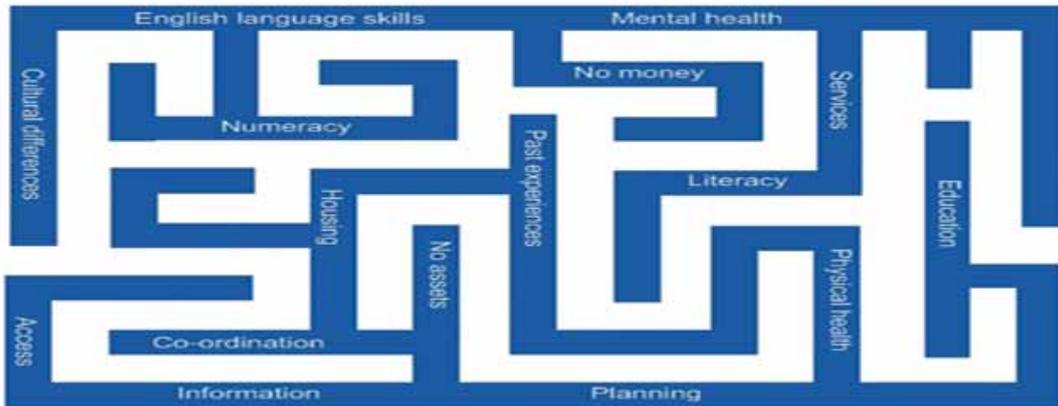




Western Australia

auditor general's report



PERFORMANCE EXAMINATION

Lost in Transition: State Services for Humanitarian Entrants

Serving the Public Interest

Report 3
June 2008



AUDITOR GENERAL
FOR WESTERN AUSTRALIA

THE PRESIDENT
LEGISLATIVE COUNCIL

THE SPEAKER
LEGISLATIVE ASSEMBLY

**PERFORMANCE EXAMINATION – LOST IN TRANSITION: STATE SERVICES FOR
HUMANITARIAN ENTRANTS**

This report has been prepared for submission to Parliament under the provisions of section 25 of the *Auditor General Act 2006*.

Performance Examinations are an integral part of the overall Performance Auditing program and seek to provide Parliament with assessments of the effectiveness and efficiency of public sector programs and activities thereby identifying opportunities for improved performance.

The information provided through this approach will, I am sure, assist Parliament in better evaluating agency performance and enhance Parliamentary decision-making to the benefit of all Western Australians.

A handwritten signature in black ink, appearing to read 'C. Murphy'.

COLIN MURPHY
AUDITOR GENERAL
11 June 2008

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Auditor General's Overview

Humanitarian entrants are a small group, and consequently there is a risk of them being overlooked in the midst of competing priorities in large mainstream agencies. They are also a vulnerable group and have complex needs reflecting their experiences and living conditions before arriving.

If agencies do not make services accessible and effective, humanitarian entrants are likely to face ongoing settlement issues, leading to entrenched social problems. It is better for the whole community that humanitarian entrants receive effective health, housing and education services now, rather than waiting until they become socially and economically disengaged, come into disproportionately frequent contact with the police and justice systems, and face long-term dependence on social support services. We cannot afford to have humanitarian entrants getting lost in the transition to becoming productive members of the community.

This does not mean that humanitarian entrants should somehow receive special treatment. They should have the same access and outcomes as all Western Australians. To deliver this, agencies will need to take account of the particular needs and skills of humanitarian entrants and adapt both what they do and how they do it.

Effective service delivery requires a constant process of adapting services, particularly where the characteristics and needs of the target group change. This is a particular focus of this report. Although humanitarian entrants have been coming here for decades, the experiences and needs of recently arrived entrants are different to those who have come before.

A number of the issues I am raising will have implications for other groups that face language, literacy and other obstacles to getting the services they need. I would urge agencies to consider the messages from this report in the broader context of planning their wider service delivery strategies.

Executive Summary

Western Australia has provided a place to settle for humanitarian entrants for many years. Those arriving in recent years have complex needs not seen in previous groups. These needs reflect the conditions in which they have lived before coming here. They have often suffered torture and trauma and spent long periods in refugee camps without basic services.

A range of factors can influence how quickly and successfully humanitarian entrants settle, including English language skills, literacy and numeracy, health and the capacity to get healthcare. These factors have a flow on effect on a humanitarian entrant's ability to secure a home and employment, to use legal, financial and social support systems and to engage with the broad Western Australian community.

If the needs of humanitarian entrants are not addressed there is a risk that they will not participate in and contribute to the community and that social problems will develop and become entrenched. Providing accessible and effective services is very important for the entrants and the community. At the same time, it is a challenge for agencies to adapt to both the complexity of the needs, and the barriers humanitarian entrants can face in accessing services.

Key Findings

- *Humanitarian entrants have complex needs which if not addressed could have serious social and economic consequences for them and the State.*
- *Agencies have limited information on how humanitarian entrants use their services and whether they are effective.*
- *Humanitarian entrants may not be identified as 'at risk' in mainstream services until significant problems arise.*
- *A State Government review raised concerns but, so far, few of its recommendations have been implemented.*
- *There are examples that show how approaches to service delivery can be changed to improve access.*
- *Humanitarian entrants still face difficulties in getting services because:*
 - *agencies have not adequately addressed language and literacy obstacles and considered what is the most effective service delivery approach*
 - *the inflexible application of policies and criteria can prevent humanitarian entrants getting the most appropriate service*
 - *there is a lack of coordination between agencies in providing services to humanitarian entrants, making access to services more difficult.*

Key Recommendations

Agencies should:

- improve their information on humanitarian entrants' service needs, usage and service effectiveness to support planning and service delivery
- review, in consultation with other agencies, the most effective way of providing access to state government services for humanitarian entrants
- increase learning between services and agencies on which approaches deliver services most effectively to humanitarian entrants
- have an appropriate range of strategies to address the language and literacy obstacles faced by humanitarian entrants
- identify services where accessibility and effectiveness may be improved through more flexible application of policies or program criteria
- develop a more coordinated approach to the planning and delivery of state government services to humanitarian entrants including opportunities to relocate or collocate.

Responses from Agencies to the Report

Department for Communities (Office of Multicultural Interests)

The Department for Communities supports in principle the overall findings and recommendations. Many of the findings and recommendations relate, however, to service delivery, which does not fall within the Department's normal course of business to humanitarian entrants, and therefore it is inappropriate for the Department to comment on some of the specific findings and recommendations. As identified in the report, the number and settlement within Australia of humanitarian entrants is the responsibility of the Federal Government, in particular the Department of Immigration and Citizenship which is responsible for the Integrated Humanitarian Settlement Strategy (IHSS) and the Settlement Grants Program (SGP). It is not possible to properly assess the ability or success of state government agencies in relation to planning and service delivery without putting it in the context of the information, funding and other support provided by the Federal Government and the responsibility passed on to State Government agencies without adequate or sufficient funding.

