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

Response to the Department of Home Affairs and Commonwealth Coordinator-General for Migrant Services | June 2022

Overview

AMES Australia (AMES) welcomes the opportunity to provide input into improving the settlement and integration of refugees in Australia. In the context of the recent change of government, this response provides direction for the new Government to implement an integrated and specialised approach to achieving better outcomes in settling refugees.

The settlement journey of a refugee is complex and often non-linear, unique to the pre-arrival circumstances of individuals and families. Currently settlement programs are not well positioned to respond to this uniqueness. There is an urgent need for a new integrated framework that adequately funds and measures settlement progression and outcomes of newly arrived refugees. A more integrated and intensive approach to service delivery across the country and across the diverse, yet connected, disciplines of settlement, and education and employment will not only deliver better support for newly arrived people to engage in mainstream Australian society, but will benefit the nation economically and culturally.

The settlement sector is key to Australia's multicultural success story and is a fundamental part of Australia's social infrastructure. As Australia rebuilds from the COVID-19 pandemic, this is a pivotal time in our nation's history to address shortcomings within the fragmented and transactional system of settlement service delivery and introduce a whole-of-system approach to settling refugees. This is the opportunity to rebuild a connected government response by re-imagining and recreating settlement services that cohesively deliver government and civil society programs that make the difference for new arrivals. It is the time to determine the most effective and efficient way to deliver on this aim - through reviewing the scope and alignment of major settlement domains and contracts across government portfolios; and the time for government to value and collaborate as a partner with the experienced, professional settlement sector, rather than operate as contract managers. Through this rebuild of a connected service that includes not only what is delivered, but how and by whom, the strengths and needs of new arrivals will be better enabled in terms of employment, education, health and well-being, and social participation.

The following response is structured to address the Discussion paper questions which are largely focused on service provision and includes examples of innovation from across the sectors supporting the refugee journey. AMES welcomes the opportunity to contribute further in the discussion to improve Australia's settlement and integration of refugees.

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About AMES Australia

AMES provides integrated settlement services, English language and vocational education, employment services, and social participation programs to diverse migrant and refugee communities as a service delivery partner of Federal and State Governments. The overarching purpose of AMES work is to support migrants and refugees as they move from early settlement to independence and greater social and economic participation in Australia under our vision of *'full participation for all in a cohesive and diverse society'.* The means to achieve this vision is documented in AMES *Framework for Social and Economic Participation* with its four pillars – Education, Employment, Health and Wellbeing and Safety and Security (see Appendix 1).

This submission draws from AMES long history of working with new arrivals to Australia through both permanent and temporary migration pathways. Informing this response is input from AMES Humanitarian Settlement Program (HSP) subcontractors representing multiple states and regions; and reflections from three Settlement Council of Australia (SCoA) round table discussions involving other settlement sector organisations.

The need for whole-of-system reform for settling refugees

Key issues within the current model of service delivery include:

- Settlement program design is input-driven, activity based, and administratively burdensome for providers. This has a direct impact on providers' ability to respond to the needs and aspirations of individuals and families.
- Reporting against program key performance indicators and timelines do not recognise or account for the settlement outcomes that are specific and personal to each individual. For example, reporting does not account for refugee clients who take longer to achieve certain outcomes due to the significant differences across settlement locations.
- Settlement programs are not well integrated with the numerous other programs and services that refugees access to support their settlement. This creates gaps in information sharing between providers servicing refugees.

The domains of the *'Settlement and Integration Outcomes Framework'* below, proposed by the Coordinator-General for Migration Services,[1] provide a platform for shaping the future direction of settlement services:

Economic participation	Health	Language and digital literacy
Education	Housing	Social connection
Community welcome	Belonging	Safety and security
Access to institutions	Culture	(Under consideration: Self-agency/self-efficacy)

AMES has aligned the 12 domains of this proposed framework to the 'Next Steps' Discussion Paper questions (see Appendix 2) to assess the scope of the domains, where gaps occur, and where areas of further focus need to be identified. While we have mapped alignment, it is the work of defining the 12 domains that will provide clarity around each of these areas and how they practically relate to successful settlement.

Principles of an improved model for settlement and integration of refugees

1. *Integrated service delivery.* A high-level solution that supports better collaboration and planning between state and federal governments, bridges the gap between the

[1]Regional Refugee Settlement Forum, October 12, 2021

various program contracts and align key performance indicators across services provided to migrants, refugees, and asylum seekers.

