

REFUGEE SUPPORT PROGRAM

ASYLUM SEEKERS TO CITIZENS: FROM DETENTION CENTRES TO INDEPENDENT HOUSING

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ABSTRACT

The Refugee Support Program, a non clinical community support program, is a recent initiative of UnitingCare Wesley Port Adelaide. The program works with asylum seekers who have exited Glenside Psychiatric Hospital, all of whom had recently been detained for a number of years in Baxter and other detention centres in Australia. This paper will outline the evolving history of the program in response to the complex needs of the clients, it will explore the roles and experiences of community support workers and provide views about the support from the perspective of the clients.

INTRODUCTION

The Refugee Support Program (RSP) is an initiative of UnitingCare Wesley Port Adelaide (UCWPA). The program is one of a dozen community mental health programs that UCWPA runs throughout South Australia. It provides a range of psychosocial supports including housing, assistance with living skills, bridging cultural gaps and establishing education and employment links.

The program was initiated at the request of the Special Stay Unit at Glenside Hospital (a psychiatric hospital), at the time when inpatients who were ex-Baxter Detention Centre residents in Port Augusta, South Australia, started to receive permanent and temporary visas. UCWPA was one of the agencies asked to coordinate accommodation and community support services for these people exiting Glenside Hospital. The Special Stay Unit accommodated approximately 30 clients who had experienced significant trauma and mental health issues within the Baxter Detention Centre. The unit was set up in April 2005 and closed down in May this year. UCWPA took the initiative to start the support program, even though funding wasn't secured, as the organisation felt that the sense of urgency around providing a service far outweighed the usual process of writing proposals and seeking Government funding.

Finding a home has been a key theme to our work and a high importance has been placed on establishing suitable accommodation. Along with my mental health work, I'm also a practising artist and have become interested in how the clients set up their homes, how they decorate and what they display. This slide show represents my interpretation of their new homes, their current accommodation, perhaps their safest haven in many years. The presentation accompanying these images will outline the evolving history of the program in response to the complex needs of the asylum seekers, it will explore the roles and experiences of community support workers working with this community and provide some views of support from the perspective of the clients.

BECOMING INVOLVED

UCWPA began discussions with the Australian Refugee Association in 2002 in regards to supporting people in detention. In 2004, a group of senior managers and staff volunteered to make regular visits to the Baxter Detention Centre, near Port Augusta. A 'Circle of Friends' (a voluntary group who network to provide support and advocacy to refugees) of approximately 18 people was formed to provide visits and support to 14 men (6 Iranians, 5 Africa, 3 Chinese). The men being supported had been in detention centres in Australia for on average five years. As momentum grew around the trauma experienced and mental health issues arising from being detained, some asylum seekers at Baxter were assessed and transferred to Glenside Psychiatric Hospital in Adelaide. Most were housed within a specific unit set up, the 'Special Stay Unit'. Others were accommodated in other sections of the hospital. Some asylum seekers were placed under the care of the Public Guardian and lobbying for visas was maintained by interested parties to the then Department of Immigration, Multicultural and Indigenous Affairs.

In mid 2005 UCWPA was asked by the Special Stay Unit to supply housing and community support to three Iranian men who had received temporary protection visas. Our agency was contacted due to the existing relationship our staff had with this group of Iranian men through the 'Circle of friends' contact. Through our organisation's housing association, Portway, a three bedroom unit was located

close to the UCWPA's offices in Port Adelaide. Shortly after this, another Iranian man residing at Glenside Hospital was given a permanent visa. This took agencies by surprise, which led to the recognition that a more structured and formal approach to accommodation and community support for these clients was necessary. The Refugee Support Program (RSP) was formed in mid 2005 to address the need for independent housing and to provide ongoing non clinical community support.

With the forming of the RSP, challenges included the unpredictable provision of visas from DIMIA. The men who were provided visas would sometimes receive notice; however some were notified within 24 hours which meant that UCWPA had to respond immediately to provide housing although discharge planning had not always been completed. Those still waiting for visas often drew conclusions that the access to RSP services would immediately lead to receiving a visa often raising false hopes. Some men did not receive visas at all and were either transported back to Baxter Detention Centre or other detention centres in Australia.

CURRENT SITUATION

The RSP has supported 11 clients and currently supports 8. All the clients are men, with 6 from Iran, 1 from Afghanistan and 1 from Bangladesh. All the men currently live in flats on their own. They all lobbied hard for this, stating that they had had at least 5 years living in groups and now wanted their own space. There are currently three Community Support Workers (CSW) and a Coordinator working for the program. All workers are also employed in other UCWPA community mental health programs. One CSW grew up in Iran and speaks Persian, another had visited other Afghans in Baxter Detention Centre and in the community. As a team we also work closely with a Uniting Church Chaplain who supports asylum seekers with pastoral issues. The chaplain makes regular visits to Baxter Detention Centre and supports many refugees including most of our clients in the community. Accommodation was coordinated by the CSW's, and units were secured through SA Housing Trust and several housing associations. Each client receives ongoing support averaging 4 hours per week, funded through the State Government's Mental Health Services.