The Department notes the finding relating to the implementation of the recommendations of a State Government review. Most of this review's recommendations relate to other government agencies, including the Federal Department of Immigration and Citizenship. The Department provides a coordination role into developing an implementation plan for the recommendations. As part of this role, state government agencies have provided feedback to the Office of Multicultural Interests which identifies that many of the recommendations have had a significant level of implementation, albeit not necessarily specifically in response to the recommendations contained in the report but in relation to the issues identified by the review and in relation to which the review

was making recommendations. It is also noted that a key recommendation of the review, being the establishment of a pilot project to provide a holistic range of key services to humanitarian entrants and for which the Department has responsibility, has been fully implemented with the establishment of the Integrated Services Centres pilot project at Koondoola and Parkwood Primary Schools and which has been funded up to 30 June 2008.

Department of Education and Training

The Department acknowledges the findings of the report and appreciates the opportunities to improve on existing practices and will consider the report recommendations. However it is recognised that many of these have resource implications which will need to be initially addressed.

The Department is highly cognisant of the high level educational and pastoral needs of humanitarian entrant students and the risks of failing to respond to these. The needs of these learners are unprecedented and the Department, like many other agencies across Australia, has been challenged in establishing effective services which address these complexities.

While the Department feels there are ways to improve the delivery of services to this group of students, particularly in relation to cross-agency coordination, we also believe that the Department has made considerable progress in trialing and developing a range of responsive strategies and practices, such as:

- a suite of assessment and monitoring tools which allow student progress to be monitored and interrogated at individual student, group, school and system level
- practices to promote the use of interpreters and/or translators when communicating with culturally and linguistically diverse communities.

Responding and addressing the needs of humanitarian entrants is gradually being incorporated into mainstream practice as students transition from ESL programs, and many mainstream schools are using their resources flexibly to develop innovative practices. Work has commenced to share and promote these good practices.

Department of Health

The Department of Health (DoH) agrees with the findings and confirms that the report is factual and accurate as it relates to the DoH. The DoH notes, however, that the situation described needs to be taken in context, and that the settlement of humanitarian entrants in Western Australia is part of a national program for which the Commonwealth Government has responsibility.

In the DoH's view there is scope for the Commonwealth to provide more assistance to the State, particularly in terms of addressing the needs of the 50 per cent of humanitarian entrants who are sponsored by individuals or organisations and are ineligible for assistance under the Commonwealth's Integrated Humanitarian Settlement Strategy and Settlement Grants Program. The health needs of this group are, as a consequence, being met by State agencies, placing a significant resource burden on public health and hospital systems.

Similarly, Western Australia records a very low uptake of the new refugee assessment under the Commonwealth's Medicare Benefit Scheme. Consequently, new assessments are undertaken predominantly by the DoH's Migrant Health Unit (MHU), the costs of which are borne by the DoH as doctors employed by the MHU are not eligible to recoup for these services.

Western Australia's MHU provides a model for Australia of a specialist refugee health service, providing a concentration of expertise and experience not found in mainstream health services or the non-government sector. In that regard, I note that the DoH's MHU and Princess Margaret Hospital's Refugee Health Clinic are cited as successful examples of additional targeted services for refugees, and how entry points for mainstream services can be adapted to make services more accessible, respectively.

The DoH recognises the need for coordination and cooperation with other agencies in meeting the needs of humanitarian entrants, and has participated on the Across-Government Working Party on Settlement Issues of African Humanitarian Entrants and the subsequent implementation group.

The DoH welcomes the observations and findings made, and the opportunity to continue working with other agencies in coordinating services to humanitarian entrants through the auspices of the Office of Multicultural Interests.

Department of Housing and Works

The Department of Housing and Works (DHW) fully supports the findings of the report.

DHW will improve our information on humanitarian entrants service needs, their use of our services, and will use this information to improve effectiveness, to support planning and to trial new forms of service delivery. DHW will review, learn from others, address obstacles to communication, update interpreter and cultural awareness, more flexibly apply policy and program criteria for this group, and will coordinate planning and service delivery with other agencies for this group, including considering collocation and relocation where appropriate. DHW will collaborate, and where the opportunity arises, lead interagency mechanisms related to housing and housing services for humanitarian entrants.

Subject to funding, DHW will use NGOs to fill gaps in service delivery for recent and settled humanitarian entrants in WA. DHW is carefully choosing how to do this through a revamping of our outsourced tenant support services program as part of the ongoing review of public housing service delivery which identifies the need for a more case/place-managed approach for specific high need client groups. DHW note that the Commonwealth are also introducing a scheme to manage high-needs clients from 1/7/2008 and wish to point out the need for inter-government collaboration at both a strategic and an operational level in WA.

Although refugees from the areas of the world affected by conflict have been settled in WA for over 60 years, post 1996 entrants present a unique challenge. There are important contextual factors in understanding the frustration at the present moment in providing social housing for this vulnerable group:

- Changes to introduction and orientation methods (conducting this off-shore) mean there is no longer a way to provide a WA-specific introduction and orientation about services to migrant groups before settlement. This has reduced the social capital of both the service recipients and in some cases the WA community and can further exacerbate the variety of levels of knowledge that the groups have about Australia.
- There has been a long-term persistent contraction of funding from the Commonwealth for the construction of new public and community housing which has meant DHW provides only 4.2 per cent of housing stock, as opposed to five per cent in 1996.
- DHW believes the role of the Commonwealth in both lead coordination and 'handover' of responsibility six or 12 months after on-shore arrival, has been questionable.

Humanitarian entrants have been settled in Western Australia for many years

Settling humanitarian entrants in Western Australia is part of a national program. Australia has accepted refugees from the United Nations High Commissioner for Refugees (UNHCR) since the end of World War II. Since that time, Australia has provided resettlement for more than 650 000 people.

Under its humanitarian program, Australia offers resettlement to people displaced by humanitarian crises for which no other durable solutions exist. Often they have been subject to persecution or gross violation of human rights in their own countries and subsequently fled this mistreatment. They are referred to as ‘humanitarian entrants’ and include refugees under the United Nations Convention relating to the Status of Refugees. Australia’s program is intended to ensure that resettlement is offered to those in greatest need.

Around 6 700 humanitarian entrants have been settled in WA in the last five years

Since 2002-03, approximately 6 700 humanitarian entrants were settled in WA, with more than 70 per cent arriving from Africa (Figure 1).

