Evaluation of the expansion of the community detention program: Client and service provider perspectives

Ilan Katz, Geraldine Doney and Effie Mitchell

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The views expressed in this publication do not represent any official position on the part of the Social Policy Research Centre, but the views of the individual authors.
Contents

1 Evaluation of the expansion of the community detention program: Client and Service Provider Perspectives .......................................................... 1
   1.1 Rationale ............................................................................................................. 1
   1.2 Summary of methods and timing ...................................................................... 2
   1.3 Objectives of the evaluation ............................................................................ 3
   1.4 Evaluation scope ............................................................................................ 3

2 The Expansion of Community Detention (residence determination) ...... 4
   2.1 Background ....................................................................................................... 4
   2.2 Community detention and the immigration detention system .................... 4
   2.3 Aim and Objectives of Community Detention .............................................. 6
   2.4 Program logic model ...................................................................................... 7
   2.5 Clients of the program .................................................................................... 9
   2.6 Program delivery ............................................................................................ 10
   2.7 Contracted service providers ........................................................................ 11
   2.8 Roles and responsibilities ............................................................................ 11
   2.9 Needs assessments and care plans ............................................................... 13
   2.10 Services provided to clients ......................................................................... 14
   2.11 The care of unaccompanied minors (UAMs) in community detention .... 18
   2.12 Referral processes ....................................................................................... 20
   2.13 Wellbeing of clients in community detention ............................................ 23

3 Evaluation findings .......................................................................................... 25
   3.1 Wellbeing, resilience and self-agency of clients .......................................... 25
   3.2 Accommodation and support ....................................................................... 54
   3.3 Service delivery ............................................................................................. 69
   3.4 Independence, empowerment and social community participation .......... 84
   3.5 Enhance settlement outcomes for those clients granted protection ............ 91
   3.6 Clients on a return pathway .......................................................................... 96
   3.7 The suitability of community detention placements ................................... 99
   3.8 Transfers into and out of the program .......................................................... 102
   3.9 Issues specific to unaccompanied minors ................................................. 108

4 Unintended consequences .......................................................................... 115

5 Application of guiding principles ................................................................. 116

6 Monitoring and further evaluation ................................................................. 121
   6.1 Monitoring wellbeing and mental health ...................................................... 121
   6.2 Further Evaluation ....................................................................................... 122

7 Conclusions .................................................................................................... 124
   7.1 Context ........................................................................................................... 124
   7.2 Summary of findings .................................................................................... 124
   7.3 Potential areas for improvement .................................................................. 126

8 A note on mental health and wellbeing ......................................................... 128
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## Abbreviations

<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Description</th>
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</thead>
<tbody>
<tr>
<td>ACT</td>
<td>Australian Capital Territory</td>
</tr>
<tr>
<td>APOD</td>
<td>Alternative Place of Detention</td>
</tr>
<tr>
<td>AMES</td>
<td>Adult Migrant English Service</td>
</tr>
<tr>
<td>ARC</td>
<td>Australian Red Cross</td>
</tr>
<tr>
<td>BVE</td>
<td>Bridging Visa E</td>
</tr>
<tr>
<td>CD</td>
<td>Community Detention</td>
</tr>
<tr>
<td>CRR</td>
<td>Centre for Refugee Research, UNSW</td>
</tr>
<tr>
<td>CBSR</td>
<td>Colmar Brunton Social Research</td>
</tr>
<tr>
<td>DIAC</td>
<td>Department of Immigration and Citizenship</td>
</tr>
<tr>
<td>DIAC-CPCD</td>
<td>DIAC Community Programs and Children Division</td>
</tr>
<tr>
<td>GP</td>
<td>General Practitioner</td>
</tr>
<tr>
<td>HREC</td>
<td>Human Research Ethics Committee</td>
</tr>
<tr>
<td>HREOC</td>
<td>Human Rights and Equal Opportunity Commission</td>
</tr>
<tr>
<td>IAAAS</td>
<td>Immigration Advice and Application Assistance Scheme</td>
</tr>
<tr>
<td>IDC</td>
<td>Immigration Detention Centre</td>
</tr>
<tr>
<td>IDF</td>
<td>Immigration Detention Facility</td>
</tr>
<tr>
<td>IGOC Act</td>
<td><em>Immigration Guardianship of Children Act 1946</em></td>
</tr>
<tr>
<td>IHMS</td>
<td>International Health and Medical Services</td>
</tr>
<tr>
<td>IHSS</td>
<td>Integrated Humanitarian Settlement Strategy</td>
</tr>
<tr>
<td>IMA</td>
<td>Irregular Maritime Arrivals</td>
</tr>
<tr>
<td>HSS</td>
<td>Humanitarian Settlement Services</td>
</tr>
<tr>
<td>NSW</td>
<td>New South Wales</td>
</tr>
<tr>
<td>OOHHC</td>
<td>Out-of-Home Care</td>
</tr>
<tr>
<td>SPRC</td>
<td>Social Policy Research Centre, UNSW</td>
</tr>
<tr>
<td>RACGP</td>
<td>Royal Australian College of General Practitioners</td>
</tr>
<tr>
<td>UNSW</td>
<td>University of New South Wales</td>
</tr>
<tr>
<td>UAM</td>
<td>Unaccompanied Minor</td>
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Executive summary

Overview

The evaluation of the expansion of community detention was conducted between July 2011 and March 2013 by the Social Policy Research Centre and the Centre for Refugee Research at the University of New South Wales, on behalf of the Department of Immigration and Citizenship (DIAC).