2. *Outcomes and impact driven.* A strengths-based, trauma-informed flexible service delivery that is adaptable to specific cohorts or individuals, empowering refugees to build their self-agency.
3. *A localised, holistic framework to servicing and measuring outcomes that embraces the three levels of government.* This recognises that the response of settlement agencies is influenced by local conditions, and outcomes are interrelated, requiring providers to tailor service approaches (for example, poor health negatively impacts progress in other areas)
4. *Increased resourcing across the settlement sector.* A flexible funding system based on pool-able service types and with establishment base funding to support both the sustainability of the sector and programs/initiatives that bring refugees and the wider community together in a safe and welcoming environment; for example funding for volunteer management.
5. *Builds on successful programs and initiatives trialled in Australia and overseas.* For example, programs that support refugee health outcomes and innovative approaches to increasing housing supply.

These features are discussed in more detail in response to the discussion paper questions below.

In summary the following recommendations capture the direction and action required to improve Australia's settlement and integration of refugees into the future:

Recommendation 1: Consider implementing a National Migrant Settlement and Integration Strategy, similar to the New Zealand model.

Recommendation 2: Introduce a high-level solution to support information sharing, referrals and alignment of KPIs between service delivery sectors and services.

Recommendation 3: Provide funding specifically for stakeholder engagement and coordination of services across the disciplines that support settlement outcomes.

Recommendation 4: Confirm and embed a sustainable role for language and cultural informants in the settlement sector (eg. community leaders, professional interpreters) to improve access to accurate and timely information and referrals.

Recommendation 5: Develop a national housing strategy that addresses all aspects of the housing system; considering use of existing government owned land/property and innovative models trialled overseas to increase housing supply.

Recommendation 6: Pilot a resettlement centre model similar to that in New Zealand where refugees arrivals spend the first six weeks and access all settlement services within an integrated location.

Recommendation 7: Fund volunteer management across the disciplines of settlement, education and employment to maximise opportunities for engagement between refugees and volunteers/others from the wider community.

Recommendation 8: Expand the role and capacity of General Practitioners (GPs) to support refugee health outcomes.

Recommendation 9: Renew and/or scale up programs that have a demonstrated positive impact on refugee health outcomes.

Recommendation 10: Introduce flexible settlement program KPIs and timeframes so providers can tailor service delivery to account for significant differences between settlement locations.

Recommendation 11: Increase co-location of settlement programs, such as HSP, SETS, and AMEP to support integration of, and referral between, services within a regional location.

Recommendation 12: Provide settlement location-specific materials to all refugees pre-arrival to ensure arrivals have up-to-date and realistic expectations about their settlement location.

Recommendation 13: Introduce a funding per client fee based on an individual's pre-existing skills and/or needs, which will support clients to progress in their settlement at the appropriate pace for them.

Recommendation 14: Engage and train cultural mentors from refugee communities so that providers can better identify and respond to the needs and aspirations of individuals, and refugee arrivals feel increasingly empowered to make decisions on their own behalf.

Recommendation 15: Introduce contingency funding for the settlement sector to enable greater operational stability, retention of its specialist workforce so as to provide greater flexibility in the way services can be delivered.

Discussion Paper Questions

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

There is limited capacity for coordination between settlement services, English learning, employment, and health services, due to different contract funding models, compliance measures and key performance indicator reporting requirements.

Settlement coordination requires policy and funding harmonisation at the Commonwealth level. Agencies committing to clear, shared settlement KPIs would provide clear direction and a strong foundation for maximising the impact and efficacy of their programs and interventions at the delivery level.

The New Zealand Migrant and Settlement Integration Strategy provides a working example of a whole of government approach where multiple government players support migrant settlement outcomes. In this strategy the overarching national outcome *"Migrants make New Zealand their home, participate fully and contribute to all aspects of New Zealand life"* is supported by Employment, Education, English Language, Inclusion, and Health and Wellbeing Outcomes. Agencies developed and implemented a collaborative settlement funding allocation process to identify funding priorities for service delivery across government; ensuring the mix of services funded would most effectively deliver results across all the strategy outcomes and success indicators; and, identifying opportunities for cross-government partnerships in service delivery.

A high-level solution (such as a consolidated client management system platform to coordinate delivery across sectors and services) is considered important to:

- facilitate referrals
- align program contracts and align key performance indicators across services provided to migrants, refugees, and asylum seekers
- enable application of a unique client identifier number so that providers working with the same client understand where a client is in their settlement journey and can identify outstanding needs: e.g. English language tuition
- facilitate information sharing across programs, for example a client's visa status when appropriate; clients' engagement with other services.

AMES and other providers who support newly arrived refugees in all aspects of their settlement understand the importance of engagement across the sector and collaboration through linkages with established referral networks. This was a strong message shared at the SCoA roundtable discussions. However due to resourcing constraints, for example within settlement providers and

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Consider implementing a National Migrant Settlement and Integration Strategy, similar to the New Zealand model.

