



Settlement
Council
of Australia

Submission: Next steps to improve Australia's settlement and integration of refugees

Settlement Council of Australia

JUNE 2022

The Settlement Council of Australia acknowledges the traditional custodians of the land on which we operate, the Ngunnawal people. We also acknowledge the traditional custodians of the various lands on which migrants and refugees settle across Australia, and on which our sector operates.

We pay our respects to Elders past, present and emerging and celebrate the diversity of Aboriginal peoples and their ongoing cultures and connections to our lands and waters.

About the Settlement Council of Australia

The Settlement Council of Australia (SCoA) is the peak body representing services across Australia supporting new migrants and refugees. We are committed to building an Australia where every migrant and refugee feels at home, together with our membership which is over 110 members strong and counting. SCoA's network is Australia's single largest body of experts in working with migrant and refugee communities, and in cultural responsiveness. We are a trusted source of policy advice, and a thought leader on enhancing the economic and social inclusion of migrants and refugees.

Table of Contents

Introduction	5
We invite bold change in Australia’s approach to settlement	6
The National Settlement Outcomes Standards (NSOS)	7
Theory of Change for the Settlement Sector	8
Vision and roadmap for the future of settlement services	9
Supporting critical social infrastructure	9
Responses to the specific questions in the discussion paper	10
Question 1: Coordination of services.....	10
Co-location of settlement services	10
Strengthen the capacity of AMEP providers to make referrals	11
Increase the number of settlement services delivering Workforce Australia services	12
Question 2: Housing	12
Funding of community engagement under both HSP and SETS.....	13
Clustered housing models	14
Questions 3 & 5: Wider community engagement.....	14
Funding settlement agencies to facilitate linkages	16
Increase programs that engage those outside the settlement sector	17
Community refugee sponsorship initiatives.....	18
Question 4: Refugee Health	20
Settlement and the social determinants of health	21
Enhance the skills of health professionals in refugee health care	22
Health education and outreach	23
Co-location with health services	25
Question 6: Differences in settlement locations.....	25
Question 7: Person-centred settlement journeys.....	26

Eligibility	27
Caseloads and funding levels to support a person-centered approach	28
Person-centred within a family or community context	28
Information sharing prior to arrival	29
Itemised service delivery model in HSP	29
Service tiering in SETS.....	30
Strengths-based approaches.....	30
Training and capacity building of settlement workers.....	31
Question 8: Existing barriers	32
Question 9: Examples of innovative programs	32
Conclusion.....	33
List of recommendations	34
Priority Recommendations	34
Other recommendations.....	35
References	37

Introduction

In reforming the approach to settlement and integration, it is pertinent to ask – on who's lands are new arrivals settling? And into who's society and culture are they integrating?

Australia is home to one of the richest and oldest continuing cultures on earth. For more than 60,000 years Aboriginal and Torres Strait Islander people have been caretakers of the land on which everyone else has settled. When newcomers arrive in Australia, they settle on the lands of First Nations people. Implementation of substantive recognition for First Nations people is an essential precursor to coherence in Australia's approach to settlement and integration. We therefore support the implementation of the Uluru Statement from the Heart and hope that the approach to settlement and integration in the future will more strongly centre the rightful place of First Nations people.

In our more recent history, Australia has consistently ranked as one of the top five refugee resettlement countries in the world.¹ All refugees who arrive in Australia undergo a process of settlement. Settlement is a two-way process of migrants and refugees adjusting to life in Australia, and Australia welcoming and adjusting to newcomers.²

While in recent years the majority of federal funding for settlement services is for refugees and humanitarian entrants, settlement is a process that all people who migrate to Australia go through, whether arriving by force or by choice. Further, within community settings, people are rarely identified by their visa subclass (and nor should they be). Therefore, at a practical level – it is almost impossible for a service provider to limit their services to humanitarian entrants and still be regarded as 'there for the community.'

Settlement is also a non-linear process – settlement needs can arise over the life course. For example, someone may not need to learn to navigate the disability services system when they first arrive but may require this support many years later. The process may even extend over generations, with children and young people born to migrant parents navigating adjusting between cultures.

In sum, settlement is a broad process affecting a significant proportion of Australia's population over a large portion of their life-course. This has been the case since the post-world war wave of migration. A country built on migration must regard settlement services as a core part of its social infrastructure. Australia's population has come to reflect people from a wide range of migration journeys, cultural communities, faiths, histories of displacement, and varying levels of trauma. These individuals, who are a significant proportion of the Australian population, deserve a sophisticated and well-funded support system that is dynamic, culturally responsive, and can adapt to their individual and intersectional needs.

For this reason, we strongly recommend the review of settlement services take a broader and more ambitious scope than is indicated in the discussion paper. It should consider all migrants and refugees and the suitability of services for their needs, as well as the overarching principles and framework Australia relies upon to guide the approach to settlement services.

Recommendation 1: Undertake a more inclusive consultation and reform process that is broader than refugees and humanitarian entrants.

¹ UNHCR, Projected Global Resettlement Needs 2022 (2021), available online at: <https://www.unhcr.org/en-au/protection/resettlement/60d320a64/projected-global-resettlement-needs-2022-pdf.html>.

² Note that in the international context, settlement is more commonly referred to as integration. See for example: OECD (2011). Naturalisation: A passport for the better integration of immigrants? Paris, OECD Publishing.

In the pages that follow we provide some brief advice on the general approach to settlement services, followed by more extensive feedback on the specific questions asked in the discussion paper.

Our submission is based on extensive consultation across the SCoA network. This includes:

- A meeting of our Settlement CEO Collective in which **34 CEOs or senior executives in settlement organisations** provided feedback
- A series of 3 roundtables to discuss each of the discussion questions in detail, attended by **65 individuals** from among the SCoA membership

We also drew upon consultations conducted over the past 24 months in which the issues raised by the discussion paper were regularly raised and extensive feedback was provided. Over the past 24 months, that consultation has included:

- a **co-design process**, facilitated by PwC's *The Impact Assembly*, to identify a vision and roadmap for the future of Australia's settlement services, bringing together **40 stakeholders** from across the settlement services ecosystem
- **220 one on one meetings** with member organisations working in settlement or other grassroots community organisations supporting migrants and refugees
- **15 consultation meetings** covering a variety of topics on settlement services
- research with over **1500 newly arrived migrants and refugees, across 20 language groups and 20 locations on various settlement issues**

Further, SCoA's work, including our policy and research work, is guided by a board elected from among the membership, representing settlement services across all states and territories.

We have supplemented the findings from our consultations with the available evidence locally and internationally. The combination of both is critical. On the one hand, evidence provides external and independent validation. On the other hand, academic practices can replicate power imbalances and mean issues affecting marginalised communities are not adequately represented in literature. Further, there is often a lag between experiences at the grassroots level and formal research, and non-academic insights from communities are frequently the instigator of new research.

We invite bold change in Australia's approach to settlement

Australia's earliest settlement services recently celebrated their 40th anniversaries, marking the fourth consecutive decade of a formal settlement services sector in Australia.³ This is old enough to have amassed a wealth of knowledge and skill in delivering positive settlement outcomes, and yet young enough that Australia's approach to settlement services is still evolving and crystallising.

³ Comprehensive settlement programs were recommended in the 'Galbally Report' in 1978 and many migrant resource centres were established thereafter. The majority of these continue to operate as settlement services today, together with a range of other organisations that deliver settlement services. See: Frank Galbally (1978), 'Migrant Services and Programs – Summary,' available online at: http://www.multiculturalaustralia.edu.au/doc/galbally_1.pdf; National Archives of Australia (1981).

Since the establishment of settlement services (or Migrant Resource Centres as they were known then) society itself has undergone significant change. Migration has shifted from being predominantly family based and permanent, to being skill based and temporary.⁴ The economic conditions have changed, and opportunities for social mobility have shrunk.⁵

Against this backdrop, the contract settings and overarching framework used to administer the main settlement programs funded by the federal government, have not kept pace with these changes. In some instances, changes have aggravated the gap between community needs and available funding. As such, settlement services nationally have increasingly struggled to bridge the gap between a changed social and economic landscape, and increasingly mis-matched funding.⁶

In this context SCoA advocates for bold change in Australia's approach to settlement services, and a review of the principles and frameworks that guide settlement. SCoA has undertaken a number of processes that invite big picture thinking about the future of settlement services. These are outlined below.

The National Settlement Outcomes Standards (NSOS)

SCoA established the [National Settlement Outcomes Standards](#) (NSOS) in 2015.⁷ The NSOS comprise of 10 standards that together articulate the outcomes that are needed for migrants and refugees to be considered settled. The ten standards are: education and training; employment; health and wellbeing; housing; language services; transport; civic participation; family and social support; justice; and finance. Each of the indicators are accompanied by a set of indicators.

The NSOS were first established out of a recognition that Australia needed a cohesive framework to guide settlement, and a common set of principles. The NSOS were a first attempt at this. SCoA worked closely with the Federal Government to develop the NSOS and they were rolled out through training and have since been embedded within settlement services.

In 2020, SCoA reviewed the NSOS following five years of implementation. The review identified that the NSOS were valuable in bringing consistency across the sector in the understanding of settlement, and content of settlement work. Because of their practical nature, the document was relatable and easily grasped at all levels of organisations, and at all levels of the sector. However, the practical focus of the document was a double edged sword. While it meant that it was widely understood and applied, we also identified a need for great clarity and coherence on the higher order principles and broader outcomes of settlement.

⁴ Graeme Hugo (2018), 'Change and continuity in Australian international migration policy,' *International Migration Review*, vol. 48, no. 3.

⁵ Deborah A. Cobb Clark (2019), *Intergenerational Transmission of Disadvantage in Australia*, ARC Centre of Excellence for Children and Families over the Life Course, available online at: <https://www.lifecoursecentre.org.au/wp-content/uploads/2019/09/2019-19-LCC-Working-Paper-Cobb-Clark-1.pdf>.

⁶ This has had further consequences, including a lack of national coherence in settlement as providers increasingly rely on a 'patchwork quilt' of funding sources to meet needs, and a reduced capacity to engage in community capacity building work and other work that addresses the root causes of disadvantage for people of migrant and refugee backgrounds.

⁷ The NSOS is aligned to the National Settlement Framework: Department of Social Services (2016), *The National Settlement Framework*, available online at: <https://immi.homeaffairs.gov.au/settlement-services-subsite/files/the-national-settlement-framework.pdf>.