The original evaluation framework (agreed to in mid-2011) focused mainly on implementation of the expansion and on developing a monitoring framework for the program. However due to changes in the program and the policy needs of DIAC it was decided to change the focus of the evaluation towards obtaining more information about the perspectives of clients, service providers and other stakeholders.

To that end, the core of the final methodology used for this evaluation involved qualitative face to face individual and group interviews with residents of community detention, supplemented by interviews with service providers and other stakeholders. Policy documents and administrative data were examined to provide context for the interviews.

The evaluation report, received by the department in March 2013, provides an appraisal of the expansion, based on the views of clients of community detention and community organisations providing services to clients on behalf of DIAC in the areas of:

- implementation issues identified by senior managers
- issues identified by care workers and clients
- decision making and communication processes
- contractual arrangements
- the wellbeing of clients in community detention
- satisfaction with support and service delivery
- differing client experiences of CD
- benefits of the program and unintended consequences of the expansion

The evaluation report provides an assessment of the effectiveness of the program in meeting its objectives, and identifies lessons learned and ways of improving the program from the perspective of service providers and clients.

A total of 105 residents of community detention, 82 service provider staff and 7 other stakeholders were interviewed for the evaluation.
Community detention (residence determination)

Community-based detention arrangements, introduced in June 2005, enable people to reside in the community without needing to be escorted (i.e. free to move around in the community).

Only the Minister for Immigration can approve residence determination for people in immigration detention. The minister must consider what is in the public’s best interest when making, varying or revoking a residence determination under the *Migration Act (1958)*. This is a non-compellable power.

Clients are informed of the conditions of their community detention arrangements upon entry into the program. Conditions include a mandatory requirement for the client to report regularly to the department and/or his or her service provider, and reside at the address specified by the Minister.

The objectives of community detention are to:

- enhance wellbeing and resilience of clients awaiting resolution of their immigration status
- provide suitable and stable accommodation and support to clients living in the community
- enable greater individual independence and empowerment and social community participation
- enhance settlement outcomes for those clients granted protection
- support the status resolution process of clients on a return pathway

The community detention program provides housing, case workers, an allowance to meet daily living costs, a range of activities and residential or out-of-home care for unaccompanied minors. No public housing is used.

**Expansion of community detention**

On 18 October 2010, the government announced the expansion of the community detention program with the aim of moving significant numbers of children and vulnerable family groups out of held immigration detention facilities, and into community-based accommodation. The department also continues to place a small number of vulnerable single adults into community detention.

The expansion of community detention has occurred in an environment of fluctuating (but overall increasing) client numbers and changing client characteristics. On 30 June 2010 there were only 30 people living in community detention under residence determination arrangements. By 30 June 2011, that number had risen to 1203 people, including 588 children.
Between October 2010, and July 2012, 4234 people had been approved for community detention, including 2008 children. There were 1320 people, including 431 children in community detention, at the end of July 2012.

**Evaluation findings**

Despite the challenges of rapid expansion the program has, generally, been satisfactorily implemented and is functioning to support people’s immediate needs.

The evaluation found that community detention appears to assist in improving the wellbeing of clients when compared with other forms of detention and does not exacerbate existing trauma for clients. The evaluation also found little evidence of risks to community detention residents, or the broader community, by the placement of IMAs in community detention.

The management and wellbeing of unaccompanied minors was considered by service providers and other stakeholders to be one of the better-functioning components of the community detention program.

The particular advantages of community detention appear to be related to increased self-agency for clients. In this context self-agency is defined as ‘the feeling of being the author of one's actions’. Respondents reported that the advantages of community detention are:

- a more ‘natural’ environment for children, young people, vulnerable adults and families than held detention
- for parents a return to relatively ‘normal’ family life and the authority to make decisions on behalf of their children
- not having to live in close quarters with others who are angry or distressed
- freedom to have private/personal time when necessary
- freedom to make choices about daily life, including what to eat and when, who to visit and how personal time is spent
- opportunities for clients to familiarise themselves with Australian life and Australians in a range of informal situations

The evaluation also identified a number of areas where improvements could be made to the program:

- communication during transition in and out of the program
- decision making processes
- resources/facilities
- support services
- meaningful activities for residents
- service provider contracting arrangements
As the community detention program has faced an increasing client load, a number of changes to program delivery have been necessary. These changes have improved the overall quality of service provision, but have also created other challenges particularly relating to consistency of service provision and communication between and within agencies.