Recommendation 2:
Introduce a high-level solution to support information sharing, referrals and alignment of KPIs between service delivery sectors and services.

⇒ *Refer to Example 1 on pg. 12 about AMES Australia's Individual Pathway Plan*

Recommendation 3:
Provide funding specifically for stakeholder engagement and coordination of services across the disciplines that support settlement outcomes.

Recommendation 4:
Confirm and embed a sustainable role for language and cultural informants in the settlement sector (eg. community leaders, professional interpreters) to improve access to accurate and timely information and referrals.

AMEP providers, it can be difficult to maximise use of these networks and referral pathways. AMES subcontractors reported the need to facilitate a more proactive approach from some AMEP providers to engage with HSP providers to support vocational pathways and share client progress.

During the COVID-19 pandemic, facilitating access to trusted sources of information became an important role for many settlement providers to mitigate issues such as vaccine hesitancy among newly arrived refugee clients. AMES was well placed to reach into its extensive network of CALD communities' language and cultural informants to provide the support needed. This highlighted the importance of settlement services having ready and trusted access to these networks in the delivery of critical health messages and connections to health services.

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

The housing crisis in Australia, driven by high demand and low supply, has resulted in the issue of housing affordability and availability that is impacting all Australians. AMES supports the urgent call for a national housing strategy that addresses all aspects of the housing system including homeownership, private rental, and social housing.[2]

The challenges of housing affordability and availability, especially within the rental market, is creating additional pressure on HSP settlement providers who need to transition clients from short-term accommodation (STA) into long-term accommodation (LTA). One change that could be implemented quickly would be to increase the on-arrival STA timeframe eligibility beyond 28 days, to at least six weeks.

Paradoxically, the COVID-19 pandemic created an increased supply of STA accommodation in metropolitan areas, such as inner Melbourne, due to the absence of international students who normally would have occupied these residential options. Access to and use of these larger STA facilities highlighted benefits of a centralised STA with all orientation and services delivered onsite.

A prior version of the centralised STAs currently in operation is the migrant hostel model which provided all settlement services within an integrated location, for example, the Migrant Enterprise and Midway Hostels that operated in Melbourne between the 1970s and the 1990s, and more recently the Maidstone Hostel established by AMES. Similar models currently operate in New Zealand where new arrivals spend their first 6 weeks in a refugee resettlement centre

Recommendation 5:
Develop a national housing strategy that addresses all aspects of the housing system; considering use of existing government owned land/property and innovative models trialled overseas to increase housing supply.

Recommendation 6:
Pilot a STA resettlement centre model similar to that in New Zealand where refugees arrivals spend the first six weeks and access all settlement services within an integrated location.

⇒ *Refer to Example 2 on pg. 12 about short-term accommodation for refugees from Afghanistan.*

[2] https://scoa.org.au/wp-content/uploads/2022/04/FINAL-ELECTION-DOC.pdf

and access services such as initial English language classes, health screening and mental health support.[3]

Other innovative solutions may include:

- Access to unused Commonwealth assets (e.g. the quarantine facilities in Mickleham)
- The Federal Government partnering with private enterprise to build housing specifically for newly arrived refugees
- Local government be approached to release land for development
- Local government rental guarantee programs to encourage private developers
- Investment from refugees could include labour or a bond towards rent (refer to a similar approach in Australia with large superannuation funds committing to building affordable housing for key workers)
- Repurposing and upgrading abandoned properties (such as houses, hotels and schools) in regional areas where refugees are settling; funding could be allocated to bring these properties up to a liveable standard to be rented to refugees or turned into social housing. A similar model exists in the United Kingdom called the 'Empty Homes Loan Scheme'[4])
- Other innovative international approaches include the 'Homes for Ukrainians Scheme'[5], where individuals in the United Kingdom can register to provide a room in their home for a minimum of six months which is funded by the government. The risks inherent in this approach would require close monitoring, and may be considered only as a short-term solution to housing refugees in the current housing crisis.

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

Refugees often meet and build relationships with the wider Australian community in informal, community-based settings where they feel welcome and safe. Such opportunities, while they may start informally, rely on coordination and funding of venues and volunteers for sustainability.

Settlement-focused English language programs such as the AMEP engage volunteers from the community in the 'Volunteer Tutor Scheme' to provide one-to-one individualised support. Friendships can, and have been shown to, be built through these interactions. Training and coordinating volunteers is an essential part of the service to ensure they are well equipped and supported to

Recommendation 7:
Fund volunteer management across the disciplines of settlement, education and employment to maximise opportunities for engagement between refugees and volunteers/others from the wider community.

