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Service Provision and the Needs of Newly Arrived Refugees in Sydney, Australia: A Descriptive Analysis¹

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A refugee's greatest need for guidance is during the initial stages of resettlement, with service providers playing a key role during this period of the refugee experience. This study examines the factors influencing the level of awareness of and access to available services by recently arrived refugees to Sydney, as well as the major concerns/issues of key service providers in meeting the special needs of their clients. The creation of a refugee settlement policy administered by the federal and all state government departments rather than the current strategy of mainstreaming all services and generally categorizing the needs of all non-English speaking background (NESB)² migrants as the same would be a first step in meeting refugees' specific needs. Furthermore, consultation and cooperation between government agencies, mainstream nongovernment organizations (NGOs), and ethnospecific organizations both prior and subsequent to the refugees' arrival will minimize the risk of misguided and inadequate service provision.

Since 1975, Australia has officially resettled refugees at double the per capita rate (one for every 109 persons in Australia) of the United States (Hugo and Rivett, 1991:1), although Australia's refugee intake may well be in excess of this figure since there are those refugees entering Australia under categories other than humanitarian due to definitional problems or ease of acceptance, *e.g.*, family reunion. A critical period in the life of all newly resettled refugees and one having a potential long-term impact is the initial transitional stage. Service providers, both government and nongovernment, play a vital role in providing their newly arrived clients with direction and support. Is service adequate and does it meet the needs of refugees? To address this question, a survey of 45 key service providers was undertaken from May 1995 through January 1996, with results relating to service provision discussed below.

¹I am indebted to the 45 service providers who agreed to lengthy interviews, to Jan Kang for her constructive criticism, and Colleen Mitchell for her advice and comments, as well as the recommendations of anonymous reviewers.

²Acronyms are listed in Appendix A for reference.

RESEARCH DESIGN

The service providers were individually interviewed in the Sydney metropolitan area and were selected using the snowball technique. The informants included representatives from the Department of Immigration and Multicultural Affairs³ (DIMA), Department of Health, Department of Housing, and Department of Social Security, six Migrant Resource Centers (MRC), Refugee Advice and Casework Service (RACS), Refugee Council of Australia (RCOA), Service for the Treatment and Rehabilitation of Torture and Trauma Survivors (STARTTS), National Council of Churches of Australia (NCCA), Transcultural Mental Health Center, Adult Migrant English Program (AMEP), and a number of ethnic organizations including those representing Afghans, Somalis, Bosnian Muslims, Burmese, Cambodians, Serbs, Eritreans, Iraqis, Kurds, Jews, and Salvadoreans and others from the Spanish-speaking countries of Central and South America.⁴ Although refugees arrived in Australia from over 40 countries in each of the last four years, refugees from the former Yugoslavia and Iraq have comprised over 40 percent of total humanitarian entrants resettling in Australia over that period, with the former providing the greatest proportion (*see* Appendix B).

A comprehensive questionnaire was developed covering the many aspects of refugee settlement in Sydney: factors affecting resettlement; initial problems; socioeconomic status in country of origin; English language skills; local barriers to economic independence; mental and physical status of refugees; their use and assessment of medical facilities and available services and respective delivery. In order to ensure that sufficient key personnel would agree to the extended interview, organizations directly assisting recently arrived refugees were approached, as they had a vested interest in learning of and participating in this study.

SETTLEMENT POLICY

The Galbally Report (1978), commissioned by the federal government in response to the changing face of migration to Australia, was a watershed in settlement policy direction in Australia. The report (p. 4) concluded that:

. . . it is now necessary for the Commonwealth Government to change the direction of its involvement in the provision of programs and services for migrants and to take further steps to encourage multiculturalism . . .

³DIMA is the new generic name and portfolio for what was DILGEA (Department of Immigration, Local Government and Ethnic Affairs) and DIEA (Department of Immigration and Ethnic Affairs).