Of special concern to service providers was the complex nature of the contracting arrangements, whereby the majority of organisations delivering community detention services were both directly contracted to DIAC for the provision of some service components and sub-contracted to the Red Cross for the delivery of other service components. Overwhelmingly, service providers preferred direct contracting arrangements, as this improved the speed with which decisions could be made and messages could be communicated between DIAC and the service provider.

Despite the challenges and changes, the evaluation found that in the main the program has achieved its goals and appears to be providing a good service to most clients.

**Unaccompanied minors in community detention**

Among the most vulnerable people in Australia’s asylum seeker and refugee cohort are unaccompanied minors (UAMs). Unaccompanied minors in community detention are children (under 18 yrs of age) who have arrived in Australia with no accompanying adult to supervise or care for them. The majority of UAMs in community detention are male and aged between 15 and 17 years.

Unaccompanied minors without a ‘community link’ with whom they can reside, live in group houses with other unaccompanied minors. Service providers deliver 24 hour care to UAMs in their group homes. In addition to 24 hour care workers, service provider case managers visit the UAMs in their group homes at least once per month to discuss their welfare, care and support needs, and to revise their care plan when necessary. DIAC case managers also visit UAM households on a regular basis to monitor the care and welfare support needs of the UAMs and to ensure that they are complying with the conditions of community detention (for example, that they are attending school).

Providing care to these young people is challenging. Service providers need to provide appropriate care for a constantly changing group of young people while taking account of and responding to the circumstances of their separation from their families, their pre-arrival experiences, cultural factors, limited English skills and the impacts of an uncertain future.

Notwithstanding these challenges, most of the young participants in this research described a supportive and often therapeutic relationship with one
or more of their carers. For many, these relationships assumed particular importance in the absence of family or other support.

The case workers here, they are so lovely and caring. In my whole entire life no stranger has ever been so close and loving to me as they are. If the whole world was like this we would have no problems. In (Country) where I was working, I was far from my home and...if I made a mistake the owner of the restaurant maybe they beat me or use the strong words, abuse me. That’s why if I came here and if I make a little mistake my carer he call me and say ‘don’t do this’. He will never abuse me or never say anything wrong for me; he always say, ‘do this, it will be good for you’. The respect and honour they give me I become very happy with them [Unaccompanied minor]

The evaluation found that the benefits of community detention for unaccompanied minors were:

- the availability of hostel-style accommodation (6-10 bedrooms plus shared living spaces) that allowed for both privacy and interaction with the children when required
- the flexibility under the program to match specific cohorts of children within one residence, many of whom were already in contact from their time on the boat to enable the formation of a cohesive, well-functioning household
- the resulting demeanour of the children which was said to be relatively compliant and polite

Service providers described a communal and collegiate atmosphere in many of the households where young people were meaningfully engaged with the system.

**Who benefits most from community detention?**

The evaluation found that community detention appears to be most appropriate for people who will benefit from the increased self-agency provided by a community placement, but who are vulnerable and require support, or do not yet have the life skills to live unassisted in the community.

The evaluation also found that community detention appears to be particularly appropriate for unaccompanied minors, who by definition require support and who appear to benefit from the housing arrangements available in community detention.

**Unintended consequences of community detention**

The evaluation did not identify any significant unintended consequences of community detention and none that were intrinsic to the operation of the program.
Potential unintended consequences of community detention that did not manifest themselves, or were very rare, included:

- racism from the community due to resentment of asylum seekers
- people absconding from community detention
- crime or anti-social behaviour on the part of asylum seekers
- vulnerable people in community detention not receiving adequate services due to isolation or distance

**Potential areas for improvement**

The two greatest areas for potential improvement identified by both clients and stakeholders were communication and decision-making.

Communication was found to be particularly important around the transition phases into and out of the program. Day-to-day decision making was also an area of frustration for many participants, with decisions about travel, access to facilities and events requiring approval from DIAC directly.

To assist with improving communication and decision-making in the community detention program, the evaluation suggests a review of the current service provider contracting arrangements.

The evaluation findings in relation to resources and supports indicate that most clients are provided for and supported adequately but that resources and support systems could be better tailored to meet the needs of individual clients, especially those who are most vulnerable.
1 Evaluation of the expansion of the community detention program: Client and Service Provider Perspectives

This report documents findings from qualitative research conducted during the Evaluation of the Expansion of the Community Detention Program (CD). The report provides an appraisal of the expansion, based on the views of clients of community detention and community organisations providing services to clients on behalf of DIAC in the areas of: implementation issues identified by senior managers, care workers and clients, decision making and communication processes, contractual arrangements, the wellbeing of clients in community detention, satisfaction with support and service delivery, differing client experiences of CD, the benefits of the program and unintended consequences of the expansion.