⇒ *Refer to Example 3 on pg. 13 about the*

[3] https://www.immigration.govt.nz/about-us/what-we-do/our-strategies-and-projects/refugee-resettlement-strategy/rebuilding-the-mangere-refugee-resettlement-centre
[4] http://www.amrp.co.uk/index.php?option=com_content&view=article&id=43&Itemid=49
[5] https://www.gov.uk/guidance/homes-for-ukraine-scheme-frequently-asked-questions

appropriately manage cross-cultural and settlement issues that may arise.

Settlement services, such as HSP, can be strengthened through the appropriate and supported involvement of volunteers, however volunteer coordination roles are not funded as part of the current program.

The new Community Refugee Integration and Settlement Pilot (CRISP) is an opportunity to build connections between refugees and the wider community. CRISP engages groups of everyday Australians to welcome refugees into their local area and provide them with practical resettlement and integration support from the first day of their Australian settlement journey.

For such programs and initiatives to be successful, refugees need to be appropriately matched to volunteer sponsor groups, volunteers need to be trained, and funding needs to be raised by the sponsor group for settlement expenses. Settlement services will remain crucial in supporting the delivery of such programs and the refugees involved – especially if a sponsorship relationship breaks down.

Shepparton 'Drop-in Settlement Hub' for refugees and volunteers.

4. How could we improve refugee health outcomes?

Health is a foundational issue for refugee settlement, and there is a continued need to support refugee health outcomes long after the initial settlement period. As identified in the Office of the Coordinator-General for Migrant Services' assessment, health and housing outcomes are highly interrelated domains, as are many other aspects of refugee settlement. It is therefore important that a holistic approach is taken to address settlement, as poor outcomes in one area can negatively impact on progress in other settlement domains.[6]

General Practitioners (GPs) can play an important role in supporting refugee health outcomes. However many GPs, especially those in regional locations, are not experienced with supporting patients from refugee and/or diverse backgrounds. There is also a lack of GPs who bulk bill, which is a barrier for newly arrived refugees. More significantly, there is a shortage of GPs across regional Australia. This is impacting local populations and well as new arrivals.

The role and capacity of GPs could be expanded by:

- Developing a 'catalogue' of languages that GPs across Australia speak so that refugees could be referred to a practitioner who speaks their language – especially those living in regional and rural areas. Access to in-language telehealth options would promote better responses and professional referrals to place-based GPs.

Recommendation 8:
Expand the role and capacity of General Practitioners (GPs) to support refugee health outcomes.

Recommendation 9:
Renew and/or scale up programs that have a demonstrated positive impact on refugee health outcomes.

⇒ *Refer to Examples 4 and 5 on pg. 13 and 14 for example programs (SHC and ARANAP).*

[6] https://www.homeaffairs.gov.au/reports-and-pubs/files/next-steps/next-steps-discussion-paper.pdf

- An incentives model for GPs, similar to higher payment points for elderly and First Nations patients, to reward the additional time and resourcing needed to support refugee patients. This has the potential to upskill and build the capacity of GP clinics in the longer term to better support refugees and connect the refugee health program with other services.
- The shortage of GPs in regional Australia could, in part, be alleviated by providing pathways for overseas-qualified health professionals. Investment in programs such as the Career Pathway Pilot directly support early qualification recognition and registration of refugee medical professionals.

The pandemic has highlighted how essential language and cultural support is to ensuring refugees (and other diverse cohorts) have access to trusted, accurate and timely health information and services (See Recommendation 3).

Some visa holders, such as Temporary Protection Visa (TPV) holders, while being assessed as refugees, have not had access to settlement services and programs such as the National Disability Insurance Scheme (NDIS). Studies report that refugees on temporary protection visas (such as TPVs) experience higher levels of anxiety, depression and post-traumatic stress disorder when compared to refugees with permanent visas, despite similar backgrounds and experiences.[7]

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

The role of a specialist settlement sector in regard to facilitating connections between refugees and the broader community should not be overlooked. The sector possesses a wealth of professional, complex, and valuable cultural and linguistic skills, networks into community, and often a shared lived experience of being a migrant or refugee to Australia, that help to enhance refugee settlement. As a sector it also upholds standards in training and delivery which is crucial when working with vulnerable populations.

Models such as the new Community Refugee Integration and Settlement Pilot (CRISP), provides an opportunity for community to add to a specialist sector in supporting the settlement and integration of refugees, not replace it. Without adequate oversight and training by the sector, such models could jeopardise the settlement of new arrivals. Settlement services remain crucial in supporting the delivery of such programs and the refugees involved – especially if a sponsorship relationship breaks down.