⁴Approximately 33% of key informants were ethnospecific community workers (including volunteers), 18% worked at MRCs as general migrant community workers, 13% were from DIMA management, 20% represented other government departments, 11% were affiliated with religious organizations, and 5% were employed in advocacy roles in NGOs. Of the 33% employed by government agencies, 24% were federal government employees, with the remaining 9% employed at the state level. However, the very large majority of the nongovernment organizations visited by the author rely, to a great extent, on government grants.

with closer involvement of ethnic communities and all levels of government essential. The recommendations presented were guided by the embracing principles of equal opportunity and access to programs/services for all members of society; cultural maintenance without fear of retribution; mainstream services to provide for most needs of migrants, with special services to ensure equality of access/provision; consultation with clients in preparation and implementation of services/programs with the aim of early self-reliance (p.4). Mainstreaming of services and emphasis on self-reliance was promoted and endorsed in subsequent reviews (e.g., CAAIP, 1988).

Today, service delivery to immigrants continues to be undertaken by federal, state and local government departments and ethnospecific, immigrant and other community-based agencies. Australian federal governments have been of the opinion, however, that tailoring special services to refugees would undermine public opinion and support (NPC, 1991). Moreover, since services should be available on the basis of need, refugees would not be disadvantaged (NPC, 1991:52) and, according to DIMA, should it cater to the special needs of refugees, this would "limit departmental flexibility in the delivery of needs-based services to a large variety of potential clients" (Jupp, 1994:44). Consequently, at the service delivery level, ethnospecific services currently uniformly meet the needs of both refugees and migrants (RRWG, 1994:5), thus ignoring the major differences in these two migration processes. However, there are a number of services available only to those entering Australia under the humanitarian program. These include treatment and rehabilitation of torture and trauma survivors; exemption from having to wait two years for immediate access to social security benefits; humanitarian workers assigned to assist entrants in meeting their settlement needs; a health awareness program; and those refugees in exceptional circumstances without family or friends in Australia may have access to On-Arrival-Accommodation (OAA)⁵ or assistance through the Community Refugee Settlement Scheme (CRSS).⁶

⁵The provision of accommodation and introduction to service providers by DIMA for a period of 13 weeks (may be extended under exceptional circumstances to 26 weeks).

⁶Administered by DIMA and comprised of volunteer organizations (community and service organizations, voluntary organizations, and religiously affiliated groups), CRSS was introduced in 1979 and since has settled over 38,000 humanitarian program entrants, including one-third of refugee and humanitarian entrants during 1995-96. Usually overseas Australian settlement officers determine need for CRSS group to assist refugee or Special Humanitarian Program applicant (priority: women at risk; emergency rescue entrants; lone entrants, large families, single parent families, entrant without established community group; disabled; those with limited literacy) and then notify DIMA-CRSS section in appropriate state. The CRSS is to provide settlement support with day-to-day matters for a minimum of the first 6 months in Australia. CRSS groups are entitled to \$600 for a single person and up to \$1,400 for a family of two, three or four (DIEA, 1994). However, frequent claims are made by Sydney humanitarian workers of new arrivals eligible for aid under CRSS but not referred by the overseas post.

There has been a mainstreaming of government services to ensure that the majority of settlement services are responsibilities of departments other than the DIMA. However, with frequent criticism leveled at government departments seeming to shirk from these responsibilities of access and equity provisions towards NESB immigrants,⁷ a National Integrated Settlement Strategy (NISS) was developed in 1992 to clarify and develop local, state and national settlement plans and policies, improve coordination, and enhance efficiency and effectiveness of resources while ensuring focus on the priority needs of migrants (without differentiating the needs of refugees from other migrants). By March 1997, all states and territories except New South Wales had completed integrated settlement plans. As a result, Cox (1996:12) reports that:

. . . settlement expanded to draw in a wide range of services, or newly arrived immigrants were directed to the full range of government and community-based services, with the access and equity initiatives hopefully ensuring an appropriate and effective response to their needs. At the same time, this array of services, programs and service delivery organizations were integrated under State Integrated Settlement Plans.

However, according to some informants, since the DIMA has been seen as responsible for immigrant settlement in the past, attempts at cooperation between respective government departments in realizing a common goal relating to such settlement has been fraught with difficulties. When requested to evaluate the success (or lack thereof) of the NISS, those key informants aware of the NISS (in the minority among NGOs) cited potential difficulties. Reasons included the omission of key community and government organizations in the preparation of the NISS agenda; the lack of coordination, communication, and commitment from a number of key government departments; and the absence of a common vision or ideology on how all services should be provided. As a result, respective departments were said to be seemingly driven by their individual departmental philosophies, with no legislative basis to ensure integration of services by all levels of government. These criticisms, along with the purported poor promotion of its objectives, have precluded a more favorable assessment after but two years implementation of the NISS.

