a community environment', arguing that the program 'provides a very real alternative to detention, as we have seen it'.<sup>117</sup>

3.113 Since May 2006 to January 2009, the Community Care Pilot has assisted 918 people.<sup>118</sup> The elements identified as making the pilot successful are:

- Case management: The case manager's role is to provide coordination, integration and management of services to meet the needs of a person, drawn from a range of service providers both internal and external to DIAC. This means that each person has a case manager within DIAC to provide information on their case and individually determine what care is needed. This individual assessment means that the Community Care Pilot is particularly useful for individuals with complex needs.<sup>119</sup>
- A focus on early intervention, through aiming to provide information and resources at the beginning of a person's case where that person has been identified as having particular vulnerabilities. This includes access to free and independent migration advice (discussed further in the next chapter). While this approach is more resource-intensive at the front end of individual cases, it seeks to avoid some of the public expenditure and staff time ultimately invested in long and complex immigration cases,

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116 Clement N, Australia Red Cross, *Transcript of evidence*, 11 September 2008, p 4.

117 Domicelj T, Asylum Seekers Centre of NSW, *Transcript of evidence*, 24 October 2008, p 54.

118 Department of Immigration and Citizenship, submission 129n, p 6.

119 Refugee Council of Australia, submission 120, p 11.

such as in legal costs, compliance detection, forcible removals, and detention.<sup>120</sup>

- Health and welfare support, alleviating some of the destitution experienced by some bridging visa holders in the community, giving the person some dignity and stabilising his or her circumstances.<sup>121</sup>
- Options for assisted voluntary return. Until recently, if a person did not have the resources to organise their own departure from the country, they faced the prospect of being taken into detention to be forcibly removed from Australia. DIAC also advised the Committee that the process of voluntary return was a cost effective strategy for people that were willing to depart the country, but did not have the means to.<sup>122</sup> The assisted voluntary return component of the pilot is managed by the International Organisation for Migration (IOM).<sup>123</sup>
- Collaboration between DIAC and non-government agencies, including with service providers to asylum seekers and other immigration clients, the Office of the United Nations High Commissioner for Refugees (UNHCR) and the IOM. This collaboration draws on the expertise of all of these organisations and provides a potential model for future service provision by a range of agencies.<sup>124</sup>

3.114 A number of issues were identified with the Community Care Pilot, in particular inadequate capacity and overly narrow eligibility criteria and lacked transparency about who was accepted.<sup>125</sup> Hotham Mission Asylum Seeker Project said that while they acknowledged that the Pilot was intended to be small and exploratory in nature:

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120 Mitchell G, International Detention Coalition, *Transcript of evidence*, 22 January 2009, pp 7-8; Clement N, Australia Red Cross, *Transcript of evidence*, 7 May 2008, p 37.

121 Domicelj T, Asylum Seekers Centre of NSW, *Transcript of evidence*, 24 October 2008, p 53; Department of Immigration and Citizenship, submission 129, p 37.

122 Department of Immigration and Citizenship, submission 129, p 37.

123 Domicelj T, Asylum Seekers Centre of NSW, *Transcript of evidence*, 24 October 2008, p 53.

124 Refugee Council of Australia, submission 120, p 11.

125 Karapanagiotidis K, Asylum Seeker Resource Centre, *Transcript of evidence*, 24 October 2008, p 71; Coleman C, Hotham Mission Asylum Seeker Project, *Transcript of evidence*, 11 September 2008, p 29 and submission 93a, p 7.; Hopgood B, Refugee Claimants Support Centre, *Transcript of evidence*, 23 January 2009, p 6; Caton S, Refugee and Immigration Legal Service (RAILS), *Transcript of evidence*, 23 January 2009, p 38; Nash C, Refugee Council of Australia, *Transcript of evidence*, 4 February 2009, p 13.

There is currently a lack of acknowledgment or formal research into the numbers of asylum seekers who are eligible for CCP but cannot access it due to the small size of the program.<sup>126</sup>

- 3.115 At a public hearing the Hotham Mission said that only eight of their 123 cases had been accepted into the CCP in that year.<sup>127</sup> The Refugee Claimants Support Centre in Brisbane estimated that a little under half of their clients had support through the CCP.<sup>128</sup>
- 3.116 In response to these claims, DIAC advised the Committee that the CCP continues to accept referrals for the 2008-09 year in the three states in which it operates (New South Wales, Queensland and Victoria). As at 9 February 2009, 172 referrals had been accepted for the financial year. 'From time to time community organisations seek to refer clients who are not eligible for assistance (for example because they do not meet the criteria relating to vulnerability) or who fall outside our current priorities or capacity to provide case management support'. DIAC advised that there is no set limit to the number of places available under the CPP. Although the program had a limited budget, on current projections DIAC expected to be able to maintain support at current client levels.<sup>129</sup>
- 3.117 The Committee notes that there is expected to be an increase in the use of community-based detention alternatives which will increase the number of people seeking assistance through the program. If support levels are to be maintained then either access must be further limited or funding increased – unless a wider, more comprehensive system of support delivery is provided. The Committee addresses these needs in chapter 5.