Thus, SCoA sees it as critical that Australia have a clearer conceptual framework for settlement, including the high level outcomes and principles underpinning settlement. This an essential basis for making any decisions about new tenders and contracts for any settlement service. Such a framework should be complementary to and inclusive of the NSOS, recognising that these have been well established in practice over several years.

Theory of Change for the Settlement Sector

Following the review of the NSOS, SCoA commenced two projects that are intended to identify the higher order outcomes and goals of settlement. The first of these was to establish a theory of change and accompanying monitoring and evaluation guidance for the settlement sector. This resource is intended to support organisations to measure their own impact in ways that retain a level of coherence nationally. Consultation on this has been occurring with our Settlement CEO Collective (comprising CEO's of organisations delivering HSP, SETS and AMEP), as well as through a working group comprising individuals within and outside of the sector with expertise in measuring settlement outcomes. This project is ongoing at the time of writing.

We note that the Coordinator-General for Migrant Services has commenced work on a new data plan and framework, and related work on defining settlement and integration outcomes. We strongly support this work and see the potential for it to positively shape settlement services in future. However, it is critical that this work be undertaken in partnership with people of migrant and refugee backgrounds themselves, as well as the settlement sector. This ensures the outcomes chosen and measures for those outcomes are meaningful. Through our work in exploring a theory of change and accompanying resources, we have learnt that what governments and institutions view as being important, does not always align with what individuals and their families view as being important. Consulting with organisations that will ultimately be responsible for gathering the data will also provide intel on whether the data is practical to gather, as well as risks to data quality. Further, settlement services operate within a range of existing data and outcomes-based infrastructure, and aligning new frameworks with existing infrastructure will reduce resourcing inefficiencies and duplication in reporting. We therefore urge the Coordinator-General for Migrant Services to conduct broad and in-depth consultation on any new framework that will conceptually guide settlement. A rigorous and evidence-based overarching framework will then provide the foundation for theories of change and program logics for a variety of programs and initiatives across the settlement sector, including SETS, HSP and AUSCO.

Recommendation 2: Conduct broad and in-depth consultation on a new conceptual framework to guide the approach to settlement services, including in-language consultations with people with lived experience, then use this to inform theories of change and program logics for settlement funding.

It is important to acknowledge that settlement is a whole of government, whole of community responsibility. Programs funded by the Department of Home Affairs do not 'cover the field' and elements of settlement outcomes are funded and delivered by a range of stakeholders including state and territory governments, voluntary organisations, settlement services operating beyond their contractual arrangements, philanthropy, and others. Therefore, coherence in national approaches to settlement require a framework that has applicability beyond government. It was for this reason that the NSOS were developed alongside the

National Settlement Framework. Similarly, in the development of any new conceptual framework for settlement, it will be necessary to ensure alignment with other frameworks for settlement that sit outside government such as the NSOS and SCoA's current work on a sector wide theory of change.

Recommendation 3: Ensure that any new conceptual framework is aligned with other sector frameworks such as the National Settlement Outcomes Standards and other work on a theory of change and accompanying resources being progressed by SCoA.

Vision and roadmap for the future of settlement services

Alongside our work on a sector wide theory of change and accompanying resources, SCoA has led a co-design process to develop a vision and five year roadmap for the future of settlement services. While the theory of change work is intended to support the measurement of outcomes delivered at the organisational level, and the ability to aggregate these; the vision and roadmap work is intended to identify how the sector will come together to collectively improve upon our sector and work towards a more optimised settlement ecosystem. This work has yet to be finalised, however insights from the consultations conducted to date have been incorporated into this submission.

Recommendation 4: In implementing future reforms to settlement services, take into consideration the 'Australian Settlement Services Ambition and Roadmap 2022-2027' developed by SCoA.

Supporting critical social infrastructure

The need for bold change must be carefully balanced against the risk of undermining long-standing critical infrastructure. For over forty years, SCoA members have carefully evolved their business practices, and developed expertise to deliver world class services that facilitate positive settlement outcomes. Reforms that weaken that infrastructure risk taking Australia's approach to settlement backwards and having to rebuild that capacity again.

This is a risk Australia cannot afford to take, as demonstrated by two recent events. In 2020, with the onset of the COVID-19 pandemic, there was a sudden large-scale reliance on settlement services and ethnic community groups to communicate critical health information to individuals and communities with low levels of English language proficiency.⁸ Similar patterns occurred during other emergency situations, such as bushfires and floods. Further, during the pandemic many settlement services were among the few social services that continuously kept their offices open, recognising that digital literacy gaps meant critical services would need to be provided in-person. During moments of crisis, the core qualities of settlement services such as

⁸ Settlement Council of Australia (2020), 'Communicating with migrant and refugee communities during COVID-19: Learnings for the future,' available online at: <https://scoa.org.au/wp-content/uploads/2021/02/Report-Communications-during-COVID-19-FINAL.pdf>.

having trusted relationships, cultural responsiveness, and connection to otherwise isolated individuals, become indispensable.⁹

Second, in 2021, the sudden evacuation of Afghan nationals required HSP service providers to rapidly mobilise and scale up their operations. Over 4,000 evacuees arrived in August 2021, after a long period of only a trickle of refugees arriving due to COVID-19 restrictions. They arrived at short notice – in some cases with only hours of notice to furnish homes and arrange airport pickups. Such a rapid and comprehensive response in a situation of crisis simply would not have been possible had there not been existing settlement infrastructure to leverage. Further, the extent to which providers were able to respond to the crisis was hampered by weakening of the infrastructure in the months prior due to COVID-19, providing a glimpse of the risks when settlement funding is reduced.¹⁰

Recommendation 5: Reforms must increase funding for settlement services, and new initiatives should not take away from the existing funding provided to settlement services.

Responses to the specific questions in the discussion paper

The discussion paper asks a number of questions on which the Department is specifically seeking feedback. SCoA has discussed each of the questions in consultations and conducted additional research to provide responses below that are informed by both the available research, and practice knowledge.

Question 1: Coordination of services

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

Co-location of settlement services

Feedback from our members indicates that co-location of services (having services located on site in the same building or within walking distance) fosters good coordination between settlement services and English learning, employment, and health services. For example, when English learning is co-located with SETS and HSP providers, settlement service providers can easily collaborate to provide culturally responsive services with integrated interpreter and settlement agency support. This arrangement increases interactions between service providers,

⁹ Ibid; World Health Organisation, WHO Director-General's opening remarks at the media briefing on COVID-19 (March 2020), available online at: <https://www.who.int/dg/speeches/detail/who-director-general-s-opening-remarks-at-the-media-briefing-on-covid-19---11-march2020>; Western Sydney MRC, 'Community Meeting Summary' (Report, August 2020), available online at: <https://wsmrc.org.au/wpcontent/uploads/2018/07/Community-Meeting-Summary-Final-200820.pdf>.

¹⁰ Settlement Council of Australia (2022), 'Submission to Senate Inquiry into Australia's Engagement in Afghanistan,' available online at: <https://scoa.org.au/wp-content/uploads/2022/02/Submission-to-Senate-Inquiry-into-Australias-engagement-in-Afghanistan-SCOA-January-2022-FINAL.pdf>.

and more effective referral and engagement when a possible issue is identified about a particular client. It increases uptake of services by clients, and contributes to positive settlement outcomes overall.

Barriers such as difficulties with transport, costs and travelling time to reach multiple sites, language barriers, waiting times, and cultural differences at reception and costs of care are also easily addressed by co-location of services. Evidence shows that co-location increases uptake of services by clients, particularly for refugees, and overall contributes to positive settlement outcomes.¹¹

The Melbourne AMEP has co-location of services with SETS and HSP providers at three sites, including Chisholm TAFE - Hampton Park Campus. Key improvements noted at Hampton Park Campus are in identification of client needs, referrals and transfer of information.

“Co-location ensures settlement services are familiar to AMEP learners and provides access for services to more easily update AMEP learners on their service provision. It also facilitates engagement; students can access services before and after class and during their breaks” - Settlement worker

Co-location has particular benefits in regional areas, where there are fewer numbers of newly arrived refugees and where service providers are limited. Co-location in regional areas would provide a more holistic and comprehensive service for those in regional areas, and at the same time, this will support government policy to promote regional settlement.

It is SCoA's view that co-location alone will not automatically lead to good coordination. To promote good coordination through co-location of services, SCoA recommends that settlement service providers continue take a lead on integrative efforts including joint service planning and wraparound services. Recognising the dedicated work and resources that go into coordinating services is critical to ensuring that individuals receive integrated and seamless service provision, and this is discussed further in the questions below.

Recommendation 6: New settlement contracts should incentivise the co-location of services.

Strengthen the capacity of AMEP providers to make referrals

AMEP providers gave feedback that they needed increased capacity to refer students to other service providers. The current AMEP funding model does not provide support for AMEP counsellors, and there are pressures on teachers. This therefore limits the capacity of AMEP providers to make referrals after identifying issues affecting clients. This limitation was also a strong theme in consultations conducted in 2021 and 2019 on the AMEP.¹² Ensuring future

¹¹ The Royal Australian College of General Practice (2015), Rites of passage: improving refugee access to general practice services, available online at: <https://www.racgp.org.au/getattachment/f59dc867-992a-4cf8-a759-b7f134259212/Rites-of-passage-improving-refugee-access-to-gener.aspx>.

¹² Settlement Council of Australia (2021), 'Submission on AMEP Reforms Discussion Paper,' available online at: https://scoa.org.au/wp-content/uploads/2021/07/SCoA_Submission_AMEP_Reforms_Discussion_Paper.pdf; Settlement Council of Australia (2020), 'Maximising AMEP and English Language Learning Consultation Report,' available online at: <https://scoa.org.au/maximising-amep-english-language-learning-consultation-report/>.

AMEP contracts have referral capacity to other service providers will increase formal interactions between AMEP providers, other settlement services, and broader services.

Recommendation 7: Ensure the new AMEP model includes support for AMEP counsellors and the capacity to make referrals to other settlement services and broader services.