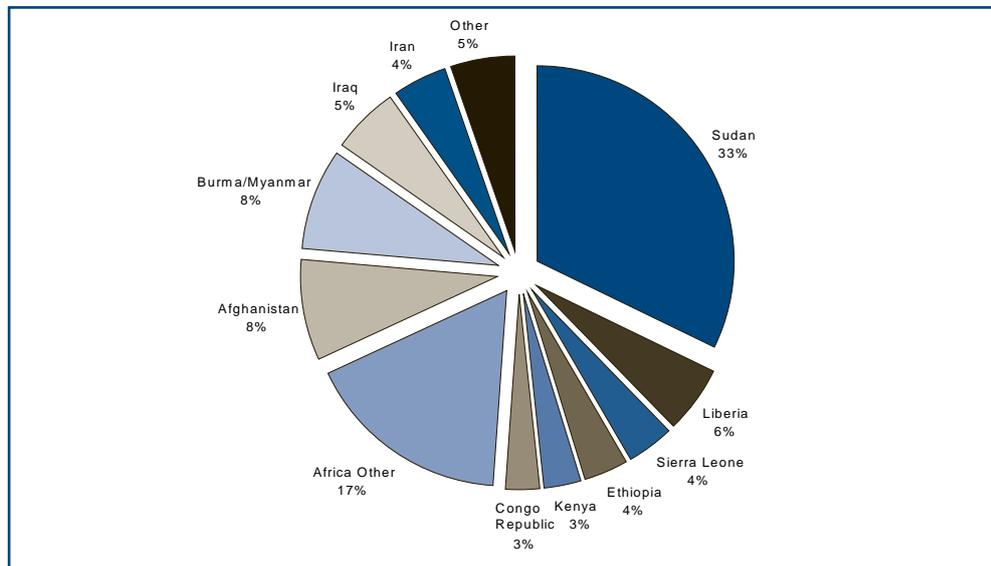


Figure 1: Country of birth of humanitarian entrant arrivals to WA in the last five years (2002-03 to 2006-07)

Africa is the largest source region in the past five years (70 per cent), followed by Asia and the Middle East. Over this period, humanitarian entrants came from more than 60 countries.

Source: Department of Immigration and Citizenship

The countries that humanitarian entrants come from change over time depending on where conflict is occurring (Figure 2). In the late nineties, humanitarian entrants were mainly from the Balkans. More recently, most have come from Africa, Afghanistan, Iraq and Burma/Myanmar.

Humanitarian entrants have come from many countries in the past 10 years, and there are often differences of languages, culture and ethnicity within groups from the same country. There is also a range of experience, skills, literacy and education levels.

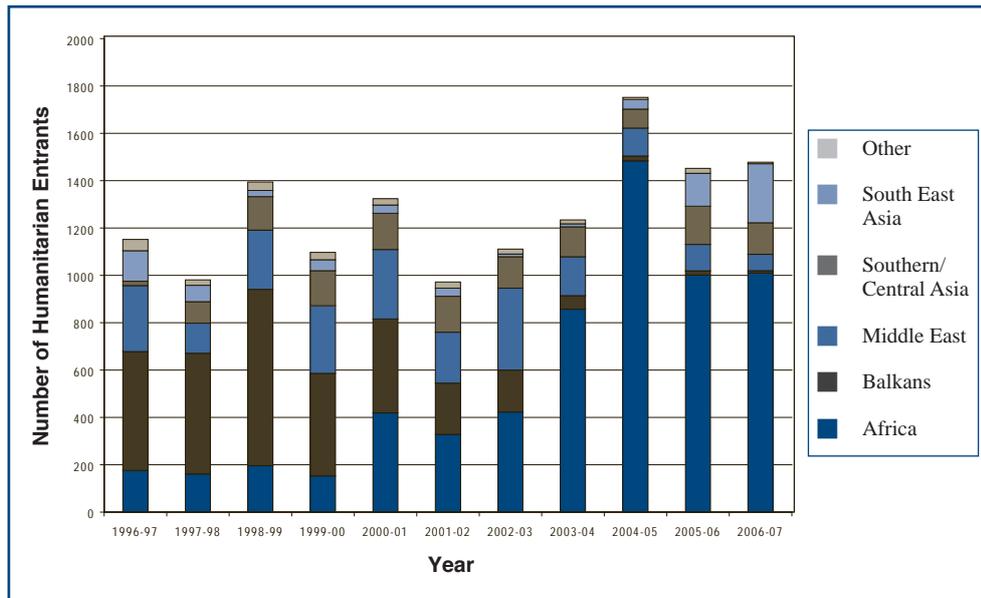


Figure 2: Changes in region of origin over the past ten years

The country of birth of humanitarian entrants has changed considerably since 1996. The overall number of humanitarian entrants arriving each year has also increased during this time.

Source: Department of Immigration and Citizenship

The Commonwealth Government provides initial settlement services for the first six months

The Commonwealth Government determines the number of humanitarian entrants to settle in Australia each year. They discuss the number of humanitarian arrivals they expect to settle each year with State and Territory governments.

Under the Integrated Humanitarian Settlement Strategy (IHSS) humanitarian entrants receive intensive settlement services from a contracted provider for six months after arrival. Ongoing settlement support services are provided by a contracted provider for up to five years after arrival under the Settlement Grants Program (SGP). The SGP provides casework and referrals but not intensive support.

The IHSS and SGP focus on helping humanitarian entrants achieve self-reliance as quickly as possible by developing their skills and linking them to mainstream services such as income support and other services in the community.

The IHSS provides:

- on arrival reception and assistance
- accommodation services
- case coordination, and information and referrals to other service providers, including state agencies
- short-term torture and trauma counselling services.

Around 50 per cent of humanitarian entrants are sponsored by an Australian individual or organisation (the proposer). The proposer is responsible for providing support and assistance as the humanitarian entrant settles. IHSS services are available to help proposers and, if a proposer's ability to support a humanitarian entrant is limited, the IHSS service provider may decide to provide some or all IHSS services to the entrant.

The Commonwealth reviewed the IHSS in 2003 and recognised the complexity of current humanitarian entrants' needs. An Interdepartmental Committee of Australian Government agency heads convened in 2006 to develop a whole of government strategy and proposals to improve settlement outcomes for humanitarian entrants. The proposals include, for instance, the planned introduction of Complex Case Support in 2008 to provide early intervention strategies for clients with complex settlement needs, in addition to current IHSS programs.

The State Government offers targeted and mainstream services

On arrival, all humanitarian entrants are eligible, as permanent residents, to access all State Government services such as education, housing, health, transport, and employment and consumer protection.

In addition to mainstream services, the State Government funds and provides three targeted specialist services for humanitarian entrants through the Migrant Health Unit, Princess Margaret Hospital Refugee Clinic, and the Integrated Services Centres pilot project which collocates a number of services. It also provides one-off grants to non-government organisations (NGOs) and community groups toward humanitarian entrant targeted programs.

Some other targeted services such as the Intensive English Centres (IECs) and the Adult Migrant English Program are delivered by State agencies with Commonwealth funding and are not limited to humanitarian entrants, but include other migrants. In early 2008, the Commonwealth increased funding for humanitarian entrant students in IECs. DET has used these funds to allow students to stay longer in IECs (up to 24 months).

The Federal Government also funds English as a Second Language (ESL) programs in mainstream schools. Unlike other states and territories, the WA Government does not contribute discrete funds to IEC and ESL programs.

A State Government Working Party report in 2006 identified that recently arrived entrants had complex and specific needs not seen in previous groups which, combined with higher numbers of entrants, were presenting challenges to state agencies in providing services to them. It noted, as have other research and reviews, that there are risks for the entrants and the community if services do not meet needs.