The report provides an assessment of the effectiveness of the program in meeting its objectives, and identifies lessons learned and ways of improving the program from the perspective of service providers and clients.

1.1 Rationale

The community detention expansion was implemented from October 2010 and reached its first goal of moving substantial numbers of children and vulnerable families into the program by 30 June 2011. This was therefore an appropriate time to commence an evaluation of the program to examine the implementation of the program and provide evidence to indicate whether the program meets its goals.

The original evaluation framework (agreed to in mid-2011) focused largely on examining the processes and procedures used to implement the expansion, with a view to making recommendations about how these processes might be improved. There was also a heavy focus on using administrative data and analytical frameworks to examine outcomes achieved by clients in the areas of wellbeing and preparedness for settlement. The objectives as stated in 2011 included: a process evaluation to assess the appropriateness of the current model and how well it is being implemented; and an outcomes evaluation to assess the effectiveness of the program in promoting the wellbeing of clients awaiting resolution of their migration status.

Of key concern was obtaining evaluative information that the department could use to improve upon the delivery of the community detention program
and to ensure that the program was able to meet its objectives in an environment of rapid expansion and variable client numbers.

Following implementation, the expansion of community detention was extensively monitored and reviewed by policy and program staff at DIAC. Changes and improvements to processes, procedures and service delivery were made on a continual basis. As the evaluation progressed it became apparent that a process evaluation would not provide the best value for money for the evaluation, as much of the analysis performed and information obtained would be out-dated. To avoid providing recommendations on processes which had already been modified, it was decided to change the focus from evaluating processes and procedures, to augmenting the fieldwork components of the evaluation strategy and obtaining more information about the perspectives of clients, service providers and other stakeholders.

To that end, the core of the final methodology used for this evaluation involved qualitative face to face individual and group interviews with residents of community detention, supplemented by interviews with service providers and other stakeholders. Policy documents and administrative data were examined to provide context for the interviews.

1.2 Summary of methods and timing

The evaluation was undertaken between August 2011 and March 2013 by the Social Policy Research Centre at the University of New South Wales. Fieldwork for the interviews and consultations with community detention clients and service providers was carried out by staff members of the Centre for Refugee Research and the Social Policy Research Centre at the University of New South Wales.

Two rounds of fieldwork were conducted with clients and service providers. Client consultations were carried out in early 2012 and at the end of 2012. Service provider and stakeholder interviews were conducted in mid-2011 and late 2012. A total of 105 residents of community detention, 82 service provider staff and 7 other stakeholders (including staff from the department) were interviewed for the evaluation.

In addition, the evaluation team developed an evaluation framework and a draft monitoring framework for the community detention program. This report also draws upon those two deliverables where appropriate. As we describe below, the community detention program (and its role within the broader migration policy arena) has undergone considerable change, before and during the course of this evaluation. This context has created a number of conceptual, methodological and practical challenges for the evaluation as
detailed in the methodology section (Appendix A). Nevertheless the project has been able to provide an assessment of the effectiveness of the program in meeting its objectives, and identifies lessons learned and ways of improving the program from the perspective of service providers and clients.

1.3 Objectives of the evaluation

The broad purpose of the evaluation was to assess the effectiveness, efficiency and appropriateness of the community detention program. The evaluation was therefore subject to the following terms of reference:

- Determine the effectiveness and efficiency of the processes and procedures used to implement the program
- Evaluate how well the program is meeting its objectives, including improving the settlement outcomes for those ultimately granted protection and supporting the status resolution process for those not settled in Australia
- Identify any unintended positive or negative consequences from the program for clients
- Identify lessons learned and ways of improving the program

1.4 Evaluation scope

The evaluation was conducted between June 2011 and December 2012. The primary research population was unaccompanied children aged over 15 years and vulnerable families who were placed in the program after October 2010, as well as vulnerable adults (mostly males) for whom community detention was judged to be the appropriate form of detention.
2 The Expansion of Community Detention (residence determination)

2.1 Background

The community detention program was introduced in June 2005 following a series of amendments to the *Migration Act, 1958* (the Act). The amendments introduced a non-compellable power for the Minister for Immigration and Citizenship (the Minister) to make residence determinations. Residence determinations allow the Minister to specify alternative accommodation arrangements for a person’s detention placement.

People placed in community detention may move about freely in the community without needing to be accompanied or restrained by an immigration officer or designated person. However, under the Act they are still unlawful non-citizens; this means that they do not have the rights or entitlements of a person holding a valid visa. Community detention placements generally have specific conditions attached to them, which include requiring the person to report regularly to DIAC and reside at the address specified by the Minister.