Increase the number of settlement services delivering Workforce Australia services

The inclusion of specialist services for refugees in the new employment services model, Workforce Australia, is very much welcomed. However, to date, few organisations have been appointed to the national panel as specialists to service refugees, and only two organisations have been given licenses to deliver specialist services to refugees.¹³ Accordingly, the promise of tailored services that are well coordinated with settlement services has yet to be realised. In our submissions on the reforms to employment services, SCoA advocated that the model be designed in a way that makes it feasible for settlement service providers to tender for specialist services.¹⁴ However, several members reported that the tender process was inaccessible to them, despite having the capacity and capability to deliver employment services and the timeframe for response was too short. SCoA recommends that a further tender be opened to call for more CALD and refugee specialist employment service providers so as to increase the co-location and coordination of settlement and employment services in various locations. Close consultation is required in order to ensure the tender process is accessible to organisations that have specialist expertise in delivering services to refugees, but are not currently delivering federally funded employment services.

Recommendation 8: Increase the number of specialist refugee employment services by conducting a further targeted tender process.

Question 2: Housing

Q2. Given issues in finding affordable housing in Australia, are there any changes we need to make to settlement services approach to housing refugees?

SCoA acknowledges that the issue of affordable housing is a national issue affecting low and middle income families across the board. Accordingly, we support calls together with other peak bodies for a national housing strategy. While interventions specific to new arrivals are useful, good settlement requires that refugees and migrants are eventually able to navigate the housing market. Perpetual exclusion from the housing market signals a failure of integration.

¹³ For a full list of successful tenderers, see the following link: <https://tenders.employment.gov.au/tenders/b0bb0fc3-23ae-ec11-983f-002248d3b28f>

¹⁴ Settlement Council of Australia (2021), 'Settlement Council of Australia submission on the proposed licensing system for the New Employment Services Model' available online at: <https://scoa.org.au/wp-content/uploads/2021/02/SETTLE1.pdf>

Recommendation 9: The federal government should develop a comprehensive national housing strategy.

Nonetheless, new arrivals face specific challenges over and above those faced by those on low incomes. These include a lack of rental history, language barriers, and lack of familiarity with housing systems.¹⁵ These needs surface in both HSP and SETS. In HSP, the challenge of obtaining long-term housing cannot be underestimated. In SETS, many clients present with their first tenancy having ended and needing support with their next tenancy. During consultations particular strategies for supporting refugees were discussed and these are outlined below.

Funding of community engagement under both HSP and SETS

Community engagement is discussed in further detail below; however, it is also relevant to discuss in the context of housing. Settlement services have reported some of their greatest success in supporting new arrivals to obtain housing is through intensive community engagement with real estate agents and landlords. Through engaging individually with real estate agents and landlords, they can sensitize them about who refugees are, why they do not have a rental history, provide assurance that they will be good tenants, and encourage support for them to be 'given a go.' This element of housing support is distinct from individual work – it is not conducted for individuals, but on behalf of new arrivals as a collective.

Feedback from our members indicate that advocacy, building relationships and maintaining them requires time and resources, yet these activities are not adequately funded under HSP and SETS contracts. Under SETS, the separation between client services and community capacity building has inhibited providers ability to do the community capacity building work – such as engagement with real estate agents and landlords – that would make it possible to deliver on outcomes for individual clients. In practice, a provider that is not funded to deliver community capacity building is not empowered to deliver better outcomes for clients. SCoA recommends that all settlement contracts include a strong community engagement and community capacity building component. In funding such activities, it is critical that the level of funding recognises the extensive labour and resources required to build strong cross-sector collaborations. For example, in most locations, engagement with real estate agents, landlords, and other housing stakeholders could easily fill a full-time position at the middle-management level, particularly given the large number of individuals and stakeholders in the housing sector and regular turnover. Given how much of a difference this work can make to individual client outcomes, it should be seen as a critical part of the service delivery model and a worthy investment.

Recommendation 10: Ensure every settlement service contract requires and provides adequate resourcing for meaningful community engagement and/or community capacity building.

¹⁵ NSW Partnership (2021), 'Insights into Regional Settlement in Practice,' available online at: https://nsp.ssi.org.au/images/News/2021/July/NSP_Insights_Paper_2021_final_screenres_4.pdf.

Clustered housing models

In our discussions on housing, a number of participants raised the possibility of clustered housing models. Some reflected on the migrant hostel model which was in operation in Australia between the 1940s and the 1980s.¹⁶ Perspectives on whether this was a useful model were mixed.

On the one hand, housing new arrivals close together increases peer support and a sense of community, makes it easier for new arrivals to seek support from services located in the same area, and presents efficiencies for settlement workers. These benefits were observed more recently in relation to Afghan evacuees who due to the extenuating circumstances of the evacuation, were housed in large complexes such as student accommodation or serviced apartment blocks.

On the other hand, since the 1980s housing policy in Australia has focused on a 'salt and pepper' approach to social and community housing which aims to disperse government and community managed housing across a variety of locations to create diversity in the social and economic profiles of residents. The benefits of the social mix approach in Australia and overseas as a policy tool for addressing localised disadvantage and mitigating segregation have been broadly embraced.¹⁷ Housing that is too clustered in nature, such as single large complexes, would be inconsistent with these broader policy developments.

We suggest that focusing on strong local and place based services is a more appropriate way to realise the benefits of clustered housing, while still supporting strong integration outcomes and avoiding some of the risks of models such as migrant hostels. Such a model, together with co-location as outlined above, would create an environment that better enables the accrual of the flow-on benefits of housing mentioned in the discussion paper.

Recommendation 11: Ensure settlement services are local and place-based.

Questions 3 & 5: Wider community engagement

Q3. How could we create greater opportunities for all refugees to build deeper relationships and friendships with the wider Australian community?

Q5. What opportunities are there for the wider community to help refugees and humanitarian entrants settle?

There is great scope to improve the way current approaches to settlement facilitate social connections whether through building deep relationships, friendships, or providing practical support to settle. Given the overlap between these forms of engagement with communities, questions three and five will both be addressed concurrently below.

¹⁶ National Archives of Australia, *Migrant Accommodation Camps*, available online at:

<https://www.naa.gov.au/explore-collection/immigration-and-citizenship/migrant-accommodation-camps>.

¹⁷ Kathy Arthurson, Iris Levin & Anna Ziersch (2015) What is the Meaning of 'Social Mix'? Shifting perspectives in planning and implementing public housing estate redevelopment, *Australian Geographer*, 46:4, 491-505, DOI: 10.1080/00049182.2015.1075270.

Social connection is a critical aspect of settlement. Rehabilitation of social capital for newcomer refugees in the host community is vital to improve social connection and access to resources such as employment, healthcare, accommodation and education. Social capital is often described in terms of bonding capital and bridging capital. Bonding capital is within a group or community whereas bridging capital is between social groups, social class, race, religion or other important sociodemographic or socioeconomic characteristics.¹⁸

Both forms of capital can be equally powerful in facilitating good settlement outcomes and provide tangible benefits to settlement beyond friendship. Both forms of capital create a platform for refugees to receive extended support from the host community beyond that which can be provided by formal services. In terms of bonding capital, there is evidence that settling refugees in communities with similar ethnic backgrounds can significantly improve settlement outcomes.¹⁹ Individuals of similar ethnic backgrounds share critical information about settlement, support newcomers to adjust to their new surroundings, and have a key role in fostering new businesses.²⁰ On the other hand, individuals outside of co-ethnic communities can have more extensive networks and deeper resources that can resolve practical settlement needs such as employment or housing, and this is linked to being comparatively much more well established, as well as socio-economic inequities that affect co-ethnic communities. They are also an important source of cultural orientation and language practice.²¹

Opportunities to build deep relationships and friendships with both are critical. However, a focus on 'wider Australian communities' (bridging capital) in future reforms without a similar focus on bonding capital, would undermine the critical role of co-ethnic communities and sends an implicit message that some ethnic groups are more important to socialise with than others. Government efforts to support social connection should carefully balance the focus on co-ethnic and broader communities, so as to clearly signal that engagement in both is usually a positive part of the settlement journey.

In addition, distinguishing between co-ethnic communities and 'wider Australian communities' is fraught and can reinforce a binary between the majority ethnic group, and other ethnic groups, as well as reinforcing assumptions of homogeneity within ethnic groups. Bonding and bridging are not completely mutually exclusive. Groups from a similar background are not similar in every respect, and may provide bridging links across, for instance, generations or sexes or educational achievement. Conversely, in groups from different ethnic backgrounds people may find others of the same age and sex with a common educational background and interests.²²

Refugee settlement should facilitate the building of social capital within cultural communities, between individuals and other cultural communities, and across the full spectrum of

¹⁸ Wendy Stone (2001), *Measuring Social Capital*, Australian Institute of Family Studies, available online at: <https://aifs.gov.au/publications/measuring-social-capital>.

¹⁹ Ernst and Young (2015), 'Evaluation of Humanitarian Settlement Services and Complex Case Support Programs,' prepared for the Australian Government Department of Social Services.

²⁰ Refugee Council of Australia (2019), 'The strength within: The role of refugee community organisations in settlement,' available online at: <https://www.refugeecouncil.org.au/strength-within/>; Jock Collins (2017), *From Boats to Businesses: The remarkable journey of Hazara refugee entrepreneurs in Adelaide*, available online at: https://www.uts.edu.au/sites/default/files/2017-10/UTS_FromBoatsToBusiness_FA-Web_v3.pdf; Carina Maeres, *Bamboo Networks: Chinese Business Owners and Co-Ethnic Networks in Auckland, New Zealand*.

²¹ Brucker, H., Jaschke, P., & Kosyakova, Y. (2019), 'Integrating Refugees and Asylum Seekers into the German Economy and Society: Empirical Evidence and Policy Objectives', Washington, DC: Migration Policy Institute. <https://aifs.gov.au/publications/measuring-social-capital>

²² Edwards, R. W. 2004. *Measuring Social Capital: An Australian Framework and Indicators*. Canberra.

communities that fall in between. To ensure a holistic approach to building social capital, we recommend all settlement service programs in future include three core elements:

1. Individual client services
2. Community capacity building with a focus on migrant and refugee communities
3. Community capacity building with a focus on non-settlement specialists and wider Australian communities

With regard to elements two and three, there will be substantial overlap recognising that these are not binary categories. However, it is critical that they are separately recognised so that both bonding and bridging capital are fostered in settlement services, and neither overshadows the importance of the other. It is also critical to realise that the three elements are interrelated and mutually reinforcing, hence why all services should incorporate all three elements.