Examination focus and approach

Our performance examination addressed two key questions:

- Do agencies plan for humanitarian entrants and are services effectively coordinated?
- Can humanitarian entrants access state services and are the services effectively delivered?

We focused on the extent to which mainstream service providers understand, and adapt their delivery approaches to humanitarian entrants. We assessed how communication, physical and other obstacles are addressed in mainstream services.

Our scope covered people who arrived after 2001, were granted permanent residency in Australia while living overseas, and so are eligible for State services immediately on arrival. This includes visa subclasses for Refugees, Women at Risk and the Special Humanitarian Program (sponsored entrants). We excluded those who applied for refugee status while in Australia.

Health, housing and education are State services that are critical to settlement of humanitarian entrants in the community, and form part of the full range of state services available to humanitarian entrants. We focused on three agencies:

- Department of Health (DoH)
- Department of Education and Training (DET)
- Department of Housing and Works (DHW)

We also reviewed overall coordination and therefore included the Office of Multicultural Interests (OMI) a division of the Department for Communities, which has policy, education and coordination roles relevant to humanitarian entrants. We consulted the Equal Opportunity Commission as our approach was also informed by the State Government's Policy Framework on Substantive Equality.

Lost in Transition: State Services for Humanitarian Entrants

Humanitarian entrants have been settled in Western Australia for many years (continued)

In particular, we examined seven targeted and four mainstream services (Table 1).

Agency	Commonwealth funded targeted services delivered by the State	Targeted mainstream State services	Mainstream services (State Government)
Department of Housing and Works			Rental housing Bond assistance
Department of Health		Migrant Health Unit Princess Margaret Hospital Refugee Clinic Community Refugee Nurses	WA government health services
Department of Education and Training	Intensive English Centres (up to 2 years tuition) ESL programs in mainstream schools		Pre-primary, primary and secondary schools
Office of Multicultural Interests		Integrated Services Centres (pilot project) One-off grants to NGOs and community groups (also available to other migrant communities)	

Table 1: Summary of relevant targeted and mainstream services provided by agencies

In conducting the performance examination we:

- interviewed key agencies and NGOs
- consulted with members of the Sudanese and Afghan communities
- conducted file and document review.

Humanitarian entrants have complex needs but agencies have little information on how effectively these are being addressed

Key Findings

- *Humanitarian entrants have complex needs which if not addressed could have serious social and economic consequences for them and the State.*
- *A State Government review raised concerns but, so far, few of its recommendations have been implemented.*
- *Agencies have limited information on how humanitarian entrants use their services and whether they are effective.*
- *Humanitarian entrants may not be identified as 'at risk' in mainstream services until significant problems arise.*

Recommendations

Agencies should:

- improve their information on humanitarian entrants' service needs, usage and service effectiveness to support planning and service delivery.

Humanitarian entrants are relatively small in number, and there is a risk that their needs will not be recognised in the midst of competing priorities in large mainstream agencies. If agencies do not address this risk, entrants may not be able to participate in and contribute to the community and social problems are likely to become entrenched and costly. To design and deliver services, agencies need to know what services humanitarian entrants need, how they use them and if they are effective.

Humanitarian entrants have complex needs and there are risks if services do not meet these needs

Humanitarian entrants needs reflect their living conditions before coming to WA

In 2006, the State Government noted that recently arrived entrants had complex and specific needs not seen in previous groups. In many cases, humanitarian entrants have spent significant time as refugees, mostly in camps. The camps often have minimal or non-existent education and health care systems, and economic activity and community structures. The entrants are often traumatised, illiterate in their own language, displaced, and dislocated from their family, community and country (Figure 3).

Lost in Transition: State Services for Humanitarian Entrants

Humanitarian entrants have complex needs but agencies have little information on how effectively these are being addressed (continued)

Many recent arrivals come from cultures that are very different to Australia with very different laws, social practices, financial, banking, health and social systems.

A range of factors can influence how quickly and successfully humanitarian entrants settle, including English language skills, literacy and numeracy, health and the capacity to get healthcare. Underpinning these is a knowledge of public services and how to obtain them.

These factors have a flow on effect on a humanitarian entrant's capacity and ability to secure a home and employment, and to use legal, financial and social support systems. They can also affect their engagement with their community and the broader Western Australian community.

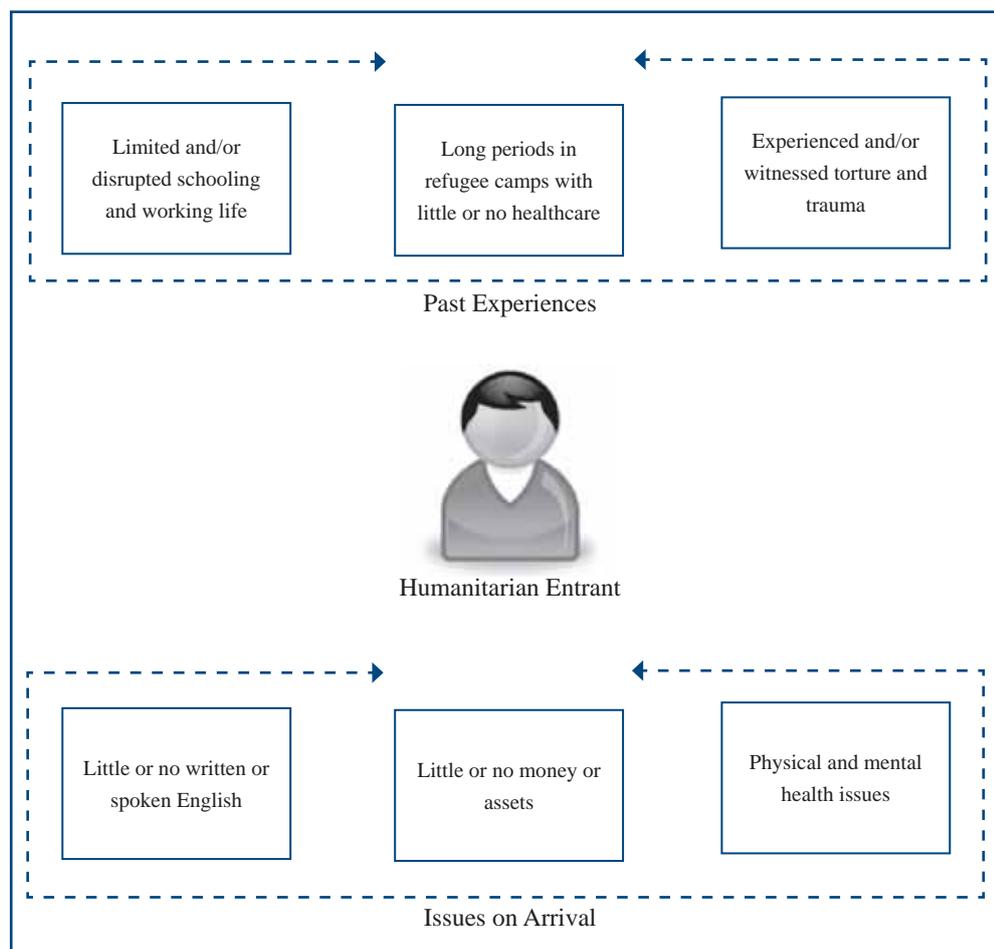


Figure 3: Typical experiences and immediate problems for humanitarian entrants on arrival

Many humanitarian entrants have more complex needs than most other migrants.