The government announced the expansion of the community detention/residence determination program on 18 October 2010, with the aim of moving significant numbers of children and vulnerable family groups out of held immigration detention facilities, and into community-based accommodation. On 25 November 2011, the government announced that the use of community detention would be extended to vulnerable individuals in addition to children and families.

On 30 June 2010 there were only 30 people living in community detention under residence determination arrangements (DIAC, 2010a). By 30 June 2011, that number had risen to 1203 people, including 588 children, so this announcement represented a significant change in the program. Between October 2010, and July 2012, 4234 people had been approved for community detention, including 2008 children.

2.2 Community detention and the immigration detention system

The majority of people living in community detention have arrived as irregular maritime arrivals (IMAs) seeking Australia’s protection. Currently
government policy is that IMAs will remain subject to initial mandatory detention until health, identity and security checks can be completed.

Most IMAs are initially accommodated at a Christmas Island facility, and then may be transferred to immigration detention facilities on the mainland. Minors, including their family members if accompanied, are not accommodated in Immigration Detention Centres (IDCs) but in Alternative Places of Detention (APODs) across Australia.

DIAC identifies suitable families, unaccompanied minors and other vulnerable clients in immigration detention facilities for placement in community detention\(^1\). DIAC then refers them to service providers for accommodation allocation and prepares a submission for the Minister for Immigration and Citizenship to consider residence determination for the client (in some cases DIAC CD National matches clients to properties, rather than the service provider). Once approved, the client is referred to the service provider for transition from the immigration detention facility into community detention.

**Bridging Visas (class E)**

A Bridging Visa class E (BVE) is a temporary visa granted to IMAs while their asylum claims are being processed. IMAs granted BVEs are no longer considered to be in detention and may reside in the community and move about freely. Holders of BVEs who were granted the BVE after 13 August 2012 are not allowed to engage in paid work while holding the BVE.

In 2012 the government expanded the eligibility requirements for the grant of BVEs to include families and single adult females (previously BVEs were only granted to single adult males. With the new expanded eligibility requirements, some families in community detention have moved out of their community detention properties and into the community on bridging visas. Unaccompanied minors are not eligible for bridging visas and generally remain in community detention until they reach 18yrs of age, when they may be considered for the grant of a BVE or else remain in community detention until their immigration status is resolved.

Initial health, security and identity checks must be completed before a client can be considered for release onto a BVE. Other key considerations include cooperation with the department and behaviour while in detention.

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\(^1\) At the time the fieldwork was conducted it was Government policy that the least restrictive form of immigration detention available should be used for those people who cannot be released into the community. Detention is not limited by a set timeframe but is dependent upon ongoing assessments of risks to the community.
For more information about Australia’s mandatory detention policy and a list of the different types of immigration detention facilities operating in Australia, see Appendix B.

Wards of the Minister and DIAC’s duty of care

The Department of Immigration and Citizenship retains non-delegable duty of care obligations for all clients in community detention, in addition to status resolution and compliance responsibilities. The department’s duty of care obligations are considered during the development, delivery and monitoring of policies, programs and services provided to clients in community detention, and are considered by the Minister when making decisions to grant community detention placements. The Minister is responsible for making the decision on who will be placed in community detention. The Minister may at any time vary or revoke a decision to place a person in community detention.

The Minister also has Guardianship responsibilities for certain unaccompanied minors (UAMs). Under the Immigration (Guardianship of Children) Act (1946), the Minister is the guardian where the child: is under 18 years old; and at the time of their arrival in Australia intended to become a permanent resident of Australia; and at the time of their arrival in Australia did not enter Australia in the charge of, or for the purposes of living in Australia under the care of, a parent, a relative who has turned 21, or an intending adoptive parent.

Under the IGOC Act, most unaccompanied minors in community detention are considered to be wards of the Minister. Guardianship continues until the ward turns 18 years of age, leaves Australia permanently, becomes an Australian citizen or when the Minister directs that the ward will not be covered by the IGOC Act.

2.3 Aim and Objectives of Community Detention

The overall aim of the community detention program is to minimise harm and support the wellbeing of those awaiting resolution of their immigration status (DIAC Community Services Section, 2010).

The community detention program has the following key objectives:

- Enhance wellbeing and resilience of clients awaiting resolution of their immigration status
- Provide suitable and stable accommodation and support to clients living in the community
- Enable greater individual independence and empowerment and social community participation
- Enhance settlement outcomes for those clients granted protection
- Support the status resolution process of clients on a return pathway

These objectives are expected to be considered by all parties involved in the design and delivery of services to clients in community detention.

Guiding Principles

Below are the guiding principles for the community detention program:

- The best interests of the child and client are paramount in decision making, including in determining a community detention placement and what support and services are provided
- Support provided to clients is aimed at building independence and self-sufficiency
- Support and services provided to clients are generally commensurate with, but not above, support available for permanent visa holders in Australia
- DIAC retains duty of care for people in community detention, as well as status resolution and compliance responsibilities
- Clients living in community detention arrangements must remain connected with DIAC and compliant with the conditions of their residence determination
- Service delivery is flexible to meet client needs

2.4 Program logic model

The evaluation team was tasked with developing a program logic model for community detention. In consultation with service providers, DIAC staff and the community detention evaluation steering committee, the following program logic model was developed.