Recommendation 12: Ensure language used in relation to community engagement recognises the important role of both co-ethnic communities and other communities

Recommendation 13: Ensure all SETS and HSP contracts reflect the following three core elements:

- ***Individual client services***
- ***Community capacity building with a focus on migrant and refugee communities***
- ***Community capacity building with a focus on non-settlement specialists and wider Australian communities***

Specific advice on how to build deeper relationships and friendships with non co-ethnic communities is provided below.

Funding settlement agencies to facilitate linkages

During our consultations we heard that there is a strong desire from refugees and migrants to make connections outside of their own cultural communities. One participant said the following:

“I hear young people telling me they’ve never had an Aussie friend, some of them don’t know what it’s like to just hang out with a non-migrant kid...” Leader of SCoA Member Organisation

Regional settlement providers spoke of the particularly critical role of intercultural connection in regional communities due to the small size of co-ethnic communities outside of metropolitan areas. Weaker connections across different cultural communities was cited as a key factor in refugees moving to metropolitan areas.

The settlement sector has an important role in providing ‘linking capital’ – that is, garnering resources and power from different sources to build social capital.²³ In this pursuit, the sector implements a range of activities that facilitate building social bridges. For example, settlement agencies have, to varying degrees, volunteer programs designed to get the community involved in refugee settlement. They also have links with local councils, various religious and cultural

²³ Wendy Stone (2001), Measuring Social Capital, Australian Institute of Family Studies, available online at: <https://aifs.gov.au/publications/measuring-social-capital>.

community groups and facilitate participation of refugees in community events including cultural activities, social activities, sports, festivals and special days, school activities, parent support groups and other community engagements.

However, feedback from our members indicate that the extent to which this is implemented nationally is inconsistent. Volunteers in particular are a key source of facilitating connection between communities, however the recruitment and management of volunteers is not funded in existing contracts, limiting capacity to fully leverage the goodwill of communities. Many other programs that facilitate intercultural connections are funded through small scale grants, or other local funding. This is particularly so given most SETS providers have not received Community Capacity Building (CCB) funding. Even where SETS CCB funding is used for this purpose, it is often supplemented by other funds in order to fund a particular activity or event, and the lack of comprehensive funding through SETS leads to inconsistency in the extent to which service providers in various regions can facilitate intercultural engagement.

Consistent participation in community events presents opportunities for refugees to constantly interact with and build lasting friendships with the wider Australian community. However, to maximise benefits of this linkage, the provision of funding to facilitate participation of refugees in community events must be integrated into the current funding model, as recommended above.

This should also be reflected in changes to the reporting requirements under SETS. The reporting requirements under the current SETS model disincentivise settlement service providers from facilitating community events which link the wider Australian community to refugees and humanitarian entrants, due to the way non-identified clients are reported. Increasing the proportion of non-identified clients will incentivise SETS providers to facilitate community integration events.

Recommendation 14: Remove the limitations on the number of non-identified clients that can be reported through SETS reporting.

Increase programs that engage those outside the settlement sector

While settlement service providers have an important leading and coordinating role in settlement, we recognise the important role other networks can, and should have. The National Settlement Outcomes Standards (NSOS) reflect ten broad areas of life. While settlement services have an important role in delivering outcomes consistent with the NSOS, it is impossible to deliver on outcomes without the support of other actors. For example, housing outcomes require the engagement of real estate agents, landlords, and others; employment outcomes require that an employer offer refugees a job; and so on. Viewed through this lens, there are a myriad of opportunities for projects and initiatives that harness the goodwill of broader society. The need to undertake more work in this was a key theme in SCoA's recent co-design process. Through a collaborative process, participants identified a series of steps that need to be taken to better harness community goodwill.

First, a need was identified to more clearly articulate for a lay-audience the concept of settlement, what the settlement sector does, and how individuals or organisations can participate. This was a key gap which became clearly apparent during the Afghan crisis.

Recommendation 15: Develop a narrative and communications campaign that clearly articulates for a lay-audience what settlement is, what the settlement sector does, and how individuals or organisations can get involved.

Second, in order to support clarity in the above narrative, there needs to be better national consistency in volunteer and mentoring programs. Because this is not a core part of federal settlement contracts, the funding and structure of these types of programs varies significantly across different locations. These variances are sometimes necessary to attend to the local needs of communities, however there is room for greater consistency and coordination nationally. For example, if every settlement provider delivered a volunteering or mentoring program of some description, it would be much simpler to direct individuals to an organisation to engage with if they express an interest in supporting refugees.

Recommendation 16: To support an improved narrative, new settlement contracts should establish a base level of consistency in volunteering and mentoring programs nationally.

Third, a scoping exercise of innovative initiatives that leverage community goodwill locally and internationally would help to identify evidence-based programs that could be replicated or scaled. A number of examples from local and international contexts were mentioned during the co-design process with actors as wide ranging as landlords, educational institutions, large corporations, industry bodies, and others. However, a more comprehensive and dedicated scoping exercise is needed.

Recommendation 17: Support national scoping of opportunities to promote cross-sector partnerships and fund new initiatives accordingly.

Finally, participants in the co-design process expressed a desire for better cross-pollination of expertise between the settlement sector and other sectors. For example, skills in the private sector were cited as being difficult to attract in the settlement sector. At the same time, improved awareness of refugee settlement in other sectors would enable organisations in other sectors to reflect a welcoming and inclusive environment. Accordingly, it was agreed that the settlement sector should seek to implement a secondment program that allows for the cross-fertilisation of expertise.

Recommendation 18: Support a secondment program between the settlement sector and other sectors to allow for the cross-fertilisation of skills, and support other sectors to build welcoming and inclusive environments.

Community refugee sponsorship initiatives

Community Refugee Sponsorship (CRS) is a key mechanism for broader society to get involved in settlement. CRS initiatives are a tangible mechanism for burden and responsibility sharing and a demonstration of solidarity to help refugee host countries, given that they expand

third country solutions.²⁴ SCoA commends the recently announced Community Refugee Integration and Settlement Pilot (CRISP) which will enable groups of everyday Australians to welcome refugees into their local area from 'day one' of their Australian journey. This represents an opportunity to expand Australia's refugee intake, as well as promote greater intercultural engagement.

Whereas refugee settlement until the 1980s was predominantly reliant on volunteer groups and civil society, a program of professionalisation of service delivery has seen the settlement sector develop over the past forty years, and refugee settlement now primarily occurs within this setting. This has been a critical development in the sophistication of service delivery and professionalisation of support provided to new arrivals. However, the focus on professionalisation, together with increasingly transactional settlement contracts, has had the unintended consequence of reducing the extent of community involvement in settlement. The CRISP represents an opportunity in this stage of Australia's development in its settlement infrastructure to recalibrate the balance between wider community engagement in settlement and maintaining a professional and sophisticated service system.

To ensure the promise of community sponsorship is realised without undermining gains made in the development of Australia's approach to refugee settlement, SCoA urges development of community sponsorship approaches to be consistent with the below key principles.

1. The settlement needs of refugees must remain the central consideration and should not be compromised in the interests of the civic fulfilment of other individuals or organisations.

During the recent evacuation of Afghan Nationals, there was an unprecedented level of community eagerness to engage with and support the evacuees. The solidarity and goodwill was phenomenal, very welcome, and provided a wealth of material assistance to support the needs of new arrivals.

However, there was pressure placed on HSP providers to ensure those reaching out to help were able to do so and felt included. Given the scale of community support, this was impossible. There was quite simply more support than was needed, and much of the forms of support offered did not match the needs of new arrivals. Attending to expectations that those wishing to help should be allowed to do so diverted important resources and focus away from directly supporting new arrivals.

Moreover, had the desire to accommodate goodwill taken precedence, this could have been counterproductive to good settlement outcomes in some cases. For example, settlement providers are often deliberate in encouraging clients to undertake tasks on their own, in order to build confidence and foster independence. Well-meaning volunteers seeking to provide for and undertake tasks for refugees can inadvertently slow down the process of settlement and integration.

In establishing new mechanisms for communities to sponsor or engage with refugees, there should be clear messaging that the primary beneficiary of programs are refugees, not volunteers. While volunteers will undoubtedly benefit from engagement through friendship and

²⁴ United Nations (2018), Global Compact on refugees, paragraph 90, available online at: <https://www.unhcr.org/5c658aed4.pdf>

a sense of fulfilment, their fulfilment is a secondary benefit rather than primary goal of programs focused on community engagement.

2. Community refugee sponsorship streams should be additional to the current refugee intake.

In 2022, UNHCR estimates that global resettlement needs will be 1,473,156 persons, and this figure is expected to increase.²⁵ The available global resettlement needs outweigh available quotas as less than 1% of refugees are resettled each year. The emergence of community refugee sponsorship models have at their core the desire to expand access to resettlement through a complementary pathway. Accordingly, we welcome commitments by the current government to ensure community sponsorship places are additional to the existing humanitarian intake and encourage this to remain a core feature of the program. This would be consistent with the Global Compact on Refugees, and the Canadian model in which community refugee sponsorship has been used to complement and not replace the government's existing resettlement programme.²⁶ Similarly, community sponsorship programmes in New Zealand and the United Kingdom fortify existing refugee protection channels and expand resettlement to meet growing needs.²⁷

3. Community refugee sponsorship initiatives should leverage the infrastructure and specialist expertise of settlement services.

We recommend community refugee sponsorship programs be closely coordinated with and leverage existing settlement services. Close engagement between community refugee sponsorship initiatives and established settlement services ensures that refugees arriving through both streams receive equitable levels of support irrespective of their pathway. Those arriving through community sponsorship will benefit from more established processes and knowledge, while those arriving through existing government intakes can benefit from the stronger networks in communities generated through refugee sponsorship networks.