Major Needs During the First Three Months in Sydney

Key informants were asked to select three major needs of client groups during the first three months in Australia, with the following results: housing

⁷The basic aim of access and equity is the elimination of barriers based on race, religion, culture, and language which prevent some community groups accessing government services and programs, thereby disadvantaging them socially and economically.

considered the major concern of refugees (65% of respondents suggested housing among the three major needs), followed by lack of English competency (51%), understanding the system (including availability and access to services at 38%), employment (34%), finances (31%), family reunion (21%), children's schooling (19%), and health concerns (13%). In comparison are the results of Morrissey, Mitchell, and Rutherford (1991:67); they surveyed 197 immigrants, who ranked the major problems faced during their first three months in Australia, in order of importance, as language, personal problems (homesickness, sickness, adjustment to climate), employment, and housing.

A healthy pace of settlement adjustment is difficult without adequate accommodation, especially when considering that many of these clients had to abandon their family homes and possessions and, as such, appropriate housing in Sydney would be the first step in reaching normalcy. Bereft of English language skills, the clients' understanding of the system, access to services as well as employment opportunities and financial independence are thwarted. Although only approximately one out of five cited family reunion as one of the three key concerns during the first three months in Sydney, it should be remembered that a number of the service providers dealt with more established refugee groups who may have already had their reunions or their families are dispersed, reestablished and secure in another safe haven. Also, learning how the system operates (cited by 38% of service providers) could likewise render valuable information on family reunion. Therefore, the author suggests that family reunion is a far greater concern than the results imply.

The health issue rated lower than may have been anticipated, but this could be the result of the Australian government's overseas medical screening of applicants (for infectious diseases and disabilities), underreporting by clients to informants, clients' distrust of Western medicine, indigenous cultural beliefs and practices, clients' disregard of any ailment self-assessed as inconsequential or not life-threatening, and/or the fact that other needs overwhelm the client with little time to consider personal health conditions.

Factors Influencing Level of Awareness of Available Services

The general level of awareness of available services among recently arrived refugees seems to be influenced, at the outset, by the particular humanitarian category under which the entrant arrived in Australia. There was consensus among service providers that those residing in OAA were likely to be more familiar with services than those arriving under Special Humanitarian

Program (SHP)⁸ or Special Assistance Category (SAC)⁹ because the sponsors of the latter were themselves, at times, not conversant with the current status of available services.

Additional suggestions tabled which might explain the varying levels of service delivery awareness included the following. (*See also* Jupp, McRobbie and York, 1991; Jupp, 1994.)

- Sponsor's background and understanding of the service sector; apparently, misinformation has been an unintentional by-product from some sponsors, often themselves earlier migrants or refugees, not conversant with changes to service provision.
- Client being accustomed to similar service sector in former home country or not.
- Lack of English language competency.
- Understanding by support network (including ethnospecific community workers such as Grant-in-Aid (GIA)¹⁰) of the existence, role, and access to service providers.
- Effects of prearrival experience on individuals' ability to manage information overload, *i.e.*, retain information to be followed up as the need arises.
- Social dispersion of the community.
- How well established the ethnic community is.
- Orientation of clients at overseas posts.
- Awareness of and access to major NGOs such as MRCs.

In an attempt to ensure that dispersion of information on services among clients is more equitably distributed and understood, respondents' recommendations included:

⁸Accessible for those having a link with Australia and who have suffered persecution within their own country or for those who due to flagrant violation of their human rights have left their countries; applicants responsible for meeting their own travel expenses to Australia (BIMPR, 1995).