The logic model describes the assumptions or hypotheses about why the program should work. It identifies the links between required resources, activities, outputs, impact and outcomes.

<table>
<thead>
<tr>
<th>Assumptions</th>
<th>Protracted detention can have negative impacts upon mental health</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Community detention is an effective option in terms of the determination process because people’s psychological well-being</td>
</tr>
</tbody>
</table>
Clients moved to community detention do not pose a risk to the community. If found to be refugees, clients in community detention will be able to transition more smoothly into the community than clients in other forms of detention. If found not to be refugees, clients in community detention will be more actively engaged in their immigration status resolution and more likely to voluntarily depart Australia.

<table>
<thead>
<tr>
<th>External factors</th>
<th>Government Policy Economic climate Communities in which the program is being delivered Service availability The Australian community</th>
</tr>
</thead>
<tbody>
<tr>
<td>Resources</td>
<td>Australian Red Cross and other welfare and community organisations around Australia Residence Determination Reference Group including Minister’s Council for Asylum seekers and Detention and key sector agencies Department of Immigration and Citizenship</td>
</tr>
<tr>
<td>Activities</td>
<td>Transfer the majority of children and vulnerable family groups into community-based accommodation by June 2011 Identify, undertake risk assessments and transfer children and vulnerable families to the program Create needs assessments, care plans, report progress to DIAC, provide services, transition families out of the program</td>
</tr>
<tr>
<td>Outputs</td>
<td>Client casework support Status resolution support Access to housing Income support to cover basic living expenses Orientation to local community Access to healthcare Access to schooling Referral to other identified supports</td>
</tr>
<tr>
<td>Outcomes</td>
<td>Clients in residence determination arrangements: - Are emotionally and practically prepared for potential immigration outcomes - Live in stable, safe and adequate housing in the community - Have engaged in the local community - Have built strengths and resilience to adversity - Are actively engaged in their own health and welfare - Continue their schooling</td>
</tr>
</tbody>
</table>
2.5 Clients of the program

At the end of October 2012 there were 1691 individuals in community detention. This number comprised 344 families, 181 unaccompanied minors and a small number of vulnerable adults. The bulk of individuals residing in CD were Irregular Maritime Arrivals (IMA; 97 per cent). Table 1 shows the breakdown of community detention clients by gender, status as a minor and status as an IMA.

Table 1: People residing in Community Detention (30 October 2012)

<table>
<thead>
<tr>
<th></th>
<th>Adult male</th>
<th>Adult Female</th>
<th>Minor male</th>
<th>Minor Female</th>
<th>UAM Male</th>
<th>UAM Female</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>IMA</td>
<td>652</td>
<td>365</td>
<td>256</td>
<td>190</td>
<td>175</td>
<td>6</td>
<td>1644</td>
</tr>
<tr>
<td>Non-IMA</td>
<td>11</td>
<td>4</td>
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<td>273</td>
<td>205</td>
<td>175</td>
<td>6</td>
<td>1691</td>
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</table>

The program has steadily increased in numbers from October 2010 when there were only 30 individuals and no families in CD.

Figure 1 shows the increase over two years of individuals in community detention and Figure 2 shows the rise in numbers of families.

Figure 1: Individuals in Community Detention Oct 10 - Oct 12

Source: DIAC administrative data

2 For example, children born in community detention
By 30 October 2012, 5383 people had commenced community detention, and slightly less than 70 per cent of those people had left their community detention placement during that period. Of the 5383 people who moved to CD, 2355 were children, 1908 were adult men and 1120 were adult women.

Of those who left community detention between end October 2010 and end October 2012, 98 per cent of them had been granted either a Bridging Visa or a Protection Visa; fewer than 10 clients had voluntarily returned home; and 53 clients had their Residence Determination (community detention) placement revoked. Reasons for placements being revoked include failure to adhere to community detention guidelines, repeated bad behaviour, absconding, and being found not to be a minor.

2.6 Program delivery

The community detention program is delivered through a network of service providers, funded by DIAC to source housing for clients and to provide care and welfare support.

The Red Cross began delivering expanded community detention services on behalf of DIAC in 2010. At that time, the Red Cross was lead service agency and coordinated the provision of community detention services through a collection of twenty sub-contracted organisations.

Since then, the roles and responsibilities of both DIAC and the Red Cross have been developed, articulated and bedded down in an ongoing process of feedback and cooperation between the Red Cross and DIAC. At the time of the fieldwork, service provision contracting arrangements had been modified since the original roll-out of the expansion, with DIAC engaging in additional
direct contracts with service provider organisations, and the Red Cross engaging a smaller number of sub-contracted organisations to provide services.