No clients have had a hospital readmission during their time in our program. This has been a little surprising as we have had ongoing difficulty in accessing consistent, effective and fast clinical services in the community. Therefore as clinical issues arise in waves due to ongoing symptoms of post traumatic stress disorder (PTSD), non clinical services are required to coordinate care plans around clinical issues. We have found that providing effective support occurs through GP support and occasional visits to community mental health service psychiatrists.

Some clients have received case management services from mental health services however they are quickly discharged when stable due to demands and waiting lists. For example, we have one client with high needs who has been suicidal and has been discharged from community mental health services. Another high risk client has been moved to a monitoring list at the same time when his friends are frantically ringing our service for clinical intervention and advice. We have found that this is due, I believe, to a lack of understanding about the vulnerability of asylum seekers. It often seems that because these clients don't have schizophrenia or bi polar illnesses, community mental health services don't want to know.

MODEL OF SUPPORT

The RSP has evolved into a dynamic model of care where it is often required to be flexible and responsive to frequent changes of living status, visa status and the impact of mental health issues, these factors affecting the expectations of refugees for quality accommodation and lifestyle opportunities.

Refugee profile

Dr Fiona Hawker, psychiatrist at Glenside Hospital, describes the profile of the refugee community as complex due to experiencing mental health issues as a result of past traumas, isolation, loss of contact with family, systemic trauma from detention centres and delays in immigration processes. These experiences occur against a backdrop of positive family connections, often a high level of premorbid education and general functioning.

All the clients we work with have suffered serious mental health issues due to detention. We are working with clients with ongoing symptoms of PTSD. Depression is common, with clients experiencing a sense of hopelessness, distrust, feeling self destructive and suicidal. Some clients have experienced psychosis, sleep disturbances and a profound sense of loss and grief.

This profile has resulted in a range of complex needs resulting in the model of care needing to be responsive and flexible as it is often faced with changing life contexts as the refugee's opportunities broaden with community living.¹

The RSP therefore provides a range of psychosocial supports based on our clients' goals, and in partnership with key organisations such as STTARS (Survivors of Torture and Trauma, Assistance and Rehabilitation Service), Australian Refugee Association's Circle of Friends, Red Cross and other agencies.

Client centred goals

The RSP is a voluntary service with clients developing support goals. Each client has one and sometimes two support workers depending on needs. A goal plan is produced by the client, a clinical worker (in most cases the Special Stay Unit senior social worker) and our service. Goals are identified by the client and strategies are discussed and written up into a goal plan. Goals are regularly revisited and revised as circumstances change. Typical goals are securing suitable accommodation, furnishing, orientation to the local community, shopping and cooking, linking in with services such as ESL courses, TAFE, local GP, local Mental Health Service, Centrelink and job networks. Other goals that we have worked on with clients are budgeting, paying debts, support through Guardianship Board hearings, court appearances, liaising with immigration lawyers, and attendances at cultural celebrations.

A responsive, dynamic and flexible service

Client centred support with asylum seekers has had to be flexible in its approach. As much as possible support is between 9am and 5pm, though after hours and weekend supports are factored into the program. We have found that as a service we need to be dynamic and able to respond quickly to the varying demands and life changes experienced by the clients. We have found that all the clients had high levels of functioning previously to being detained and although they are experiencing symptoms of PTSD they aren't suffering ongoing negative symptoms of mental illness and are therefore capable of high levels of functioning. For example, support requests include assistance in getting a drivers licence, buying a car, going to English classes, getting qualifications recognised, organising interstate travel, further advocacy for overseas families and looking for work. These requests are sought with urgency and create workloads where need varies dramatically from week to week as the person gained improved mental health and were reconstructing their lives. These requests occurred at a faster pace and with more urgency than we had experienced with clients we support with mental illness within our other mental health programs.

CSW PERSPECTIVES

Community support work with asylum seekers has a number of differences from the support work within our other community mental health programs. Some other differences, challenges and interesting observations from the CSW point of view are;

- As workers we have had to plan and coordinate our support with the often many other agencies involved. Many people in the community are involved in assisting asylum seekers. It has the energy and media profile of the 'latest social issue' to be involved in. These clients are responsive to services, appreciative, hospitable, well groomed and have social skills that help them blend in with the mainstream.
- It can take time to gain trust and recognise a client's need.
- We are supporting clients with a high level of pride, and while they have a good ability to advocate for services, often feel embarrassed about receiving handouts or assistance. It can take some time to explain to the clients what areas we can provide support in. As an example I have had to explain to a client that we are not able to get a visa for his family; this is the role of your immigration lawyer. We can however support you to see your lawyer and in some cases pay for expenses.
- Because clients have become used to wide ranging friendships from supporters, workers have had to work through boundary issues. For example clients have often insisted in seeing a worker after hours on a social basis and have been keen to join in with the activities of their worker's family.
- The often high demand and urgency from a client has been identified as a trigger for CSW 'burnout'. In these cases tasks have been shared between workers and goals prioritised.