An example of this is refugee sponsorship programs in the USA in which the community sponsorship groups and settlement agencies work in partnership to resettle refugees. Local groups take responsibility for the majority of settlement. However, they receive training from a settlement agency. They are able to call on settlement agencies regularly for advice and support, and they take a learning approach to getting involved in refugee resettlement. Amnesty International USA has implemented this model through its Longer Table Initiative. It partners with all nine national Resettlement Agencies to deliver this model.²⁸ The benefits of the collaboration between Amnesty International USA and the existing resettlement agencies in the USA has resulted in the successful resettlement of families from Afghanistan.²⁹

Question 4: Refugee Health

²⁵ UNHCR (2021), UNHCR Projected Global Resettlement Needs 2022, available at: <https://www.unhcr.org/eng-au/protection/resettlement/60d320a64/projected-global-resettlement-needs-2022-pdf.html>

²⁶ The Canadian government has resettled 327,000 refugees through its private sponsorship of refugees' program since it was introduced in 1979. This figure has been additional to the over 1 million refugees resettled to Canada by UNHCR; Global compact on refugees, paragraph 95.

²⁷ Refugee Council of Australia (2019), Canada's private sponsorship of refugees: Potential lessons for Australia, available at: <http://www.refugeecouncil.org.au/canada-private-sponsorship/>

²⁸ Amnesty International, "Welcoming refugees through community sponsorship" available at: <https://www.amnesty.org/en/what-we-do/refugees-asylum-seekers-and-migrants/welcoming-refugees-through-community-sponsorship/>

²⁹ Ibid.

How can we improve refugee health outcomes?

Research from the Building a New Life in Australia (BNLA) study shows significant disparities in health outcomes for refugees compared to the Australian born population, with no significant improvement over time. As evidenced by refugees' self-reported health status,³⁰ on arrival refugees have worse health outcomes compared with the overall Australian population. Based on research from the Australian Institute of Health and Welfare, only 4% of the overall Australian population self-report their general health as poor and 10% rate their general health as fair.³¹ In contrast, 15.3% of participants in the BNLA reported 'poor - very poor' at baseline.

It could be expected that with improved living conditions and access to medical care in Australia, the overall health of refugees would improve over time. The BNLA data does not support this assumption. The self-reported health of the majority of newly arrived refugees improves initially, but then remains fairly static between years one and five post-arrival.³² This is consistent with other academic findings in the field.³³

Settlement and the social determinants of health

An extensive global body of literature has clearly shown that health outcomes are significantly mediated by the social determinants of health. The social determinants of health are the non-medical factors that influence health outcomes. They are the conditions in which people are born, grow, work, live, and age, and the wider set of forces and systems shaping the conditions of daily life. These forces and systems include economic policies and systems, development agendas, social norms, social policies and political systems.³⁴

The social determinants of health have an important influence on health inequities. In countries at all levels of income, health and illness follow a social gradient: the lower the socioeconomic position, the worse the health.

The World Health Organisation (WHO) provides the below non-exhaustive list of the social determinants of health, which can influence health equity in positive and negative ways:³⁵

- Income and social protection
- Education
- Unemployment and job insecurity
- Working life conditions
- Food insecurity
- Housing, basic amenities and the environment

³⁰ Self-reported health status can be a valuable indicator for refugee populations: Dowling, A., et al. (2019). 'The association of migration experiences on the self-rated health status among adult humanitarian refugees to Australia: an analysis of a longitudinal cohort study' *International Journal for Equity in Health*, 18(130).

³¹ Australian Institute of Health and Welfare (2018), 'Australia's Health 2018', viewed 25 November 2021 at <<https://www.aihw.gov.au/getmedia/7c42913d-295f-4bc9-9c24-4e44eff4a04a/aihw-aus-221.pdf.aspx?inline=true>>, p. 12.

³² Department of Social Services (2020). 'Building a New Life in Australia (BNLA), The Longitudinal Study of Humanitarian Migrants - Wave 5 Update (Addendum to the Wave 3 Report)'.

³³ Dowling, A., et al. (2019) 'The association of migration experiences on the self-rated health status among adult humanitarian refugees to Australia: an analysis of a longitudinal cohort study'. *International Journal for Equity in Health*, 18(130).

³⁴ World Health Organisation, 'Social Determinants of Health,' available online at: https://www.who.int/health-topics/social-determinants-of-health#tab=tab_1.

³⁵ Ibid.

- Early childhood development
- Social inclusion and non-discrimination
- Structural conflict
- Access to affordable health services of decent quality.

As can be seen by this list, the factors that mediate health outcomes closely resemble the National Settlement Outcomes Standards and other settlement and integration frameworks. In effect, supporting good outcomes across the National Settlement Outcomes Standards will have flow on effects for refugee health.

Further, a body of literature focused primarily on Indigenous people globally argues that culture is a foundational determinant of health, because it dictates “the language used to define issues, the identification of problems, the framing of those problems, the manner in which solutions are sought, and the methods for defining and measuring success.”³⁶ One example of the way culture mediates health outcomes is that in Western societies, health interventions focus primarily on biomedical interventions, disregarding the role of nonmedical interventions such as healing circles, storytelling, prayer, song, and ceremony – elements that may be more focused on emotional, mental and spiritual health. Thus, a lack of cultural acceptance may stop the use of cultural mechanisms for addressing health issues, and disrupt a naturally more holistic approach to health and wellbeing. Our consultations as well as our recent work during the COVID-19 pandemic show that a parallel dynamic is at play in relation to migrant and refugee communities in Australia. This further demonstrates the need to ensure Australia’s social service infrastructure includes a strong sector that is dedicated to cultural responsiveness.

Research shows that the social determinants can be more important than health care or lifestyle choices in influencing health. For example, numerous studies suggest that the social determinants of health account for between 30-55% of health outcomes. In addition, estimates show that the contribution of sectors outside health to population health outcomes exceeds the contribution from the health sector.³⁷ This further indicates that investment in achieving good settlement outcomes holistically is likely to yield better improvements in health than isolated investment in the health sector.

Recommendation 19: Recognise investment in achieving settlement outcomes across the full breadth of the NSOS as a positive health intervention.

Enhance the skills of health professionals in refugee health care

While broad investment in settlement outcomes, society-wide cultural inclusion, and social equity for refugees are the most effective strategies for improving health equity, there are a number of health care specific strategies we also recommend.

During consultations with members, SCoA noted that when local health professionals such as nurses and general practitioners are trained and skilled in refugee health care, high vaccination and immunization rates are achieved. Accordingly, positive health outcomes are generally more likely to be seen through Refugee Health Clinics and other services tailored to refugees. Where

³⁶ James Knibb-Lamouche (2012), ‘Culture as a social determinant of health,’ available online at: <https://www.ncbi.nlm.nih.gov/books/NBK201298/>

³⁷ Ibid.

health practitioners are trained in working specifically with refugees, there is better retention of clients in clinics. Overall, there is better management of health issues, leading to improved refugee health outcomes.

However, there is a need to embed cultural responsiveness in the broader health care system, including in specialist areas, hospital systems, and other services. Successful settlement and integration requires that all health services have a base level of cultural responsiveness and ability to respond to the needs of refugees, so that they are not perpetually marginalised. Successive reports have recommended that health professionals should receive training and assistance in better understanding the unique health needs of refugees, and to enable health services to be delivered in a culturally responsive manner.

We therefore recommend the federal government work with state and territory governments to provide funding for targeted training to health care providers, with a focus on communities with a high population of humanitarian entrants.

Recommendation 20: Explore opportunities for training the health workforce in cultural competency and supporting refugees together with State and Territory governments and other stakeholders.

Health education and outreach

The COVID-19 pandemic has provided ample learnings about gaps in access to health information, as well as on how to better equip communities with the information and skills to make informed decisions about their health.

Since June of 2021 SCoA has partnered with member organisations, supported by funding from the Australian Government Department of Health to deliver consultations and forums across Australia on COVID-19 vaccines. These forums were delivered either in-language, or with an interpreter, and tailored to the target group. In total, 71 forums were held in 28 languages reaching nearly 2000 individuals across Australia. Attendees had an opportunity to get simple, and accurate information about COVID-19 vaccines and how to access them. They had the opportunity to participate in a discussion about vaccines, ask questions, and give feedback on the vaccine roll-out and any issues they are identifying concerning the roll-out.

In addition, during the Delta outbreak in Western Sydney in 2021, SCoA collaborated with 22 member organisations in relevant locations in NSW to deliver public health information. Over six weeks (19 July 2021 – 20 August 2021), each member organisation provided outreach to the community members primarily through phone calls, as well as social media, direct messaging, and other tailored communications channels. This activity was critical in responding to the outbreak, and was made possible with additional funding and support from the Department of Health. In aggregate, the activity had the following reach:

- 14,256 individual phone calls were made
- 11,065 WhatsApp, WeChat, or other instant messages were sent
- There were 569,461 engagements with social media content
- 4,988 people attended Facebook Live vaccine information forums
- 565 individuals attended zoom forums on the COVID-19 Vaccine

- 16,466 vaccination status data points were gathered through various surveys, phone calls, and messaging apps

Through our engagements, we gathered feedback from facilitators and participants to help us assess the efficacy of this form of coordinated outreach. Our internal evaluation of the program showed the following findings:

- The forums were almost universally acknowledged as a helpful way to obtain information and those attended reported feeling better informed about vaccination after attending
- Verbal communication was cited as the most effective method of communication, with a preference for face to face engagement, and audio and video recordings also being helpful.
- Messaging apps were useful for short succinct messages that convey specific information, but were not as useful for people who have questions or concerns.
- The attendees generally cited the need and desire for increased amounts of accessible information, and specifically more opportunities for longer in-depth discussions about health issues, rather than one-way transactional translated health information.

The program will also be externally evaluated at the end of 2022.

The model used during COVID-19 has significant promise in being mobilised to address gaps in health literacy more broadly. Recently, due to waning interest in engaging on COVID-19 vaccines, SCoA has broadened the forums to cover discussions about health topics as wide ranging as mental health, cancer screening, women's health, and other topics, with COVID-19 information incorporated as a part of these wider discussions. Early feedback is that this is filling a critical gap in health education, and there is great appetite for health information on these other topics.

These forums have been made possible with dedicated funding from the Australian Government to SCoA, which we have then been able to distribute through our network. We strongly urge the continuation of this partnership, and expansion of it to other areas of health.