Refer to Recommendations 4 and 7.

[7] https://www.mja.com.au/journal/2006/185/7/comparison-mental-health-refugees-temporary-versus-permanent-protection-visas

Supporting refugees and humanitarian entrants to engage in recreational activities in their local community – such as sports, arts, or volunteering – have proven to be effective ways to harness the goodwill of the Australian community and create a sense of welcome and belonging for refugees.

As discussed earlier, creating a safe and informal environment in which refugees can connect with others in the wider community, such as at a local community centre, library, or religious setting, can nurture relationships and friendships, but requires purpose, co-ordination, resourcing, and funding. Different approaches will be required for engaging diverse refugee communities; including recognising age and gender in a culturally sensitive way. Community leaders can play a vital role in facilitating these connections.

Funding opportunities, such as the Fostering Integration Grants (FIGs), encourage organisations to trial new approaches to support refugee settlement and integration and the FIGs provide an example of programs that should be expanded. Support for community groups to apply for grants in the form of grant-writing clinics for example will encourage applications.

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

The Office of the Coordinator General for Migrant Services' recent assessment of refugee settlement performance identified wide differences between the communities in which people settle; with experiences of settling in rural or urban areas being vastly different.[8]

The HSP contract reporting requirements currently hinder providers' ability to tailor service delivery to the needs of the individual in different settlement locations. In regional/rural locations, a client's ability to access services and facilities (such as interpreters, transport, health services) can be vastly different from in urban areas. AMES regional subcontractors reported that sourcing accommodation is especially challenging in some areas. Program reporting does not account for clients who take longer to achieve outcomes due to regional differences.

To support the sustainability of regional settlement, the aspirations and needs of refugee communities (and individual families) need to be well understood. Settlement programs that are inherently flexible and informed by action research will help to address the changing needs of refugee arrivals and accommodate for significant differences between settlement locations.

It is important to consider how refugees' expectations are managed based on their settlement location. Accurate information about the settlement location especially in

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Recommendation 12: Provide settlement location-specific materials to all refugees pre-arrival to ensure arrivals have up-to-date and realistic expectations about their settlement location.

[8] https://www.homeaffairs.gov.au/reports-and-pubs/files/next-steps/next-steps-discussion-paper.pdf

regional areas (such as the services available, employment opportunities, and other essential facilities such as schools and hospitals) provided pre-arrival will assist with managing expectations and provide a level of empowerment to the new arrivals. AMES subcontractors reported that pre-arrival materials provided by AUSCO need to be updated to reflect the diversity of settlement locations. This will help to support realistic expectations upon arrival/minimise relocation to a different location post-arrival which could delay settlement outcomes.

⇒ *Refer to Example 6 on pg. 14 for an example of supporting settlement/resettlement of refugees in regional Australia.*

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

Refugees and humanitarian entrants have extremely diverse needs and aspirations. In our experience, refugees want to drive their own settlement and integration journey, and many are reluctant to rely on government support long-term. Self-agency is strengthened when people are supported and empowered to make decisions on their own behalf, and this should be a fundamental design feature of all settlement programs.

Settlement program funding models, such as the HSP contract, are largely activity based which does not always respond to the needs and aspirations of the individual. Programs should be outcomes driven and focus on building stepping-stones towards meeting client aspirations and self-agency.

Linking all funding to outcomes may be problematic, as refugee settlement journeys start and progress very differently. This could be mitigated by a funding per client fee (refer to the Status Resolution Support Service model of a per day cost/tier level service cost as an example). In AMES experience this funding model works effectively in addressing individual needs at various stages of the settlement journey.

The more information settlement providers have about the needs and aspirations of refugees' pre-arrival, the better they can tailor and implement settlement support. New arrivals often rely on and trust their own cultural/linguistic community who have shared settlement experiences, however issues can arise when inaccurate information is passed on.

Recommendation 13:
Introduce a funding per client fee based on an individual's pre-existing skills and/or needs, which will support clients to progress in their settlement at the appropriate pace for them.

Recommendation 14:
Engage and train cultural mentors from refugee communities so that providers can better identify and respond to the needs and aspirations of individuals, and refugee arrivals feel increasingly empowered to make decisions on their own behalf.