⁹Introduced to provide a more flexible response to changing overseas conditions which may inflict severe hardship and suffering among individuals or groups. The groups designated as eligible for the SAC category are determined by the Minister for DIMA, with those individuals and/or groups having close links with Australia (relatives or community groups); all travel expenses must be met by the applicant. Australian residents offering to sponsor applicants are required to provide assistance to the applicant and dependents for at least the first 6 months in Australia, but this has neither been monitored nor policed. Both SHP and SAC programs target those who do not meet the U.N. Convention definition of "refugee" but are at risk and have special links with Australia (BIMPR, 1995).

¹⁰There are about 325 Grant-in-Aid workers funded by the federal government to initiate and manage settlement-related services to specific migrant groups or refugees. Some grants are directed to assist disadvantaged groups; others target high-priority groups such as refugees, the aged, women, youth, and those living in rural and remote areas (DIMA, Canberra, August 20, 1996).

- Improved government support, education, and monitoring of sponsor.
- Provision of more written material in client's language and expanded media coverage in language of client group.
- Ensuring sponsors understand the depth and breadth of their commitment to refugees.
- Sponsors being provided with checklists of available services – one such checklist is provided for OAA clients and CRSS arrivals – with a summary of respective functions and appropriate contacts, preferably written in sponsor's language as well as in English.
- An attempt to clearly define the role of each service provider in terms understood by the layperson – in this case the refugee – written in the native languages, with appropriate contact person(s) per service.
- Improvement of service provider access to prospective clients (problem of overcoming unintended ramifications of the Privacy Act).

The expense involved in the above would be marginal when considering that not only would improved efficiency in the use of such services be extended but it would, at the same time, assist the federal government towards realizing the two key objectives of the government's Social Justice Strategy, *i.e.*, access and equity.

Major Problems in Accessing Services

Awareness of the existence, availability, and right to use settlement services, particularly for smaller ethnic communities, were the most frequently cited explanations for lack of access and use, followed by the insensitivity of staff towards refugees.

Distrust of government agencies, minimal self-confidence, monolingualism of service sector, cultural issues, inappropriate health assessment due to marginalization of cross-cultural understanding, unavailability of written information in primary language, shortages of interpreters and bilingual speakers, lack of knowledge of how the services operate, location of services, excessive use of services due to concentration of clients in particular geographical areas, competing with other Australians in accessing services (such as public housing), appropriateness of services, office hours, absence of legislative requirements in terms of access and equity provisions of services, clients' concern over costs, and the rigidity of administration in applying regulations (more prominent in some government departments than others) were all observed as further explanations for access constraint.

The tendency of client groups to rely on their families and the informal support network for provision of advice and assistance often covered by NGOs and/or government agencies was identified by respondents as another

factor explaining problems of service access and was similarly noted in Morrissey, Mitchell, and Rutherford (1991). This is to be expected, but it could explain the prevailing lack of awareness of the existence and operation of available settlement services. The information provided by the family/or informal support group may be less than accurate, further causing anxiety and stress among clients needing to access particular services. It was also suggested that the smaller emerging communities are more prone to misinformation, rumors, and innuendos. Ethnic service providers continue to receive inquiries from new clients, resident in Australia for many years yet still unaware of service options. In other words, there is an apparent need to better educate sponsors on current availability and access criteria for all settlement services, perhaps by means of updated checklists.

Underutilization of Existing Services

Ninety-three percent of informants believed that the major reason for underutilization of available services, such as community health services, was the monolingualism of the health service system and the lack of English language skills on the part of the client groups. This perception needs to be explored due to the availability of the Telephone Interpreter Service (TIS), as the responses imply either lack of awareness or inadequacy of services, particularly to ethnic minorities. However, additional factors cited as explaining the lack of service usage include lack of awareness of the existence of such services; services culturally unfamiliar to the clients; uncertainty of the function of particular services; distrust of government-affiliated services and personnel; lack of access to the service(s), of availability of culturally sensitive interpreters, and of guidance in understanding how the system operates (*see also* HREOC, 1995). In an effort to overcome many of these obstacles, one ethnospecific organization – the Australian Jewish Welfare Society – conducts a comprehensive interview and assessment of each refugee within 24 hours of arrival, providing advice on services available and ongoing support, including assistance in enrolling students into appropriate educational institutions.