Source: OAG

Meeting entrants' needs represents a challenge for state agencies and requires them to adapt their services to make sure that entrants have similar access and outcomes to other Western Australians. This approach is in line with the State Government's policy on substantive equality.

The Commonwealth Department of Immigration, Multicultural and Indigenous Affairs (now Department of Immigration and Citizenship) noted in 2003 that humanitarian entrants can make a significant economic contribution and provide intellectual, social and cultural capital. The Department recognises that, overall, humanitarian entrants are determined to rebuild their lives, be productive members of the community and 'give back' to the country that has given them protection and refuge.

There are risks for humanitarian entrants and the community if their settlement requirements are not addressed

State, Commonwealth, non-government organisation and academic research and reports have highlighted the risks to both humanitarian entrants and the broader community if settlement and mainstream public services do not effectively help them to rebuild their lives.

The risks identified include:

- poor physical and mental health and alcohol and drug dependency
- poor school achievement and attendance
- homelessness and housing stress.

Lack of access to education, health and housing can result in social isolation, unemployment and family breakdown. In turn this can result in social and economic disengagement, contact with the justice system, and long-term dependence on social support services.

A State Government review raised concerns but, so far, few of its recommendations have been implemented

In 2005 the then Minister for Citizenship and Multicultural Interests established an Across-Government Working Party on Settlement Issues for African Humanitarian Entrants, chaired by the Parliamentary Secretary to the Premier, which reported in 2006.

The report found that humanitarian entrants are vulnerable to unemployment, poverty, racism and social exclusion. It identified that they have high needs in health, education, independent living and financial management, that service providers lacked the skills and resources necessary to meet new arrivals requirements effectively.

The Working Party report contained 87 recommendations, 60 of which relate to State agencies. The WA Government noted the content of this report in May 2006 and an implementation committee was formed in November 2007. By the end of March 2008 it had met three times and now includes eight agencies. Nine recommendations have so far been implemented (eight in education), including the establishment of two pilot Integrated Services Centres. The committee is preparing an implementation plan for the remainder for submission to Government.

A more recent, region specific, review has highlighted that some of the issues identified in the working party's report are still present. The 2007 Northern Suburbs Culturally and Linguistically Diverse (CaLD) Interagency Reference Group Scoping Study found a lack of evidence to suggest that service providers are meeting the needs of humanitarian entrants and noted a lack of interagency collaboration.

Agencies do not have key information to support better services for humanitarian entrants

To deliver the right services in the right way, agencies need to have good information about the needs of humanitarian entrants, whether their services are used and whether the services are effective.

Agencies have limited information on whether their services are used or effective

Agencies do not have good information on how humanitarian entrants access and use their services and how effective their services are in meeting humanitarian entrants' needs. The limited information that some agencies collect is often not well used for service planning or monitoring.

Little monitoring is done by agencies of the use of their services by humanitarian entrants, whether they access services, or whether targeted services are effective in enabling humanitarian entrants to access mainstream services. For example:

- DHW does not know how many humanitarian entrants have been housed in the last five years, how long they waited relative to other clients, or whether these numbers are comparable with other groups relative to the total humanitarian entrant population because their data systems do not identify humanitarian entrants
- DoH does not monitor if humanitarian entrants keep the appointments made in referrals from their initial screening, or if usage patterns show that they are not completing the full course of treatment offered. They also do not have good information on the pathways humanitarian entrants take in the health services.

An example of the monitoring that can be done is a program introduced by DET in 2007 which describes a student's progress in learning English as a second language. It will enable DET to monitor student progress in mainstream schools, or have a view of how effective individual IECs are overall in improving their student's English abilities. Not all schools are using this program yet.

At a more strategic level, agencies do not assess customer needs to identify and resolve gaps in their services. Humanitarian entrants are a diverse group with differing needs, indicating that agencies should conduct gap analyses at community as well as statewide levels. Agencies do not measure service outcomes for humanitarian entrants.

Staff in agencies are often not aware of the customer data that is available in their systems and so do not use it to plan services. For instance, DHW does not use the demographic data it collects to decide which of its offices needs interpreters on site.

Improving this situation does not require large scale system changes. Rather it may require more consistent application of existing data collection policies and/or that agencies find more direct ways of engaging with humanitarian entrant groups. For instance, in one agency we examined, data provided by humanitarian entrants on country of birth, language spoken and need for interpreter was not always recorded electronically even where they have the capacity to do so. Other more service specific data was not complete or recorded accurately.

Humanitarian entrants may not be identified as ‘at risk’ in mainstream services until significant problems arise

Humanitarian entrants are small in number and consequently do not show-up in mainstream services as having significant problems or unmet needs. This presents the risk that they will not be identified as an ‘at risk’ group until other social problems become significant.

In mainstream services priorities tend to be based on client numbers not on risk or complexity of need. Consequently, humanitarian entrants are unlikely to be identified as a vulnerable group, and services targeted accordingly. Instead, agencies may not react until humanitarian entrants appear in over-representative numbers in other areas such as police, justice, child protection, and drug and alcohol dependency. At this point, their problems are likely to become more acute and entrenched.

Limited language skills and cultural familiarity make it difficult for humanitarian entrants to engage collectively or individually with the ‘system’ to advocate for their needs and promote change. In many instances NGOs take on this role. Advocacy within government for humanitarian entrants falls within the Office of Multicultural Interests’ broader responsibilities for promoting and developing policies on multiculturalism and culturally and linguistically diverse communities.

The need to engage differently with humanitarian entrants is not widely recognised in mainstream services

Key Findings

- *There are examples that show how approaches to service delivery can be changed to improve access.*
- *Humanitarian entrants still face difficulties in getting services because:*
 - *agencies have not adequately addressed language and literacy obstacles and considered what is the most effective service delivery approach*
 - *the inflexible application of policies and criteria can prevent humanitarian entrants getting the most appropriate service*
 - *there is a lack of coordination between agencies in providing services to humanitarian entrants, making access to services more difficult.*

Recommendations

Agencies should:

- review, in consultation with other agencies, the most effective way of providing access to state government services for humanitarian entrants
- increase learning between services and agencies on which approaches deliver services most effectively to humanitarian entrants
- have appropriate strategies to address language and literacy obstacles faced by humanitarian entrants
- ensure agency policies and guidelines on using an interpreter are up to date and provide regular training to staff in working with an interpreter and cultural awareness
- identify services where accessibility and effectiveness may be improved through more flexible application of policies or program criteria
- develop a more coordinated approach to the planning and delivery of state government services to humanitarian entrants including opportunities to relocate or collocate.