Another example of successful health education is the Health Navigator Project which was developed by Melbourne Polytechnic in partnership with the Department of Health, Northern Health and Whittlesea Community Connections, and drawing from internal partnerships. The Health Navigator Project was a collaborative project which embedded a 6-week health education elective unit into the English as an Additional Language curriculum. The course supported students to navigate the health system, increase their health literacy and feedback their own experiences. Pathways to employment were facilitated through collaboration with local health and settlement services, including volunteering positions and work as Bicultural Health Navigators.³⁸

The Health Navigator Project offered a relatively low-cost model that helped to address challenges new migrants and people from refugee background face in accessing health and community services during the COVID-19 pandemic. The model can be adapted to solve

³⁸ As more fully elaborated in our case study of the Health Navigator Project, available at: [SCoA_Health_Navigator_Partnership_FINAL.pdf](#)

similar challenges identified within the sector and beyond. For example, addressing the issue of falling cancer screenings in the Whittlesea community during the COVID-19 pandemic.³⁹

Recommendation 21: Invest in community based health education forums and initiatives.

Co-location with health services

As discussed above, co-location of services supports improved holistic settlement outcomes. During our consultations, one particular example of co-located health and settlement services was highlighted – the use of Settlement Health Coordinators (SHCs) in Victoria. In Victoria, SHCs were co-located with AMES Australia, and they provided flexible, timely, and coordinated responses to refugee health interventions. SHCs triaged and prioritised referrals and identified referral pathways. They also provided capacity building and partnership development to AMES Australia and community health providers. This improved refugee health outcomes.

"In Victoria, Settlement Health Coordinators were refugee health nurses. They streamlined refugee health interventions and shared information with settlement providers and other stakeholders. This contributed to positive health outcomes for newly arrived refugees." – Settlement worker.

SCoA supports similar models to be embedded more consistently nationally, and this aligns with broader evidence about the value of coordination roles and co-location.

Question 6: Differences in settlement locations

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

Current settlement contracts have limited flexibility, and this significantly impacts the extent to which services can be tailored in different locations. This is particularly problematic for providers in regional areas. In regional locations, often the intent is to increase the number of refugees settling in a particular location. However, funding is awarded based on the demand at a particular point in time. Over the course of the contract period, this can lead to severe underfunding for the level of demand for settlement services in regional areas. For example, SETS funding in Armidale was based on the refugee population prior to the Syrian/Iraqi humanitarian intake, and since then, a substantial number have settled there. Similarly, refugee settlement has increased substantially in regional locations in South Australia since the last round of SETS contracts were awarded.

Further, due to regional areas having comparatively less established communities, services and infrastructure, regional providers engage in a higher proportion of community capacity building work, and may also be required to deliver more intensive services due to gaps in other

³⁹ The Cancer Council Victoria (CCV) has provided funding to Melbourne Polytechnic to replicate this community engagement model in the Whittlesea community.

services. For example, whereas in a location where the local GP is familiar with working with people with low English language proficiency a settlement worker may be able to make a simple referral, in a regional area, the settlement worker is more likely to need to educate the GP about using interpreters.

Over the course of many consultations on various topics, it has become clear that the nature of delivering settlement services in regional locations is fundamentally different to that of metropolitan areas. We therefore recommend that a different funding model be adopted for regional areas which includes the following elements:

- Greater community capacity building than contracts in other areas
- Allows for work to be done to *attract* people to regional areas, in addition to servicing the existing population
- Recognises that individual client services delivered in regional areas require a greater level of intensity
- Recognises that administrative costs may need to be higher due to the smaller scale of regional services, the need to travel across larger distances, less availability of local suppliers, and other factors.

Recommendation 22: Adopt a different funding model for regional settlement service providers which includes the following elements:

- ***Greater community capacity building than contracts in other areas***
- ***Allows for work to be done to attract people to regional areas***
- ***Recognises that individual client services will require a greater level of intensity***
- ***Recognises that administrative costs may need to be higher in regional areas***

There should also be a mechanism to review contracts before their conclusion and make a variation should there be a material change in circumstances since the contract was awarded. This would apply to situations such as a substantial increase in new arrivals in a particular location (e.g. Armidale), COVID-19, the emergency evacuation of Afghan nationals, and other unforeseen circumstances.

Recommendation 23: Include a mechanism in future contracts to allow them to be reviewed and varied where there is a material change in circumstances or the population being serviced.

Question 7: Person-centred settlement journeys

Q7. How do we design programmes to respond well to people's individual needs and aspirations, and to help strengthen their capabilities and self-agency?

In reviewing the National Settlement Outcomes Standards in 2020, SCoA implemented the

[Settlement Sector Quality Framework](#) alongside the NSOS. The SSQF articulate 10 core principles and practices of settlement work.⁴⁰ The 10 principles and practices are:

1. Evidence-based
2. Collaboration
3. Fostering Independence
4. Cultural competence
5. Intersectionality
6. Strengths-based
7. Person-centred
8. Engagement (with newly arrived individuals, families and communities)
9. Continuous development
10. Advocacy

All 10 of these principles and practices should be integrated into programs and case management approaches. Out of the ten principles, the ones with which current settings are most misaligned are person-centered and strengths-based.

Eligibility

In a person-centred SETS program, individuals would receive services based their circumstances and needs, rather than based on rigid criteria such as visa category and length of time since arrival. These criteria are arbitrary, take a one-size fits all approach, and do not allow services to be delivered to a person at all where they do not fit certain pre-set criteria, much less tailored to that person. The below two scenarios are used to illustrate the arbitrary nature of these criteria.

In the first scenario, Hassan arrived in Australia on a humanitarian visa 3 years ago. He and his brothers (who had already been in Australia for several years) supported their remaining brother – Ali – to come to Australia on a student visa to join them. A few years after arriving, Ali finds himself in a spiral of debt, but he is too ashamed to talk to his brothers. He knew his brothers got support from a local settlement service, and goes and requests support, however he is not technically eligible for SETS. Despite all the brothers experiencing similar journeys prior to arrival in Australia, they each receive markedly different levels of support.

In the second scenario, Dipti arrives in Australia on a partner visa. The marriage is immediately violent, and she decides she will leave the minute she gets her Australian citizenship. She doesn't access any settlement services for the first five years in Australia, but needs intensive support in year 6 when she is leaving the relationship. The local domestic violence service is helping her with a lot of material and emotional support, but she needs some cultural orientation because she was very isolated since arriving in Australia, and needs some guidance on going back to study and work. She knows her friends have been able to get good support on this from a settlement service, but she heard only people who have been in Australia for less than 5 years are eligible, so she doesn't even bother to ask for support from them.

As discussed above in the introduction, the restrictive eligibility has a range of other negative flow on effects for communities. This includes a lack of comprehensive support at the community level, placing an additional burden on co-ethnic communities, and a complete

⁴⁰ Settlement Council of Australia (2020), *Settlement Sector Quality Framework*, available online at: <https://scoa.org.au/wp-content/uploads/2021/02/SCoA-SSQF.pdf>

disjuncture between the migration program and the social infrastructure available. The increasingly restrictive criteria of settlement services undermines the intent of the services established following the Galbally Report.

During the consultations several participants reflected on the 'Grant-in-Aid' program (which was the core funding of the early migrant resource centres) and its comparatively permissive eligibility criteria. The consensus was that during this time, services were able to deliver more person-centred support. They were also able to more easily build trust and relationships with the communities they serve, because it was clearer that they were there for anyone in the community and all community members received equitable levels of service. While many other developments in settlement services have been positive, the division of communities along lines of visa subclass and length of time in Australia has been counterproductive.

Recommendation 24: Remove limitations to accessing SETS based on length of stay in Australia and visa category.

Caseloads and funding levels to support a person-centered approach

Research on person-centred care models persistently shows that high caseloads and underfunding are two of the greatest inhibitors of achieving person-centred care.⁴¹ Person-centred care ultimately requires that settlement workers can spend more time with individual clients understanding their history, goals, skills, challenges, strengths and aspirations. It often also requires settlement workers to undertake non-standard work or explore new partnerships to address the unique needs of their client. Naturally, this takes time. However, present caseloads of settlement workers in both SETS and HSP do not allow this level of engagement consistently with clients who need it, and funding does not allow a larger number of settlement workers to be recruited so that caseloads can reduce to facilitate this approach. We strongly urge the Department to conduct a review of existing settlement funding and compare existing funding to the resourcing required to deliver person-centred services in line with the expected outcomes of settlement programs.

Recommendation 25: Review settlement funding and increase funding so that it is commensurate to the outcomes expected of settlement programs and person-centred models.

Person-centred within a family or community context

SCoA supports the need for a greater focus on person-centred care. However, we note that person-centred care in the context of refugee communities requires a close appreciation of how

⁴¹ See for example, Amanda Moo et al (2021), *Best-practices for person-centred case management: A literature review*, available online at: https://research.iscr.com.au/_data/assets/pdf_file/0010/2652715/298_Person_centred-case-management_FINAL.pdf; Sension and Lencucha (2009), 'Therapists' Perceptions of How Teamwork Influences Client-Centred Practice,' available online at: https://www.researchgate.net/profile/Raphael-Lencucha/publication/233564868_Therapists%27_Perceptions_of_How_Teamwork_Influences_Client-Centred_Practice/links/57df216e08ae72d72eac2015/Therapists-Perceptions-of-How-Teamwork-Influences-Client-Centred-Practice.pdf.

family and community relationships affect the life of the individual.⁴² In practice, person-centred care may require the use of a family-centric or community-centric approach, due to the often communal cultural context in many refugee communities. We therefore caution against a funding model that ingrains an individualistic approach, but rather support a person-centred funding model that can facilitate strong engagement with family and community contexts as relevant. This include the ability to deliver case management at a family unit level where this suits the preferences of all individuals in the family.

Information sharing prior to arrival

The needs of refugees and humanitarian entrants vary depending on the circumstances that forced them to flee their countries of origin, their literacy levels particularly digital literacy, specific medical needs, age, gender, and diversity (including sexual orientation and disability). Although new arrivals may share common needs, it is important to recognise their individual needs and aspirations. The earlier specific needs of clients are known by relevant stakeholders including settlement service providers, the more responsive and successful settlement service provision can be. For example, the UNHCR's Resettlement Registration Form (RRF) contains in sections 1-3 detailed bio data information and valuable background information to assist the resettlement country in the selection process, and to ensure the refugee receives the required support during departure and integration process. Section 6 of the RRF contains a summary of the physical, mental health, or other vulnerabilities of any family member that would not have been adequately explained in previous sections of the RRF. UNHCR encourages resettlement countries to share the information contained in Section 6 with an appropriate settlement agency (either government or non-governmental) in order to provide for effective on-arrival services.⁴³ This information is not presently shared with HSP providers despite the usefulness of this information to service delivery.