2.7 Contracted service providers

Under the current contracting arrangements for Community Detention, some agencies contract directly to DIAC, some are subcontracted via Red Cross and some organisations are engaged in both direct and sub-contracted arrangements.

In addition to the services provided by the Red Cross, there are currently an additional 12 organisations directly contracted to DIAC

Service provider organisations are contracted to provide services to either one, or all of the following client groups: families, families with children, vulnerable adults and unaccompanied minors. The Australian Red Cross, through its subcontractors, provides services to families and unaccompanied minors.

Community Detention clients are housed and provided services in Queensland, Victoria, New South Wales, Western Australia, South Australia, Tasmania and the Australian Capital Territory.

2.8 Roles and responsibilities

Department of Immigration and Citizenship

DIAC has responsibility for policy, operations and program management of the community detention program. DIAC provides a key liaison point for service providers, program and contract management, and has responsibility for overall care and issue resolution for clients in community detention. DIAC oversees delivery of the program to ensure consistency of approach and that client needs are being met.

Case management by DIAC

Each family, vulnerable adult and UAM has a DIAC case manager allocated to them for the duration of their community detention placement.

The DIAC case manager is the client’s primary point of contact with the department regarding their immigration processing. Clients will have already had a DIAC case manager while in a detention facility and may have a
different DIAC case manager assigned to them when they transfer to community detention.

DIAC case managers work with their clients to ensure they have an understanding of their immigration status and the associated responsibilities. DIAC case managers are alert to client vulnerabilities which may impede status resolution and ensure that services are coordinated to manage those vulnerabilities appropriately.

DIAC case managers also conduct welfare checks on clients, to assess whether their placement in community detention continues to be appropriate. The client's DIAC case manager receives the client’s Care Plan from Community Detention National and monitors the service delivery to the client to ensure it is meeting the needs of the client.

In conducting these checks, DIAC case managers seek to ensure that clients are receiving appropriate levels of support from their allocated service provider, with particular focus on the following:

- accommodation is appropriate, fully functional, furnished and maintained
- children are attending school
- adults are engaged in community based activities/English lessons/volunteering
- clients are accessing health services as required
- clients are building confidence to live independently
- clients religious needs are supported
- clients are demonstrating financial management
- clients are demonstrating understanding of rules and laws

DIAC case managers are also responsible for monitoring client adherence to the conditions of community detention (such as residing at the specified address and attending school if a minor).

Service provider responsibilities

Service providers are required to provide care and welfare support to clients living in community detention. This includes linking clients to social networks, cultural supports and community groups. The aim of this care and welfare support is to assist clients to develop independence, build relationships in the community and obtain life skills to support themselves and their family.

Service provider responsibilities include, but are not limited to, advising clients of their rights and responsibilities while in community detention, providing orientation to the clients to their community and surrounding areas, assisting clients who are experiencing social isolation by linking them to
relevant community associations or other community detention clients with whom they could socialize, providing them with financial and budgeting guidance, and assisting them in understanding the laws of the state or territory they reside in, including any relevant property (e.g. leasing), driving (including insurance and liability), alcohol consumption and other such legal obligations.

An additional responsibility of community detention service providers is that they must advise DIAC of changes involving the client including reportable incidents (e.g. any changes or breaching of conditions, or if they have advised the service provider of a change in age) where this is likely to affect the care and welfare of the client or others around them.

Service providers are not responsible for advising clients on their placement in community detention or their immigration status or processing options.

**Casework by service providers**

Each client/family group in community detention is allocated a caseworker to oversee their care and welfare while in community detention. Caseworkers work with and assist clients at all stages of the program. This includes their transfer into the program, the provision of support to the client/family group while living in the community, and when clients transition out of the program. Caseworkers liaise with the DIAC case managers where appropriate and also escalate issues for resolution, where necessary.

**Carers**

Some clients in community detention, such as unaccompanied minors and other high needs clients, also have a carer who provides 24 hour live in care. The carer works closely with the caseworker to provide for the care and welfare of the client. Carers are required to provide a safe, secure and supportive environment to clients of community detention.

**2.9 Needs assessments and care plans**

Once a client arrives in community detention the service provider conducts a needs-assessment to determine what support the client may require in the community. The needs assessment identifies the care and welfare supports likely to be required by the client while in community detention. Service providers consider the previous life experiences of the client, assess their current state, and determine whether the client has any interests that can be continued in the community (e.g. an interest in soccer, learning English, or
farming can all be furthered in community detention through activities, English lessons and volunteering).

Each client/family group has a Care Plan developed for them by their community detention service provider, based on the information gathered through the needs assessment. Care plans identify the client's specific needs, and plans to address the needs with support, services and activities. Care Plans record the details of the specific services to be provided for the client – for example, accommodation, orientation to property and community, education details for children and adults, health needs, allocated health providers and plans for linking clients with the community.