## Staying in the Australian community

- 3.118 Those who are taken into immigration detention for overstaying their visa, breaching the conditions of their visa or as section 501 visa cancellations have by definition spent some time in the Australian community already, and likely have that experience and personal contacts to assist them should they meet the criteria for release back

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126 Hotham Mission Asylum Seeker Project, submission 93, p 7.

127 Coleman C, Hotham Mission Asylum Seeker Project, *Transcript of evidence*, 11 September 2008, p 29.

128 Hopgood B, Refugee Claimants Support Centre, *Transcript of evidence*, 23 January 2009, p 6.

129 Department of Immigration and Citizenship, submission 129n, p 1.

into the community. However, an important consideration for a framework of community release is that unauthorised arrivals, or those who have spent only brief periods of time in the community, may need extra support in order to be able to stay safe, look after themselves and their family, and function in an Australian community setting.

3.119 Morteza Poorvadi, an ex-immigration detainee, told the Committee his story of being released from detention into the community:

When I got out I was 20 years old. I did not know how to walk in the street, to be honest with you. I nearly got run over by a car twice because I did not know to look to the right or left... I had to take care of my own Medicare. I had to take care of my own bank accounts. It was a struggle, when you did not know things...

Detainees think they are all right but they are not. They cannot cope with the hardship that the outside world brings them. When you are in detention, you focus only on getting released. That is all you focus on. When you are released, you are in bigger trouble. You need a house, you need food, you need money from work and all these sorts of things.<sup>130</sup>

3.120 Sister Claudette Cusack of the Sisters of Mercy, formerly a chaplain in immigration detention centres, recommended that people released from detention needed skills and basic knowledge about living in Australia:

As well as English tuition practical information needs to be given about Australia. I do not mean its history, sporting or otherwise. What they need is practical help for their possible future life in Australia. Information needs to be given about:

- Australian currency: and the cost of living
- Road rules including how to get a vehicle license and its importance.
- Use of public transport e.g. How to purchase tickets, read timetables and maps.
- Information around the rental of premises, bonds and obligations in renting.
- Centrelink information
- The role of police

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130 Poorvadi M, *Transcript of evidence*, 7 May 2008, p 41.

These are just some of the facts that they need to know before release. We have witnessed avoidable mistakes through ignorance of these basic rules.<sup>131</sup>

- 3.121 Within a reformed detention framework the Committee anticipates that the issue of support on release from detention may not be so critical, given the expectation that people will spend much briefer periods of time in immigration detention before being eligible for community release.
- 3.122 However, any community release program must include some orientation and support for the basic skills necessary for functioning in the Australian community. Even if the stay in the community is temporary awaiting departure from the country, if community-based options are to be used by DIAC in preference to detention centres, then basic orientation and transition assistance to understand Australian life needs to be provided.
- 3.123 The Committee also acknowledges the steps taken by DIAC to provide better support on release through the Community Care Pilot. As a component of the pilot, the Australian Red Cross now provides community transition and orientation by way of transition support. Pamela Curr, of the Asylum Seeker Resource Centre in Melbourne, said that:

Before the Community Care Pilot people came out of detention and arrived in Melbourne from Baxter at five to six o'clock at night with nowhere to stay and \$120 to survive on. After the Community Care Pilot was introduced people were met and a lot more things were put in place so that they did not land on our doorstep at nine o'clock in the morning. In the case of one person who had \$120, \$80 was paid to a motel in Elizabeth Street and that left \$40 to survive on until immigration and all the other things had been set in place. These things came in after the Palmer inquiry and they certainly are a great improvement.<sup>132</sup>

- 3.124 Some inquiry participants called for settlement assistance and English language classes to be made available to people released from

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131 Cusack C, submission 36, p 4. See also Circle of Friends 42, submission 32, p 4, Walker L, submission 66, p 6, Prince R, submission 113, p 5.

132 Curr P, Asylum Seeker Resource Centre, *Transcript of evidence*, 22 January 2009, p 29.

immigration detention on bridging visas, or for people based in the community who are currently bridging visa holders.<sup>133</sup>

- 3.125 This raises some difficult questions regarding the status of asylum seekers, or other people with unresolved immigration status, who are living in the community while they await resolution of their immigration status. A bridging visa is not provided with settlement assistance because by definition, it is not yet known whether that person will be able to remain in Australia. Nonetheless, the Committee considers that community-based detention alternatives carry with them an obligation on the Commonwealth to ensure that people have the basic skills to survive in Australian society whilst awaiting the outcome of their immigration status.

## Summary

- 3.126 The evidence received by the Committee, particularly in relation to the Community Care Pilot, has confirmed that integrated support services for people that need them are an essential component of a framework for community release. Support services contribute towards a humane and dignified living environment for people with an unresolved immigration status and make sure they are equipped with the information necessary to make the best choices about their immigration case. A holistic model of support services, as illustrated by the Community Care Pilot, also benefits the immigration system by encouraging greater transparency, fair process and case resolution. It is to these issues of impact on the immigration system that the Committee turns to in the next chapter.

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133 Human Rights and Equal Opportunity Commission, submission 108, p 18; Bridge for Asylum Seekers Foundation, submission 5, p 2; Uniting Church in Australia, submission 69, p 32; Harding A, submission 70, p 2.