⇒ *Refer to Examples 7 and 8 on pg. 14 and 15 about the Jobs Victoria Employment Service (JVES) and the Skilled Professional Migrant Program (SPMP).*

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

The current design of settlement programs, such as HSP, is activity orientated and not suitable for a range of refugee clients who require individually tailored support. The reporting system within this program is prescriptive; when individual outcomes are specific and personal. The current structure and payment points within HSP could be expanded

Recommendation 15:
Introduce contingency funding for the settlement sector to enable greater operational stability, retention of its specialist workforce so as to provide

to better utilise the skill set and capacity of HSP providers (refer to Recommendation 14). Another barrier to delivering good outcomes is the challenge of resourcing. This was highlighted during the pandemic when Australia's international borders were closed leading to the sudden decrease in humanitarian entrants; and HSP providers rapidly scaled down their staffing levels. As a result extensive cultural, linguistic and settlement expertise was lost, and providers left under-resourced to support the large intake of refugees from Afghanistan in late 2021 in the context of the pandemic and lockdown conditions. As providers ramped up and coordinated the formal response to arrivals in Victoria, the community response was significant: filling many short-term gaps, providing familiar food and community links, easing the transition to life in Australia and ultimately demonstrating the good will and support that positively influences long term settlement outcomes. However, this voluntary support required significant coordination. In January 2022, AMES provided a submission to the federal inquiry into Australia's engagement in Afghanistan, which provides a more detailed picture of the service and support experiences and speaks directly to the capacity, suitability and delivery of settlement programs and support services for the Afghan arrivals.[9]	greater flexibility in the way services can be delivered. **Refer to Recommendation 4.**

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

The following examples of innovative approaches/programs are provided in support of the responses to the questions above:

Example 1: *AMES Australia's Individual Pathway Plan (IPP)*

In recent years AMES has made great advances in providing integrated services to its clients, including newly arrived refugees in the HSP. This includes developing an individualised pathway plan tailored to the needs and goals of the client. The Individual Pathway Plan (IPP) was first piloted at AMES Noble Park site, involving key staff from AMES Settlement, Education and Employment portfolios working closely together to develop a process and system that would deliver better and faster settlement outcomes for clients. A key strength of the IPP is its potential to engage with the goals and aspirations of the client within their first three months of settlement.

Real innovations have been demonstrated in terms of workflows, communication across teams, and even the development of a dedicated application/online database for the IPP. Evidence shows that the IPP is resulting in more effective and efficient connections between AMES clients on education and employment pathways.

Example 2: *Short-term accommodation solution for refugees from Afghanistan*

[9] https://www.aph.gov.au/Parliamentary_Business/Committees/Senate/Foreign_Affairs_Defence_and_Trade/Afghanistanengagement

The unprecedented number of refugee arrivals from Afghanistan in a short period of time presented a particular challenge to AMES and its partner organisations in meeting the immediate needs of the refugees as they exited hotel quarantine in 2021.

By leveraging relationships with corporate and community partners, volunteers and stakeholders, AMES was able to supply the Afghan refugees with a full range of immediate material support required; short-term accommodation was procured for more than 3,000 refugees in AMES designated short-term accommodation facilities as well as in international student accommodation in Melbourne's CBD, vacant as a result of the pandemic. The accommodation was equipped with linen, cooking utensils and other necessities, and families were provided with culturally appropriate supermarket food packages, clothing and other necessities provided by corporate donors, community groups and individual benefactors.

Regular COVID testing and vaccinations for all arrivals were carried out on-site, with GPs, paramedics and refugee health nurses on-site to provide prescriptions and emergency response for any health needs

An AMES case management team was established to provide overall support and resources, with all arrivals allocated a case manager, and connected with local Afghan community groups, while being assisted to find sustainable long-term accommodation. At the time of writing, 770 Afghan families have found permanent housing.

Example 3: *Shepparton 'Drop-in Hub' for refugees and volunteers*

AMES HSP subcontractor Uniting supports a 'Drop-in Settlement Hub' that brings their refugee clients and volunteers from the local community together over tea and coffee in Shepparton. The opportunity started with a small group of refugees and volunteers in 2019, coordinated by Uniting staff and supported by the Uniting Church in Shepparton. As it seen as a safe space by the refugees, it has grown in popularity. Refugees and the local volunteers have developed friendships in this space, with the volunteers also bringing their other friends along to meet the refugees.

An average of over 100 clients attend the Settlement Hub each month. Volunteers at the Hub have been recognised by the Greater Shepparton Council for their dedication, contribution, hard work and commitment to the community.

In an effort to continue the Settlement Hub, Uniting continue to provide tea and coffee facilities, and ensure the continual access to the space, however program funding would support the sustainability of such initiatives.

Example 4: *The Settlement Health Co-ordinator (SHC) program*

The SHC program, previously funded by the Victorian Government, provided the crucial link between settlement and health services. SHCs were co-located within settlement services and assessed pre-arrival health information not accessible by HSP to triage and refer refugee clients upon arrival.