Duplication in Service Provision

Approximately 80 percent of informants felt there was overlap in services, but this was not solely among NGOs since overlap also could be found among government departments. NGOs, autonomous by their very nature, fail to fill gaps in service provision due, in part, to this level of autonomy. The lack of coordination and cooperation between NGOs (also noted by Pittaway, 1991; Holton and Sloan, 1994) can result, for example, in a number of different

agencies being involved in the same case, thus misallocating scarce resources with duplication in the advocacy role when the focus should be more on direct service. There also may be competition between rival factions servicing the same ethnic group, leading to duplication of services. The lack of funding certainly ensures that gaps in provisions exist (*see* Pittaway, 1991; Iredale and D'Arcy, 1992).

Overlap between government and nongovernment funded organizations in the provision of the same services, information, and referral services may also occur. A number of informants suggested that the source of this problem was the funding bodies' poor monitoring and coordination strategies. Furthermore, competition among agencies for adequate resources was considered as part of the problem, as resource allocation appeared to be submission-based (*i.e.*, competition) rather than needs based.

Staff Training and Service Provision

Unanimous agreement among informants stressed the need for improved staff training techniques – rather than, perhaps, additional training – with obligatory ongoing information sessions to ensure that inconsistent, inaccurate information does not continue to emanate from the same office from different levels of staff. The lack of sensitivity displayed by policymakers and mainstream service providers to refugee issues, a common problem, likewise must be addressed, perhaps under the auspices of service organizations catering to torture and trauma survivors. It is a damaging indictment against specific government authorities when community groups advise clients, who are not conversant in English, against approaching just those organizations created to service their needs!

SOCIAL JUSTICE STRATEGY AND REFUGEES

Subsequent to the Galbally report (1978) and following the implementation of many of its accompanying recommendations, there were endless reviews of multicultural and immigrant programs (Jupp, 1992:135). However, as Jupp remarked, the notions of access and equity were still not wholly understood nor, therefore, realized by 1990 and many would suggest still today. Part of the problem has been that many of the services required for settlement are outside the realm of the DIMA and, hence, depend on the adoption of access and equity principles by other government departments and personnel, with Jupp (1992:137) claiming that the publication of departmental access and equity programs has ensured compliance – or has it? Jupp attributes service delivery weaknesses among agencies directly involved with immigrants more

to funding than other factors (1992:137). The RRWG and the key informants thought otherwise, with factors other than funding seemingly deterring the successful adoption and implementation of the principles of access and equity. They attributed the problem to the government continuing to resist recognizing the specific needs of refugees as compared to voluntary NESB immigrants and to structural barriers within departments (*i.e.*, inability to respond due to departmental rigidity).

Factors which key informants believe thwart access and equity principles being successfully implemented in relation to refugees included:

- Absence of a refugee settlement policy and therefore little distinction in settlement needs noted between refugees and other NESB immigrants by government departments or even the Ethnic Affairs Commission;
- Size of community (*i.e.*, the smaller the community size, the greater the likelihood of lesser access due to lack of community workers and/or bilingual speakers);
- Geographical dispersion of smaller, emerging communities may make it difficult for comprehensive service delivery;
- Available resources disproportionately allocated to more powerful migrant groups at expense of smaller, less vocal communities;
- Implementation of principles of access and equity based on fiscal considerations rather than social justice;
- Staff lack of appreciation and understanding of cross-cultural and ethical issues;
- Government departments view as an add-on responsibility rather than part and parcel of their *raison d'être*;
- Lack of agreement and coordination between government departments;
- Need for long-term attitudinal change in government departments (throughout the bureaucracy);
- The three levels of government without the authority to demand implementation from other agencies;
- Difficulty in obtaining local government involvement – although gradually improving in some municipalities – yet the grass-roots ethnic community is most easily accessed here;
- Waste of resources within government departments where the skills of bilingual staff are underutilized and thus undervalued;
- Recruitment policy of staff, especially in upper management, not inclusive of client group served;
- Staff knowledge and implementation of access and equity principles left wanting;
- Staff knowledge of access to own services questionable;

- Attitude of service providers towards refugee clients bordering on prejudicial behavior;
- English language inadequacy combined with lacking provision of access to bilingual speakers or written material in native language;
- Lack of awareness by refugees of existence of and means to access such services;
- Range of available services unknown to many community workers;
- Few outreach activities;
- Little promotion of services on ethnic radio and TV.