There are examples that show how approaches to service delivery can be changed to improve access for humanitarian entrants

In some areas, mainstream services have been changed to take account of the limited capacity that humanitarian entrants have to engage with them. These examples tend to arise in response to concentrations of demand from humanitarian entrants at a particular location or entry point to a mainstream service. They tend not to be parts of a broader strategy to adapt the approaches used to deliver mainstream services.

The changes that we saw in mainstream services tend to be either an additional targeted service specifically for refugees, or changes to the way the entry point to the mainstream service functions in a particular location. We also saw instances where informal changes to normal practices had developed to make it easier for both humanitarian entrants and the agency.

Intensive English Centres (IECs) are an example of an additional targeted service. Attached to schools, they provide intensive English language education for humanitarian entrants and facilitate their transfer to mainstream schooling. The Migrant Health Unit (MHU) also has some elements of this approach, providing a screening service specifically for humanitarian entrants and referrals on to other healthcare services, and is described in more detail below.

THE MIGRANT HEALTH UNIT

WA Health provides a targeted service designed for new humanitarian entrants: the MHU. The MHU provides free initial screening for selected health conditions, and sees around 70 per cent of humanitarian entrants. In other states, general practitioners do most of this initial screening.

The IHSS service provider brings humanitarian entrants to two appointments at the MHU, which is located in central Perth close to public transport. An interpreter is present for the screening and subsequent appointment when humanitarian entrants receive their test results.

Where the IHSS is not involved, humanitarian entrants are less likely to get to the unit and so receive this screening. WA Health and IHSS providers recently set up a process of sharing information so that this group are more likely to receive screening at the MHU.

After the initial visits the MHU then passes the humanitarian entrant's file to a community health nurse who visits them (with an interpreter) in their home. The nurse helps them find a local general practitioner and takes them to outpatient and other referrals.

Lost in Transition: State Services for Humanitarian Entrants

The need to engage differently with humanitarian entrants is not widely recognised in mainstream services (continued)

The way the refugee health clinic at Princess Margaret Hospital (PMH) operates illustrates how the entry point to mainstream services can be adapted to make it more accessible to humanitarian entrants as detailed below.

THE PMH REFUGEE HEALTH CLINIC

The clinic's refugee liaison officer helps humanitarian entrants attend by organising the appointment and helping the family get to the hospital, arranging transport if necessary. This reflects the limited transport options that humanitarian entrants often have, and the difficulties they can experience in accessing the health system through normal channels.

The clinic has multidisciplinary teams in one location providing a range of services. They use on site interpreters as well as telephone interpreters and monitor and change practices as needs change.

There has been an informal change to normal practices in how housing applications are completed and lodged in the northern suburbs, where there is a concentration of humanitarian entrants. Rather than entrants filling in their own applications and lodging them individually, an NGO fills in the forms and delivers them to the Mirrabooka DHW office.

This works for the entrants as a reasonable level of English is needed to complete the form (it is eight pages long) and reduces the risk that their application might be refused because information is incomplete or incorrect. It also saves them a journey to the DHW office which would need to coincide with the availability of an interpreter. The change also suits DHW, as the forms are more likely to be accurate, complete and easier to process and avoids peaks in demand at the front counter.

These examples demonstrate the potential for flexibility in mainstream services to meet humanitarian entrants' needs. We found that information on these approaches is not generally shared or applied more widely. Without a more strategic approach, there is the risk that some of the pathways that humanitarian entrants could use to access services will remain inaccessible.

Humanitarian entrants face obstacles in getting services

Language and literacy

Agencies do not in general make sufficient use of suitable interpreters and rarely have written information in appropriate languages on their websites, in publications or on signage in public areas.

None of the sampled agencies provides information on their services in a format that is suitable for humanitarian entrants who cannot read or write English. All correspondence and brochures about services were written in English. This makes it difficult for humanitarian entrants to successfully access government services since most cannot read basic English.

Using Interpreters

Agencies use interpreters, but do not often train staff in how to use interpreters or in cultural awareness. Agencies do not monitor if staff use interpreters as often as they should. There is a lack of awareness and in some cases a reluctance among some service providers to use telephone interpreter services.

Family members, friends, and other community members are also used as interpreters. Using someone to interpret, who is not a professional interpreter, can result in:

- inaccurate interpretation with serious outcomes or legal consequences
- deliberate withholding of 'difficult' information
- stress for family members exposed to inappropriate information
- lack of confidentiality.

We recognise that agencies face difficulties when there are no or few qualified interpreters in a particular language or dialect. This is particularly true of smaller communities of humanitarian entrants who have only recently come to Australia.

Even when agencies use a professional interpreter, difficulties can arise. For instance, if the interpreter is not from the appropriate cultural group or if a female interpreter is not used in discussing personal medical detail with a female patient.

DHW, for example, has interpreters in languages suitable for some humanitarian entrant communities in several offices at set times each week. Each DHW region is responsible for deciding if they need an interpreter on site regularly, and in what languages. They make this decision based on their perception of demand, rather than data on need and usage.

Although interpreters are used for discussing sensitive and personal matters, such as priority housing applications, domestic violence and health problems, DHW has not provided its staff with training in the use of interpreters or cultural awareness.

DET also does not provide its staff with guidance on when to use interpreters, but advised that its use of interpreters has increased more than 40 per cent from 2005 to 2007.

OMI developed and made available (free of charge) a guide for using interpreters but it is out of date and agency staff we spoke with were not aware of the booklet.

Overcoming low levels of literacy

Another difficulty for humanitarian entrants with limited literacy skills is finding the interpreter. In some government offices information that an interpreter is available is often printed in English or clients are expected to find out through word of mouth. One solution is the introduction of the national symbol for interpreters (Figure 4). None of the agencies we looked at currently uses this symbol. Implementation of the symbol is planned to be part of the implementation of the revised Language Services Policy being developed by OMI.

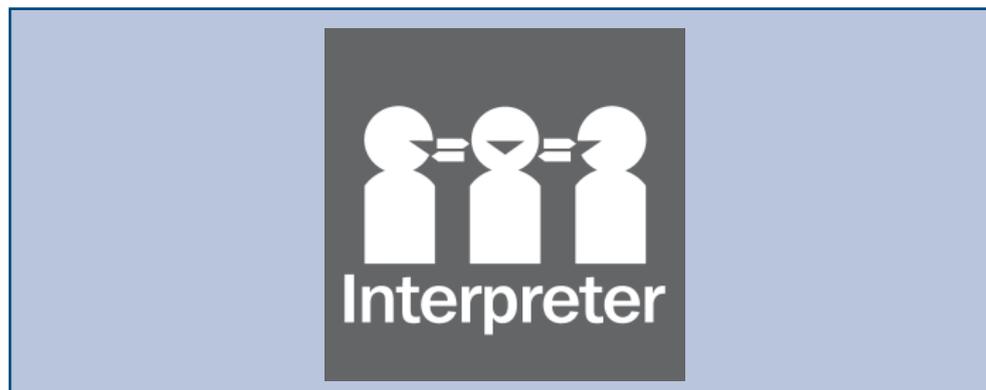


Figure 4: National Interpreter Symbol

The interpreter symbol is a public information symbol developed nationally and provides a simple way of indicating where people with limited English proficiency can ask for language assistance.