- There is less welfare dependency due to our client's ability to work, high levels of motivation, and an urgency in making up for lost time to set up a new life in Australia. Clients have also come from countries where there isn't welfare, only family supports.
- Support work has been put into learning about Australian culture, its laws, bureaucracy, language, education and employment systems.
- In this program workers have had more access to funds to pay for client's bills such as lawyers fees, car registrations and training fees. UCWPA has a donation scheme which has assisted in paying irregular bills.
- Some workers have found it challenging to not get distracted, confused and bogged down by our client's life stories and that it helps to focus on practical tasks that work towards client's goals.
- We have one client who is on a residential determination visa and is therefore not allowed to work or do vocational training. It is challenging to set goals because his future is uncertain and support is around social visits rather than focussing on tasks to start a new life in a new country.
- We are supporting the lobbying of Government services for a dedicated clinical service to work with the specific mental health needs of refugees who are now living in the community.

CLIENTS PERSPECTIVES

From interviews with clients, feedback was given on our service. Practical examples of help to pay for training courses, to find work and find a house were at the forefront of feedback.

- One client described his CSW as a "very very good man and happy about him".
- Assistance in advocating and interpreting was acknowledged.
- Having assistance in accessing training has been "good for my mind".
- Some clients have asked for only occasional support. One client stated that "it will help me recovery better if I try to do things himself".
- Through doing training courses there are more chances of a job and the choice to be specific in job searching.
- A client stated that before the training opportunities he would take lots of medication and look for factory work, now he could aim higher.
- Mental health was mentioned as being better since the alleviation of finding a suitable house and job.
- A client said he is now very hopeful about the future.
- Assistance in finding the first job was reinforced by some clients as there is a large gap in cv's due to being held in detention for many years and clients didn't want to explain this to employers. One client has experienced receiving an offer of a job and then the employer pulling due to temporary visa status. The client said the employer was scared off by the visa.
- One client expressed a sense of achievement in stopping smoking once he found a job and was occupied.
- Most clients have said they felt sceptical about our service in the early stages of support. One client suspected that we were ASIO.
- Clients have expressed difficulty, disappointment and surprise at 'things not being fixed', when they were released. Most clients have acknowledged the roller coaster of the on going effects of their trauma and the pressure of a new set of challenges around getting on with life and living in the community.
- Having access to resources has been of practical value. Examples include occasional money to do training courses, pay bills, lawyers fees etc. and use of a company car to practise driving to assist in gaining a taxi license.

HOMES

Access to suitable housing has been a key aim of support. Our clients had and some still view Glenside Hospital as their home; no fences, amongst friends, allowed visitors, and cared for by hospital staff. Most clients had requested accommodation near to the hospital on leaving. However, all, except one client is now living far from the suburbs surrounding Glenside in Adelaide's inner south east. Clients have expressed disappointment or at least surprise at the types of housing available for low income earners. Housing association flats in the suburbs don't look like the houses that people live in on television, homes of supporters and places that our clients have visited on excursions.

There has been a restlessness to upgrade their units to one's in better locations, and half of our clients have moved house at least once since leaving hospital. Their homes represent a start to a new life and

the safest haven they have had for many years. Maintaining adequate housekeeping has never been an issue in our support as the homes are generally tidy and often impeccable neat and stylishly redesigned.

We asked clients to describe what their home now means to them. Our clients advocated strongly to live alone, saying they had had many years living together and now wanted some privacy and peace. One client who has recently moved into a 2 bedroom housing association townhouse, had his mates over to help him paint and decorate in the first few days of tenancy. He said that he wanted to make his place like his house in Iran with similar furnishings. He said it was good to have a place and have his privacy after living in crowded accommodation for years. He said he can now buy furniture and change his designs at will. He has more choice on how he lives and how he decorates his home. In the 4 ½ years in detention he never got to choose his clothes or household items. The client stated that, because he doesn't have to change houses anymore he can buy furniture similar to what he had in Iran without the worry of ruining or losing it by moving. With a stable house he said he takes less medication and said his doctor was happy and surprised at how well he is.

CONCLUSION

There are and will continue to be, mental health issues, with some clients still experiencing nightmares, irregular sleep patterns and depression. For some, the words Woomera or Baxter bring on strong reactions and feelings of horror. There is also continued distress around separation from families as only permanent visa holders can travel outside Australia, and then there are financial restrictions to this due to low incomes.

The future of the Refugee Support Program is unclear at the time of writing. I believe it's still early days, with government and services still working out best ways to support asylum seekers. The RSP model of support has so far proven successful. A major factor in the success has been the ability of our Community Support Workers to be flexible and creative around their support. This has been backed up by an enthusiastic and supportive organisation who has been willing to take risks, trust their judgement, go into debt, and plough on regardless of funding uncertainties. So we continue to travel along with our clients and their ups and downs, supporting, and often thoroughly enjoying being part of their journey towards citizenship.

REFERENCES

1. Hawker, F., 2005 *Mental Health Issues of Detained Asylum Seekers*. (Unpublished) In-service for mental health and non government service providers.