The SHC co-location with HSP services:

- addressed a documented gap in health knowledge and capacity of settlement services to plan for on-arrival health care needs
- directly improved refugee access to health services that are well prepared and informed on refugee clients; through the significant advocacy, capacity building and partnership

development roles with local allied health and community providers performed by the SHCs
- provided a medically-informed response to refugees' health issues at their first point of contact on arrival (settlement services)
- enabled more effective transition from settlement to health and provided greater certainty that refugees were accessing primary health care in a timely manner, avoiding escalation to acute care and mitigating potential clinical risk for the refugee/refugee family
- provided systematic mechanisms for capacity building within the broader health services (including GP practices) in areas of high refugee resettlement to better manage refugee health assessments

Example 5: *The Adelaide Refugee and New Arrival Program (ARANAP)*

ARANAP operates in partnership with the Australian Refugee Association (ARA) and Survivors of Torture and Trauma Assistance and Rehabilitation Service (STTARS) and supports refugees and newly arrived people, who live in the Adelaide Primary Health Network (PHN) region and have resided in Australia for less than five years. The program accesses Bilingual Workers and Refugee Nurse Advocates who can engage with the families, conduct health assessments and identify health needs. Funding is provided by the Adelaide PHN to address health barriers and prevent people from refugee backgrounds falling through the gaps in accessing primary health care services. Another outcome from this program is to build the capacity of mainstream health networks to service new arrivals.

Example 6: *Supporting the settlement/resettlement of refugees in regional Australia*

AMES has experience of resettling refugees in regional Victoria and/or investigating what supports successful regional settlement.
The 2014 report on the economic and social impact of the resettlement of a community of Karen refugees in the rural township of Nhill[10] was followed in 2018 by a companion study of the resettlement of a significant number of families from the Karen community in the regional city of Bendigo[11].

The two research projects identified a number of factors which had contributed to the success of refugee resettlement in the small (Nhill) and the larger (Bendigo) regional locations. These included:
- employment
- available affordable housing for the new settlers
- local services with the capacity and capability to respond to new settlers
- leadership and support from local champions
- leadership from within the resettling community
- both host community and new settlers being prepared for the resettlement experience
- opportunities for young people to participate in training, employment and in the community; and
- the advantages of rural and regional centres that offer services and opportunities within an easier to navigate environment.

Example 7: Jobs Victoria Employment Service (JVES).

AMES is a delivery partner of the Jobs Victoria Employment Service (JVES). JVES mentors and services support jobseekers to find a job which suits their skills and interests.

[10] AMES Research and Policy and Deloitte Access Economics (2015) *Small towns Big returns: economic and social impact of the Karen resettlement in Nhil.l*
[11] AMES Research and Policy and Deloitte Access Economics (2018) *Regional Futures: economic and social impact of the Karen resettlement in Bendigo.*

Activities which target group cohorts can develop and support individual self-agency. JVES mentors participated in the delivery of information sessions which taught attendees how to design, develop and progress their own education or career pathways. JVES mentors also attended mini-Jobs Fairs which allowed them to reach out to local potential clients in need of employment journey support, while the overall event exposed jobseekers to a range of employers and possible jobs.

One-on-one mentor support is also required to meet the needs of some people. Recently an AMES client who was out of work for 21 years was able to secure work. Direct support was provided through a JVES Specialist Employment Mentor who allowed the client to share her skills, work history and work preferences to then develop a resume and reach out to employers to find suitable work.