Source: Department of Immigration and Citizenship

Providing information in multiple languages

An example of overcoming language barriers in written information is the BreastScreen WA web page which gives key information in multiple languages so that humanitarian entrants who do not speak English can access it. The website has:

- links to 'other languages' on its home page
- a fact sheet in 29 languages and three brochures, in 10 or 15 languages
- advice on how to obtain an interpreter, including a free interpreter for appointments and group bookings (some women are more comfortable to book as a group)
- a poster in 12 languages seeking comments on BreastScreen WA's service.

DHW recently added information in 12 languages (other than English) onto their website about how to get an interpreter.

In contrast, most of the advertising for and information provided by services such as HealthInfo and HealthDirect on health service providers and health advice is only in English. These are potentially key sources of advice and information for humanitarian entrants.

The location of some services makes it difficult for humanitarian entrants to access them

Agencies have not generally adapted their services to changes in humanitarian entrants' settlement patterns. Consequently, humanitarian entrants have to travel significant distances and may have to make multiple journeys in order to access services. Having to make multiple journeys can be a barrier to accessing services.

While this situation also affects other Western Australians, humanitarian entrants tend to encounter greater difficulties as they are often not familiar with how to catch buses and trains and may not have the capacity or resources to get a drivers' licence and or a car, which limit their access to services.

Previously, humanitarian entrants were settled initially together on one site. This enabled agencies to provide information and services to them on that site, reaching a large number of people at once. Entrants are now spread between a number of suburbs and have to travel to access individual services, involving multiple journeys using multiple modes of transport.

We identified some examples of where more flexible service delivery has occurred. These include the transfer of an IEC to a school in an area where recent humanitarian entrants settle. DET have also opened three new IECs to cater for the increased demand for these services. DET provides school buses or public transport tickets for students attending IECs. They also help parents get to school events. This support does not continue when students leave the IEC.

However, given the location of some IECs and the variety of suburbs where humanitarian entrants live, children travel long distances to attend IECs. Students then change schools once they exit the IEC or face long travel times to remain at the same school.

Without transport, humanitarian entrants can become isolated, miss out on services or only attend for a short time.

Integrated Services Centres (ISCs) are an example of services from several agencies and NGOs have been collocated at two of the schools humanitarian entrants attend when they first arrive.

INTEGRATED SERVICES CENTRES

ISCs are attached to two IECs and are piloting the coordinated delivery of multiple services in one location.

Staff provide community liaison and psychological, health and other care that students and their families need at one location. This enables families to more easily access multiple services, and the agencies to better coordinate those services for those families.

Inflexible application of policies can reduce the accessibility and effectiveness of services for humanitarian entrants

Mandatory limits on usage and the inflexible application of policies can be a limitation on either the service being effective for humanitarian entrants, or an obstacle to them accessing the service.

Targeted services are often limited to a specified time after arrival, or provide a limited number of service episodes. This reduces the effectiveness of these services in achieving intended outcomes. In the mainstream, inflexible application of policies can cause humanitarian entrants to receive a less effective outcome or not access a service. We found a number of examples where greater flexibility may deliver more effective or accessible services.

Intensive English Centres time limits and placement in schools by age

IECs reflect many of the elements of better practice. DET assesses each humanitarian entrant on their history to identify risks and the length of time the student needs to spend at the IEC. However, the requirement for humanitarian entrant students to move to mainstream schools after a maximum of 24 months in an IEC fails to recognise:

- that many will not achieve sufficient proficiency in English to participate effectively
- most had minimal schooling before coming to Australia. The average years of schooling for recent entrants fell from 7.2 in 2001-02 to 2.4 by 2004-05.

Placing older students, in particular, into mainstream schools in age-based classes puts at risk their ability to integrate into the schools and progress their education. The potential outcome is truancy, disengagement and disruptive behaviour affecting the wider school community.

Teaching Languages Other Than English to humanitarian entrant students

In one school we visited, humanitarian entrant children who did not speak English were being taught a Language Other Than English (LOTE). This was because policy requires that all students in public schools be taught a LOTE.

Some humanitarian entrant children had come directly to the school because no IEC places were available for them. Their English proficiency was very low, and improving their English rapidly was key to them engaging and integrating into the school. Despite this, compliance with the policy means the humanitarian entrant children who already speak a LOTE but not English, spend time learning a (second) LOTE.

This contrasts with the approach adopted by another school where the timetabled time for LOTE has been used to provide additional English classes to humanitarian entrant students. The school was highly conscious that this flexible approach was a breach of mandatory policy.

Staying on the list – housing and outpatient services

DHW write to humanitarian entrants in English asking them to confirm that they still want to be on the waiting list for public housing. The letter asks for a response within two weeks or the applicant is taken off the waiting list. This policy is uniform across all applicants. It can, however, take longer than two weeks for the humanitarian entrant to get the letter translated by a friend or community member and understand that they have to reply, by which time they will have been removed from the list.

Similarly, all hospital outpatients receive letters in English advising them of their appointments. If they do not attend an appointment, patients may not be given another appointment and may have their referral withdrawn.

If they are unable to attend an appointment, patients should call the administrative helpline, Outpatient Direct, to change their appointment times. A humanitarian entrant will need to get the letter translated (by someone they trust to know their medical details) and then have the skills to use Outpatient Direct.

Humanitarian entrants often rely on NGOs and other service providers or individuals to then advocate on their behalf to have their referral or housing waiting list place reinstated.

Agencies have not adequately considered different ways of delivering services to overcome the obstacles humanitarian entrants face

The overall approach to delivering services to humanitarian entrants has not changed to bridge the gap between recent entrants' more complex needs and their lack of skills in accessing services. The range of services humanitarian entrants require coupled with their lack of information on these services and where to get them can be significant barriers to access.

We identified a number of different approaches to improve access to services (Figure 5). Agencies have not generally considered whether one or a mix of approaches would improve access and effectiveness in services to humanitarian entrants. Currently the use of these approaches tends to be ad hoc or driven by NGOs or communities.

Lost in Transition: State Services for Humanitarian Entrants

The need to engage differently with humanitarian entrants is not widely recognised in mainstream services (continued)

Broker (eg, Migrant Health Unit)	Identifies needs, finds service provider and gives humanitarian entrant some help to access service. Usually provide a specific service on arrival.
Embedded (eg, bilingual community worker in community)	Workers from local communities who know what services are available and help humanitarian entrant to access them.
Advocate (eg, NGO)	When things go wrong with a specific service or accessing a service. Help humanitarian entrant to put their case to the agency.
System Advocate (eg, CaLD Housing Crisis Committee)	Advocate on behalf of system. Usually an NGO that has noticed the system is not functioning well or there is a gap.
Link/facilitator (eg, HealthDirect, HealthInfo, NGO)	Advise humanitarian entrant on services and service providers.
Service link (eg, Community Relations Integration Officer):	Raise awareness and facilitate access for specific types of services.
Caseworker (eg, Special Housing Assistance Program)	Usually available when humanitarian entrant has a range of complex issues, often impacting on each other, which can be resolved through the actions of more than one agency. Agencies may need to work together to provide help. Provided after humanitarian entrant has been here some time.
Collocated services (eg, Integrated Services Centres)	Located at schools, staff provide community liaison and psychological, health and other care students and their families need. The ISC approach also helps teachers focus on teaching the student English rather than dealing with these other issues.