Many informants believe that federal and state agencies still view refugees as the domain of DIMA, thus ignoring settlement concerns which would be within their responsibilities to address (Jupp, 1994). Therefore, the need for a distinct government refugee resettlement policy was reiterated as a means of resolving this issue.

There are other informants, however, who pursue the government's line of minimal differentiation between NESB immigrants and refugees, thereby promoting self-reliance and public acceptance. This is aligned with the National Population Council (NPC, 1991) argument that although refugees will be major recipients of such settlement services, they should not be distinguished from other migrants. Similarly, Cox (1996:18) commented that as long as immigrants know of and are willing to access appropriate services, the full range of welfare services provided are being accessed by immigrants (via bilingual speakers and cross-culturally trained staff), and the services are appropriate for meeting the needs of NESB migrants, then specialist settlement services would be unnecessary. This may well apply to NESB immigrants in general, but many refugees have needs distinct from those of other immigrants and other Australians, which must be the focus of appropriate service providers.

In spite of the absence of a refugee settlement policy, the special needs of refugees must be identified, acknowledged, and incorporated as part of the respective portfolios of all government departments and agencies (within the NISS if need be), preferably with accompanying legislation; extra funding (although needed) would not be the lone issue, and government staff perception of refugee access issues as merely an adjunct would be marginalized.

Finally, the need for agencies' recruitment policies to more accurately reflect the composition of its clients was suggested by a large number of respondents as a key towards improving the level of understanding and sensitivity of departments and staff to the settlement needs of the clients (confirmed in Hazebroek *et al.*, 1994:84; Holton and Sloan, 1994:323).

DISCUSSION

A first step towards meeting refugees' specific needs would be the creation of a refugee settlement policy to be administered by all federal and state government departments. Most importantly, this would provide a mechanism to facilitate contact between service providers (both government and NGO) in need of assistance and to further bridge the communication link with community support groups. The fear expressed by some of limits to public acceptance should be tempered with a public education program (such as promoted in Sweden), along with government monitoring of all programs and funding disbursements including ongoing assessment of success (or lack thereof).

There was near unanimous agreement that cooperation between mainstream NGOs, government agencies, and ethnospecific organizations is a prerequisite in attempting to meet the clients' needs which, as said, may vary between individuals and/or groups (Jupp, McRobbie and York, 1991). It was observed by a number of respondents, for instance, that the needs of women, children, and the elderly are especially at risk, with providers often unaware of an existing problem (Ben-Porath, 1991; Thomas and Balnaves, 1993). It is only through educating and training all practitioners (especially staff most in contact with refugees) on cross-cultural and ethical issues that the clients' needs will become more visible to those who can make a difference.

The creation of a databank for all service providers on the current state and availability of settlement services offered by government and nongovernment organizations would further assist in providing immediate reference for needy clients. This type of information would be especially useful to organizations which may not have a refugee brief, as the notion of separate needs of migrants and refugees is not well developed. The RCOA's computer information network, currently under trial, will hopefully provide such a facility.

A major concern expressed by many NGO respondents was the issue of funding requirements, government responsibilities, and expectations as the government makes greater demands on these organizations while restricting access to appropriate resources. Furthermore, according to key informants, inadequate and uncertain funding along with fragmentation of service providers (Hazebroek *et al.*, 1994:xv) upset meeting the needs of new arrivals, although the implementation of the NISS was said by some to have reduced the degree of fragmentation (although this is a matter of contention, as indicated earlier). Again, the common denominator was lack of coordination evidenced in duplication in service delivery of some arenas and gaps in others; as well, short-term funding is impairing long-term planning, stability, and operation, especially in attracting appropriately skilled staff.

NGOs seem more than willing to accept added responsibility and accountability as long as adequate funding is forthcoming. It is also inherently necessary that there be effective monitoring facilities implemented to ensure the government (and, ultimately, the general public) that funds have been optimally allocated within the service sector and to put to rest comments such as factional infighting, lack of skills and expertise, and lack of coordination between and within some NGOs.