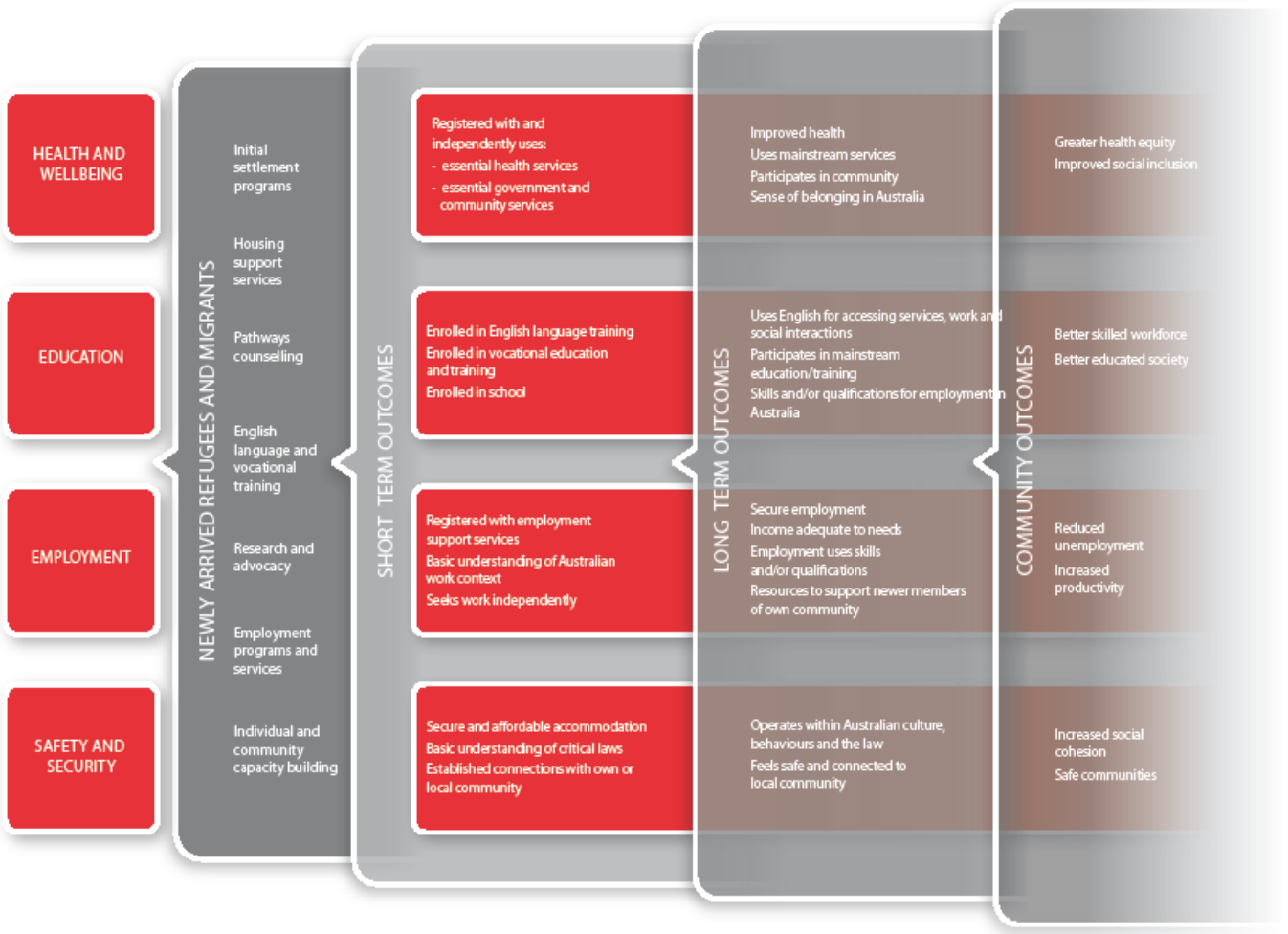
Example 8: Skilled Professional Migrant Program (SPMP).

AMES also delivers the Skilled Professional Migrant Program (SPMP). The SPMP is a three-week intensive program which teaches about the Australian job market, Australian workplace culture and job seeking skills to migrants who already possess professional skills. After completing the program participants may also be offered mentoring by industry professionals to assist with their job search.

Research conducted by AMES of SPMP alumni found that 85% of survey respondents between 2010 and 2018 were employed, with 59% being professionally employed (work requiring an undergraduate or advanced degree) and 26% being non-professionally employed.

Appendix 1.

AMES Framework for Social and Economic Participation



Appendix 2.

Aligning the domains of the proposed *'Settlement and Integration Outcomes Framework'* to the discussion paper questions.

Discussion Paper Questions	***Domain/s***
1. 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?	Economic participation Health Language and digital literacy Education Access to institutions
2. Given the pressures in finding affordable housing in Australia, are there any changes we need to make to settlement services' approach to housing refugees?	Housing Safety and security
3. How could we create greater opportunities for all refugees to build deeper relationships and friendships with the wider Australian community?	Social connection Community welcome Belonging Culture
4. How could we improve refugee health outcomes?	Health
5. What opportunities are there for the wider community to help refugees and humanitarian entrants settle?	Social connection Community welcome Belonging Culture
6. How do we design programs to take into account the large differences between settlement locations?	Access to institutions Housing Safety and security
7. How do we design programs to respond well to people's individual needs and aspirations, and to help strengthen their capability and self-agency?	Self-agency/self-efficacy Culture Access to institutions
8. What are the biggest existing barriers to the delivery of good outcomes in our current services?	Access to institutions Housing Economic Participation
9. Are there any examples of innovative programs operating at a state, local or community level that we can learn from?	Refer to examples provided corresponding to Questions 1-7.