Further, there are opportunities for service providers to engage with new arrivals prior to arriving in Australia. In the USA for example, settlement providers have direct and meaningful engagement with referred refugees before they fly to the USA. This enables rapport to be built earlier, as well as for services to start being tailored earlier in the settlement journey.

Recommendation 26: Explore how pre-arrival information can be better shared with HSP providers, including scope for providers to engage with referred refugees prior to arrival.

Itemised service delivery model in HSP

The current itemised approach to service delivery in HSP is counter productive to delivering person-centred services. Implicit within the itemisation of service delivery are certain assumptions about settlement journeys – whereas the reality is that no two settlement journeys are the same. An example of the mismatch between funded support in HSP and settlement needs is in relation to the Afghan evacuees. There were some needs for this group which did not fit the standard service delivery model. For example, the provision of clothing is not a common need, but was needed for most of the evacuees. Further, some arrivals had a high level of English language proficiency meaning AMEP or interpreting were not needed. On the other hand, being ready to work they would have benefited from driving lessons to support them to take up employment opportunities that may not be on public transport routes. However,

⁴² Joakim Öhlén (2017), 'Person-centred care dialectics—Inquired in the context of palliative care,' available online at: <https://onlinelibrary-wiley-com.virtual.anu.edu.au/doi/full/10.1111/nup.12177>.

⁴³ UNHCR (2011), UNHCR Resettlement Handbook, available online at: <https://www.unhcr.org/46f7c0ee2.pdf>

the itemised service delivery model does not allow funds to be reprioritised from language related needs, to other settlement needs.

We invite the Department to give further consideration to models that provide greater agency for individuals to choose how resources are allocated to them. The NDIS, while very different and operating in a far more complex context, provides an example of the benefits of having a wider range of service options available. While the processes used in the NDIS (including the distinct assessments) are not warranted in the context of settlement, there are benefits in adopting the underlying principle that individuals should have agency over how to direct resourcing allocated for their benefit.

Recommendation 27: Consider models that allow for greater individual agency in how funds are used to support settlement.

Service tiering in SETS

In relation to SETS, we recommend that the program better recognise that different individuals will require varying intensity of services. Currently, there is limited tiering in individual client services that recognises the level of intensity in services. Consequently, reporting by providers may not reflect a true measure of the amount of work done on the ground. We recommend the adoption of a tiered model of client services that allows resources to be better used to meet the specific needs of individual clients.

Recommendation 28: Adopt a tiered model of service delivery in SETS to allow resources to be better used to meet the specific needs of individual clients, and different locations.

Strengths-based approaches

In addition to a desire to re-orient settlement programs towards more person-centred services, our consultations also highlighted the need to move toward a more strengths-based approach. A persistent theme in the consultations was that current models are deficit based rather than strengths based, and focus on needs rather than aspirations. There was also strong consensus on this in SCoA's co-design work.

This requires a significant shift in mindset which would in turn change the language used in relation to settlement, contract settings, eligibility criteria, and all other elements of programs. In terms of practical and tangible changes that would support a more strengths-based approach, we make three key suggestions.

First, case management processes should reflect assessment of both needs and challenges, as well as strengths and aspirations.

Secondly, the ability deliver on a strengths-based case management plan then requires that contracts reward work that contributes to strengths-based outcomes, rather than needs-based outcomes. Needs-based outcomes tend to lend themselves to meeting a 'basic' level of outcome. For example, attending to an immediate health issue, obtaining an income, finding a rental, and other similar needs. The re-orientation to strengths-based assessment often sees individuals identifying more advanced settlement outcomes. For example, rather than phrasing their goals as getting an income, they may phrase their goal as working in their professional field. Or, rather than wanting to see a GP about a specific health issue, they may want to

pursue an active lifestyle. However, current reporting and funding models do not distinguish well between different levels of employment, health, or other outcomes. Supporting a highly educated client to get a job as an uber driver is treated similarly to supporting them to enter their chosen profession, and making a referral to a GP is treated similarly to supporting someone to pursue a sport they love and exercise regularly. This is despite a large difference in the labour-intensiveness of the work.

Recommendation 29: Adopt a more strengths-based approach to settlement by promoting assessment of both both needs and challenges, as well as strengths and aspirations, and structuring reporting and contracts to reward a focus on more aspirational goals.

Third, we recommend more consistent training for settlement workers on adopting strength-based approaches, together with person-centred approaches and the other key principles and practices in the SSQF. This is further elaborated below.

Training and capacity building of settlement workers

SCoA has been delivering training on the SSQF, including person-centred and strength-based approaches, since 2020. In 2020-21, SCoA delivered 7 full day training sessions to 150 settlement workers. Evaluation forms from these sessions showed that 99% recommended the training to others, and participants gave the training an average score of 9.3 out of 10.

More importantly, the training has been successful in influencing settlement practice, and extensive feedback on evaluation forms attests to settlement managers and workers integrating the learnings into their day to day practice. The below quote is just one illustration among many of the ways the SCoA's training has been integrated into practice.

“I would like to let you know that I had a training with my team last week, we used the cards as well. It was a great activity for them, we've had very good feedback and now has become part of the training for the new volunteers. After doing the exercise the volunteers feel so motivated to be part of our team.” Manager in settlement service

Settlement is a distinct and specialised form of social service. Because of this, training targeted at a broader social service or community service audience may not always be relevant and useful. To date, SCoA's tailored training offerings specific to the nature of settlement work have proven to address a critical gap. We encourage greater support for this, such as by having dedicated and structured professional development incorporated in settlement contracts that ensures staff can and do engage in these activities.

Recommendation 30: Integrate dedicated and structured professional development in settlement contracts which is tailored to the settlement context.

Question 8: Existing barriers

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

The existing barriers to the delivery of good outcomes in current settlement services have been covered above. To summarise, we highlight the following barriers in existing contracts:

- Funding based on number of arrivals, rather than intensity of needs
- Time limits on access to services – the 5 year eligibility timeframe is arbitrary and inhibits providers being able to work with those who still need settlement support
- Models that are not appropriate for the regional settlement context
- The itemised service delivery model of HSP is counterproductive for person-centred settlement services
- An overall lack of flexibility in settlement contracts
- Inherent assumptions around linearity and standard settlement needs within settlement contracts that undermine person-centred approaches
- A lack of clarity and cohesion in the underlying principles and ultimate outcomes across settlement programs, and consequent lack of alignment with program planning, delivery and reporting
- The distinction between individual client services and community capacity building within SETS
- Fragmented service delivery due to the lack of structure around service coordination, clarity of roles, and active funding of coordination functions
- Poor information sharing mechanisms, including in relation to pre-arrival engagement with refugees

Question 9: Examples of innovative programs

Q9. Are there any examples of innovative programmes operating at state, local or community level that we can learn from?

S CoA regularly publishes good practice case studies from around the sector on our website. The S CoA webpage has over 100 case studies of innovative or good practice programs operating at a state, local or community level. The full list of programs can be viewed and downloaded at this link: <https://scoa.org.au/case-studies/>

Conclusion

Australia has a long history of welcoming refugees and other humanitarian entrants, and Australians are rightfully proud of our multicultural society. However, we reiterate that the exclusion of migrants in general in the discussion paper is a significant omission, and a lack of adequate consideration of the role of settlement programs for migrants overall undermines social cohesion more broadly.

Current settlement programs have achieved many successes, however the settlement sector is also keenly aware of the untapped potential of settlement services. This consultation process and the review of future settlement contracts is an opportunity to re-orient settlement services so that they are optimised to achieve the best possible settlement outcomes.

It is apparent that for Australia to improve settlement and integration of refugees and migrants, programs need to be flexible, well-funded, and tailored to meet individual needs of clients in different settlement locations. A one size fits all approach to programming may inevitably remove the gains realised over the past decades. Unique needs of women, men, girls, boys from diverse backgrounds must remain central to planning, resource allocation and implementation processes.

SCoA celebrates the work done by its passionate, hard-working members and commends them and the efforts they make. Further, we acknowledge that the success of the sector relies heavily on ongoing support from the government. Most importantly, SCoA pays tribute to the resilient and enthusiastic group of refugees and migrants who have made Australia home and who are committed to building their lives here.

We look forward to continuing to work with the Department to ensure that the 2024 HSP and SETS funding enables Australia to deliver the best outcomes for the many clients who require settlement support from arrival, until they fully integrate.

List of recommendations

Priority Recommendations

Recommendation 1: Undertake a more inclusive consultation and reform process that is broader than refugees and humanitarian entrants.

Recommendation 2: Conduct broad and in-depth consultation on a new conceptual framework to guide the approach to settlement services, including in-language consultations with people with lived experience, then use this to inform theories of change and program logics for settlement funding.

Recommendation 6: New settlement contracts should incentivise the co-location of services.

Recommendation 13: Ensure all SETS and HSP contracts reflect the following three core elements:

- Individual client services
- Community capacity building with a focus on migrant and refugee communities
- Community capacity building with a focus on non-settlement specialists and wider Australian communities

Recommendation 22: Adopt a different funding model for regional settlement service providers which includes the following elements:

- Greater community capacity building than contracts in other areas
- Allows for work to be done to attract people to regional areas
- Recognises that individual client services will require a greater level of intensity
- Recognises that administrative costs may need to be higher in regional areas

Recommendation 24: Remove limitations to accessing SETS based on length of stay in Australia and visa category.

Recommendation 25: Review settlement funding and increase funding so that it is commensurate to the outcomes expected of settlement programs and person-centred models.

Recommendation 28: Adopt a tiered model of service delivery in SETS to allow resources to be better used to meet the specific needs of individual clients, and different locations.

Recommendation 29: Adopt a more strengths-based approach to settlement by promoting assessment of both both needs and challenges, as well as strengths and aspirations, and structuring reporting and contracts to reward a focus on more aspirational goals.

Recommendation 30: Integrate dedicated and structured professional development in settlement contracts which is tailored to the settlement context.

Other recommendations

Recommendation 3: Ensure that any new conceptual framework is aligned with other sector frameworks such as the National Settlement Outcomes Standards and other work on a theory of change and accompanying resources being progressed by SCoA.

Recommendation 4: In implementing future reforms to settlement services, take into consideration the 'Australian Settlement Services Ambition and Roadmap 2022-2027' developed by SCoA.