Therefore, to ensure that service providers are meeting real rather than perceived needs, there must be close and frequent contact through, perhaps, forums engaging individuals at the policymaking level from these sectors. Without ethnospecific community involvement in such discussions, there is a threat of misguided and ineffectual services being available while the clients' genuine needs remain unheralded. A common complaint was the reactive nature of government to the ills of an ethnic minority with, for example, the first GIA (on a part-time basis) for the Somalian community only appointed in 1995, and similar past experiences by the Afghan, Cambodian and Bosnian communities (*see* Jupp, 1994). In addition, some informants believed that the annual distribution of grants did not allow for flexibility in such provision as community needs could arise/change from the time of grant submission. Thus, the community would have to wait until the following year's funding round to have their application examined.

CONCLUSION

In summary, consultation and greater coordination between all service providers should be undertaken prior and subsequent to the refugees' arrival. Service providers consulted should be inclusive, *i.e.*, those who work with refugees on the ground. The service providers should be informed of the numbers, background, and anticipated location of arrivals to allow appropriate ethnospecific agencies and humanitarian workers coordination of their community support to supplement and complement the government's. Certainly, the government's role in the provision of housing, health, and education is not in question, but NGOs should be acting as a link to ensure that, for example, healthcare professionals are cognizant and respectful of the cultural and/or religious mores of their clients.

There should be regular forums on a local regional level and then feeding into a state forum. Perhaps it could be modeled on the Refugee Support Network, where representatives of government departments are invited, along with interested NGO representatives, meeting on a monthly basis to identify issues for discussion. A cross-section of NGOs is inevitably in atten-

dance with information disseminated and issues canvassed and follow-up when required. Therefore, the key to meeting the needs of the clients is through coordination and consultation between the government and NGOs, including community representatives from the recent arrivals, ideally under the auspices of a refugee settlement policy.

APPENDIX A
TABLE OF ACRONYMS

AMEP	Adult Migrant English Program
DIMA	Department of Immigration and Multicultural Affairs
GIA	Grant-in-Aid
HREOC	Human Rights and Equal Opportunity Commission
MRC	Migrant Resource Center
NESB	Non-English speaking background
NCCA	National Council of Churches of Australia
NGO	Nongovernment organization
NISS	National Integrated Settlement Strategy
NSW	New South Wales
OAA	On-Arrival-Accommodation
RACS	Refugee Advice and Casework Service
RCOA	Refugee Council of Australia
RRWG	Refugee Resettlement Working Group
SAC	Special Assistance Category
SHP	Special Humanitarian Program
STARTTS	Service for the Treatment and Rehabilitation of Torture and Trauma Survivors

APPENDIX B
TOP TEN REFUGEE SOURCE COUNTRIES FROM 1990-91 TO 1995-96

Country	1995-96		1994-95		1993-94		1992-93		1991-92		1990-91	
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
Former Yugoslavia ^a	6,221	45	5,100	38	3,665	32	3,133	29	337	5	0	-
Iraq	2,170	16	2,245	17	949	8	1,333	12	1,231	17	8	1
Iran	644	5	394	3	156	1	97	1	318	4	338	4
Cambodia	549	4	600	4	452	4	5	-	14	-	35	-
Afghanistan	499	4	268	2	564	5	689	6	906	13	266	3
Sudan	426	3	323	2	315	3	-	-	-	-	-	-
Somalia	382	3	330	2	276	2	-	-	-	-	-	-
Burma	360	3	500	4	400	4	-	-	-	-	-	-
Ethiopia/Eritrea ^b	392	3	382	3	440	4	493	5	210	3	111	1
Vietnam	271	2	1,507	11	2,298	20	1,902	17	1,561	22	3,136	40
Other	1,910	14	1,713	13	1,835	16	3,287	30	2,580	36	3,761	49
Total arrivals	13,824	100 ^c	13,362	100 ^c	11,350	100 ^c	10,939	100	7,157	100	7,745	100 ^c

Source: DIMA Research and Statistics Branch: *Immigration Update June, 1994*, June 1996.

^aReliable data not available for component countries comprising former Yugoslavia until 1995-96.

^bReliable data for Ethiopia and Eritrea unavailable prior to 1995-96. No entrants under humanitarian status at that time.

^cDue to rounding, actual total does not equal 100.

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