Figure 5: Different approaches to improve access to services and to get the greatest benefit from multiple services

There is a range of approaches that agencies or service providers could adopt to address a need or overcome obstacles.

Source: OAG

One or more of these strategies could also assist humanitarian entrants in transitioning between services. Agencies should investigate these and other approaches when trying to improve the effectiveness of their services.

We recognise that, as for all communities, informal networks based on family, friends and the local community develop and provide information and advice on how services work and how to access them. These networks develop over time and while these can be recognised and supported by agencies, they should not be relied upon to substitute for effective agency information provision.

NGOs are filling gaps in service delivery

NGOs currently play a key role in the provision of services to humanitarian entrants, but government agencies have not always considered what their role should be and how best to involve them. NGOs have often assumed advocacy and case management roles to fill gaps between agency service delivery and the capacity of humanitarian entrants to engage with those services.

While not always their role, NGOs often negotiate with agencies on behalf of an individual or explain to humanitarian entrants how to access services. NGOs also, at times, identify a problem with a service and then advocate for system change as well as for individual humanitarian entrants.

As NGOs can be closer to, and more reflective of communities, they provide an option for building capacity within communities. They are another avenue that agencies can use to identify and address gaps in services.

The State agencies provide funding to NGOs in the form of grants to deliver services. The grants generally last for a year at most or are 'one-off' grants.

It is not apparent that these grants are part of a coordinated funding program with specific outcomes and derived from a system wide assessment of need. This can result in duplication of services, and limit the development of important capabilities within humanitarian entrant communities.

GRANTS FOR COMMUNITY RELATIONS INTEGRATION OFFICERS (CRIOS)

The grants for CRIOS are one-off and for 12 months only. This program was a response by OMI to consultations which showed that many members of new and emerging communities were experiencing difficulties in accessing, or are unaware of, the range of services and programs available to them.

For instance, one program run by one of the CRIOS aims to encourage and support humanitarian entrants to access services relevant to their needs, with a particular focus on women from Africa.

NGOs consider that providing grants for such a short time limits the networks that these officers can develop and the level of skill they can pass on to communities before the project finishes. It is also difficult to retain skilled workers with the knowledge and networks as the position is only available for a year.

OMI has recognised these problems, and is seeking longer term funding arrangements for this program consistent with Government policy.

Meeting humanitarian entrants' interdependent needs requires greater cross-agency coordination

The interdependent nature of humanitarian entrant needs increases the number of separate interactions they have with agencies and service providers, when they face obstacles in engaging with individual services. Coordination between services and agencies is important to enable humanitarian entrants to access multiple services, and for agencies to plan effectively.

Achieving the objectives of a particular agency program or service can be hampered if related services from another agency are not provided. Coordination across agencies can improve the effectiveness of individual services.

For instance, IECs are intended to equip humanitarian entrant students with sufficient English to move into mainstream schooling. A student's capacity to learn in an IEC can be hampered by 'non-education' issues. Without a coordinated approach between agencies, resolving the 'non-education' issues can take substantial time, and significantly reduce the effectiveness of the time the student spends in an IEC, which is itself limited to two years (Figure 6).

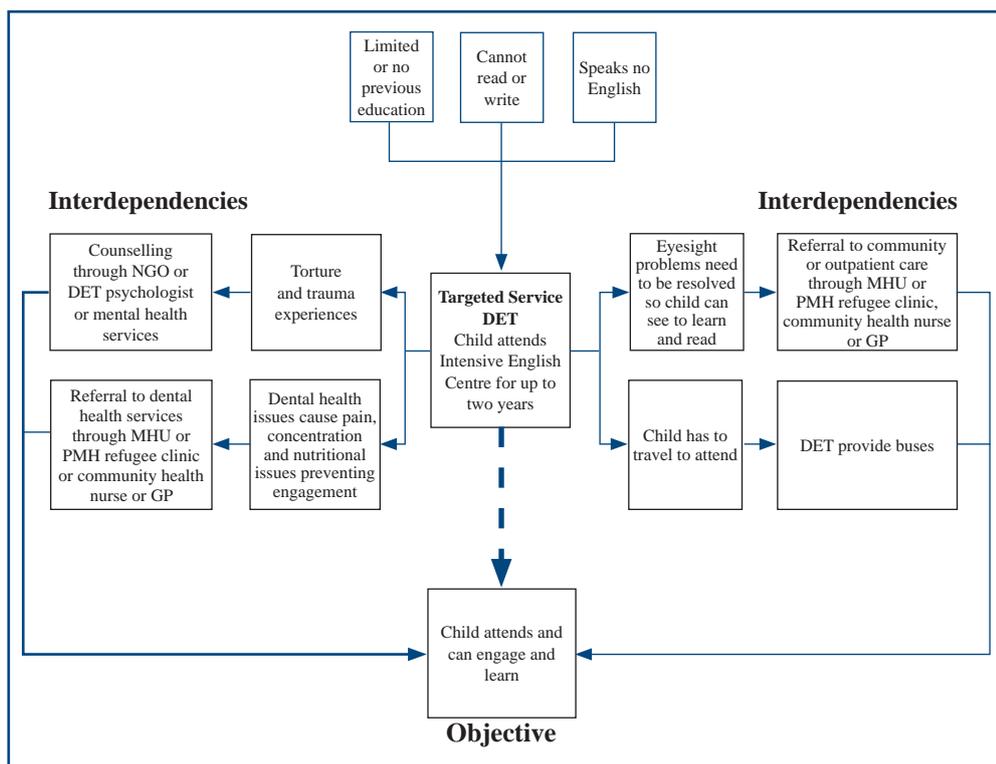


Figure 6: Illustrative example of how humanitarian entrant needs can be interdependent

The interdependency of humanitarian entrants' needs is illustrated using the example of a child attending an IEC. Multiple services from multiple agencies can be needed to enable the child, in this example, to be able to learn.

Source: OAG

The Across-Government Working Party recommended in 2006 that a whole of government approach was needed to adequately meet humanitarian entrants' needs, and recommended implementation of Memoranda of Understanding (MoUs) between State agencies to clarify and formalise responsibilities and interactions. To date there are no MoUs in place.

OMI, in conjunction with other State agencies, has taken a lead role in planning implementation of the Across-Government Working Party. This provides an opportunity to plan and coordinate services on a statewide basis for the first time. It will be important that this process clarify which state government agency is responsible for planning and overall coordination of services for humanitarian entrants into the future. At a local level, greater cross agency cooperation is being piloted through the two ISCs.

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