Recommendation 5: Reforms must increase funding for settlement services, and new initiatives should not take away from the existing funding provided to settlement services.

Recommendation 7: Ensure the new AMEP model includes support for AMEP counsellors and the capacity to make referrals to other settlement services and broader services.

Recommendation 8: Increase the number of specialist refugee employment services by conducting a further targeted tender process.

Recommendation 9: The federal government should develop a comprehensive national housing strategy.

Recommendation 10: Ensure every settlement service contract requires and provides adequate resourcing for meaningful community engagement and/or community capacity building.

Recommendation 11: Ensure settlement services are local and place-based.

Recommendation 12: Ensure language used in relation to community engagement recognises the important role of both co-ethnic communities and other communities, and ensure community engagement work builds social capital across the full spectrum of bonding and bridging capital.

Recommendation 14: Remove the limitations on the number of non-identified clients that can be reported through SETS reporting.

Recommendation 15: Develop a narrative and communications campaign that clearly articulates for a lay-audience what settlement is, what the settlement sector does, and how individuals or organisations can get involved.

Recommendation 16: To support an improved narrative, new settlement contracts should establish a base level of consistency in volunteering and mentoring programs nationally.

Recommendation 17: Support national scoping of opportunities to promote cross-sector partnerships and fund new initiatives accordingly.

Recommendation 18: Support a secondment program between the settlement sector and other sectors to allow for the cross-fertilisation of skills, and support other sectors to build welcoming and inclusive environments.

Recommendation 19: Recognise investment in achieving settlement outcomes across the full breadth of the NSOS as a positive health intervention.

Recommendation 20: Explore opportunities for training the health workforce in cultural competency and supporting refugees together with State and Territory governments and other stakeholders.

Recommendation 21: Invest in community based health education forums and initiatives.

Recommendation 23: Include a mechanism in future contracts to allow them to be reviewed and varied where there is a material change in circumstances or the population being serviced.

Recommendation 26: Explore how pre-arrival information can be better shared with HSP providers, including scope for providers to engage with referred refugees prior to arrival.

Recommendation 27: Consider models that allow for greater individual agency in how funds are used to support settlement.

References

- Amanda Moo et al (2021), *Best-practices for person-centred case management: A literature review*, available online at: https://research.iscrr.com.au/data/assets/pdf_file/0010/2652715/298_Person_centred-case-management_FINAL.pdf.
- Amnesty International, "Welcoming refugees through community sponsorship" available at: <https://www.amnesty.org/en/what-we-do/refugees-asylum-seekers-and-migrants/welcoming-refugees-through-community-sponsorship/>
- Australian Institute of Health and Welfare (2018), 'Australia's Health 2018', available online at: <https://www.aihw.gov.au/getmedia/7c42913d-295f-4bc9-9c24-4e44eff4a04a/aihw-aus-221.pdf.aspx?inline=true>.
- Brucker, H., Jaschke, P., & Kosyakova, Y. (2019), 'Integrating Refugees and Asylum Seekers into the German Economy and Society: Empirical Evidence and Policy Objectives', Washington, DC: Migration Policy Institute. <https://aifs.gov.au/publications/measuring-social-capital>.
- Carina Maeres, Bamboo Networks: Chinese Business Owners and Co-Ethnic Networks in Auckland, New Zealand.
- Deborah A. Cobb Clark (2019), *Intergenerational Transmission of Disadvantage in Australia*, ARC Centre of Excellence for Children and Families over the Life Course, available online at: <https://www.lifecoursecentre.org.au/wp-content/uploads/2019/09/2019-19-LCC-Working-Paper-Cobb-Clark-1.pdf>.
- Department of Social Services (2016), *The National Settlement Framework*, available online at: <https://immi.homeaffairs.gov.au/settlement-services-subsite/files/the-national-settlement-framework.pdf>.
- Department of Social Services (2020). 'Building a New Life in Australia (BNLA), The Longitudinal Study of Humanitarian Migrants - Wave 5 Update (Addendum to the Wave 3 Report)'.
- Dowling, A., et al. (2019) 'The association of migration experiences on the self-rated health status among adult humanitarian refugees to Australia: an analysis of a longitudinal cohort study'. *International Journal for Equity in Health*, 18(130).
- Dowling, A., et al. (2019). 'The association of migration experiences on the self-rated health status among adult humanitarian refugees to Australia: an analysis of a longitudinal cohort study' *International Journal for Equity in Health*, 18(130).
- Edwards, R. W. 2004. *Measuring Social Capital: An Australian Framework and Indicators*. Canberra.
- Ernst and Young (2015), 'Evaluation of Humanitarian Settlement Services and Complex Case Support Programs,' prepared for the Australian Government Department of Social Services.
- Frank Galbally (1978), 'Migrant Services and Programs – Summary,' available online at: http://www.multiculturalaustralia.edu.au/doc/galbally_1.pdf; National Archives of Australia (1981).
- Graeme Hugo (2018), 'Change and continuity in Australian international migration policy,' *International Migration Review*, vol. 48, no. 3.

James Knibb-Lamouche (2012), 'Culture as a social determinant of health,' available online at: <https://www.ncbi.nlm.nih.gov/books/NBK201298/>

Joakim Öhlén (2017), 'Person-centred care dialectics—Inquired in the context of palliative care,' available online at: <https://onlinelibrary-wiley-com.virtual.anu.edu.au/doi/full/10.1111/nup.12177>.

Jock Collins (2017), *From Boats to Businesses: The remarkable journey of Hazara refugee entrepreneurs in Adelaide*, available online at: https://www.uts.edu.au/sites/default/files/2017-10/UTS_FromBoatsToBusiness_FA-Web_v3.pdf.

Kathy Arthurson, Iris Levin & Anna Ziersch (2015) What is the Meaning of 'Social Mix'? Shifting perspectives in planning and implementing public housing estate redevelopment, *Australian Geographer*, 46:4, 491-505, DOI: 10.1080/00049182.2015.1075270.

National Archives of Australia, *Migrant Accommodation Camps*, available online at: <https://www.naa.gov.au/explore-collection/immigration-and-citizenship/migrant-accommodation-camps>.

NSW Settlement Partnership (2021), 'Insights into Regional Settlement in Practice,' available online at: https://nsp.ssi.org.au/images/News/2021/July/NSP_Insights_Paper_2021_final_screenres_4.pdf.

OECD (2011), *Naturalisation: A passport for the better integration of immigrants?* Paris, OECD Publishing.

Refugee Council of Australia (2019), 'The strength within: The role of refugee community organisations in settlement,' available online at: <https://www.refugeecouncil.org.au/strength-within/>

Refugee Council of Australia (2019), Canada's private sponsorship of refugees: Potential lessons for Australia, available at: <http://www.refugeecouncil.org.au/canada-private-sponsorship/>

Semson and Lencucha (2009), 'Therapists' Perceptions of How Teamwork Influences Client-Centred Practice,' available online at: https://www.researchgate.net/profile/Raphael-Lencucha/publication/233564868_Therapists%27_Perceptions_of_How_Teamwork_Influences_Client-Centred_Practice/links/57df216e08ae72d72eac2015/Therapists-Perceptions-of-How-Teamwork-Influences-Client-Centred-Practice.pdf.

Settlement Council of Australia (2020), 'Communicating with migrant and refugee communities during COVID-19: Learnings for the future,' available online at: <https://scoa.org.au/wp-content/uploads/2021/02/Report-Communications-during-COVID-19-FINAL.pdf>.

Settlement Council of Australia (2020), 'Maximising AMEP and English Language Learning Consultation Report,' available online at: <https://scoa.org.au/maximising-amep-english-language-learning-consultation-report/>.

Settlement Council of Australia (2020), *Settlement Sector Quality Framework*, available online at: <https://scoa.org.au/wp-content/uploads/2021/02/SCoA-SSQF.pdf>

Settlement Council of Australia (2021), 'Settlement Council of Australia submission on the proposed licensing system for the New Employment Services Model' available online at: <https://scoa.org.au/wp-content/uploads/2021/02/SETTLE1.pdf>.

Settlement Council of Australia (2021), 'Submission on AMEP Reforms Discussion Paper,' available online at: https://scoa.org.au/wp-content/uploads/2021/07/SCoA_Submission_AMEP_Reforms_Discussion_Paper.pdf.

Settlement Council of Australia (2022), 'Submission to Senate Inquiry into Australia's Engagement in Afghanistan,' available online at: <https://scoa.org.au/wp-content/uploads/2022/02/Submission-to-Senate-Inquiry-into-Australias-engagement-in-Afghanistan-SCOA-January-2022-FINAL.pdf>.

The Royal Australian College of General Practice (2015), Rites of passage: improving refugee access to general practice services, available online at: <https://www.racgp.org.au/getattachment/f59dc867-992a-4cf8-a759-b7f134259212/Rites-of-passage-improving-refugee-access-to-gener.aspx>.

UNHCR (2011), UNHCR Resettlement Handbook, available online at: <https://www.unhcr.org/46f7c0ee2.pdf>

UNHCR (2021), UNHCR Projected Global Resettlement Needs 2022, available at: <https://www.unhcr.org/eng-au/protection/resettlement/60d320a64/projected-global-resettlement-needs-2022-pdf.html>.

UNHCR, Projected Global Resettlement Needs 2022 (2021), available online at: <https://www.unhcr.org/en-au/protection/resettlement/60d320a64/projected-global-resettlement-needs-2022-pdf.html>

United Nations (2018), Global Compact on refugees, paragraph 90, available online at: <https://www.unhcr.org/5c658aed4.pdf>.

Wendy Stone (2001), Measuring Social Capital, Australian Institute of Family Studies, available online at: <https://aifs.gov.au/publications/measuring-social-capital>.

Western Sydney MRC, 'Community Meeting Summary' (Report, August 2020), available online at: <https://wsmrc.org.au/wpcontent/uploads/2018/07/Community-Meeting-Summary-Final-200820.pdf>.

World Health Organisation, 'Social Determinants of Health,' available online at: https://www.who.int/health-topics/social-determinants-of-health#tab=tab_1.

World Health Organisation, WHO Director-General's opening remarks at the media briefing on COVID-19 (March 2020), available online at: <https://www.who.int/dg/speeches/detail/who-director-general-s-opening-remarks-at-the-media-briefing-on-covid-19---11-march2020>.