2.10 Services provided to clients

The community detention program covers housing, case workers, an allowance to meet daily living costs, plus a range of activities and residential or out-of-home care for unaccompanied minors.

Housing

Service providers are responsible for sourcing and leasing suitable accommodation (generally a house, townhouse or apartment) for use by community detention clients. No public housing is sourced for use as community detention properties.

DIAC requires that all community detention properties meet the following standards:

- be sustainable and appropriate for potentially long term occupancy
- be a reasonable cost as determined by market rent
- range in sizes appropriate for small to large family groups
- be clean and in good condition with no safety concerns (e.g. the property does not have a swimming pool)
- meet health and safety standards
- be fully functional
- be located as near as possible to schools, public transport, shops and any other culturally appropriate networks
- be generally commensurate with what a low income earner in Australia would be able to afford

Properties are furnished with standard Household Formation Packages, and starter packages are provided to clients when they enter the community detention property. Household Formation Packages include items such as
white goods (refrigerator, washing machine), table and chairs, beds, linen and cooking equipment. Starter packages comprise staple food items (e.g., bread, butter, milk, eggs) and other essentials such as cleaning products. A baby items package is provided for new babies and children under the age of 3 years, and includes items such as cot, pram, sheets, towels, high chair, baby bath and change mat.

Living allowance

Family groups and adult clients living in community detention receive fortnightly payments to enable them to meet the basic costs of living, and to enable them to pay for other expenses which are not covered by the provisions of the contract. The fortnightly Living Allowance is also intended to provide clients with experience in financial management, to encourage understanding of responsible use and saving of funds, and to allow a degree of independence.

The amount of Living Allowance paid to family groups and adult clients in community detention is varied across cohorts and is based on equivalent Centrelink payment(s). Clients who are not IMAs or are an IMA who arrived in Australia before 13 August 2012 receive approximately 70 per cent of the relevant Centrelink benefit, while IMAs who arrived after that date receive 60 per cent. Clients in community detention are not required to pay rent; therefore Centrelink Rental Assistance rates are not included in the Living Allowance calculations.

For UAMs the Living Allowance is set at 89 per cent of Centrelink’s relevant Youth Allowance for under 18 not living at home. Just over $100 per week of this allowance is allocated for the unaccompanied minors’ individual contribution to household groceries and meaningful engagement activities.

Living Allowance is used to pay for all general household and living expenses. This includes food, household products (toiletries, cleaning products etc.), utilities (electricity, gas, water), general public transport costs, phone bills (mobile and land line) and clothing.

Service providers are required to guide new clients to ensure they understand how their Living Allowance should be used. Clients should be provided with a budgeting guide clearly setting out fortnightly income and expenditure and estimated future bills (e.g. utilities). Service providers are required to make clients aware of how much money is needed for food and

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3 Clients in CD are not entitled to Centrelink Benefits. DIAC uses Centrelink basic rates as a guide to support clients in meeting their living expenses. As such, clients will not be able to access the full suite of Centrelink benefits that they may be entitled to if they were living in Australia as a visa holder.
household expenses, how much needs to be put aside for utilities bills, how much can be spent on activities and personal purchases and how much can be saved. As part of the initial orientation process, financial management guidance is provided to clients within the first week of arriving in community detention, to coincide with the allocation of the first fortnight’s payment.

As part of case work, service providers assist clients to ensure they are aware of the importance of discretionary spending, budgeting and saving. Clients are monitored to ensure they have a good understanding of how to manage their Living Allowance.

The main aim of providing financial management guidance to clients is to prevent situations where clients are unable to meet their expenses or fall into debt. It is also important to prepare clients for life outside community detention by ensuring they have the skills to manage their finances in the future.

Costs associated with asylum claims

DIAC covers costs associated with seeking asylum for community detention clients. This includes any costs for health, character and police checks, while they remain in community detention.

Health services

The overarching philosophy of Immigration Detention Health Care is to ensure that people in detention have access to clinically recommended and appropriate care, at a standard generally commensurate with health care available to the Australian community, taking into account the diverse and potentially complex health needs of people in detention.

International Health and Medical Services (IHMS) is the contracted health services provider and has responsibility for managing and organising the delivery of health care to all people in immigration detention, including community detention. In community detention IHMS is also responsible for recruiting and developing a network of healthcare providers in the community, allocating GP and pharmacy providers to clients, and coordinating health care for clients including referrals for specialist support and payment of related invoices. As well, IHMS is responsible for maintaining each client’s medical record.

Service providers are responsible for facilitating clients’ access to health services while they are in community detention. This includes explaining the IHMS system to clients, assisting clients to make appointments, and raising new or outstanding health issues with IHMS.
The Department relies on the clinical advice provided by IHMS and other qualified health professionals sourced by IHMS, as well as public health professionals, to recommend and provide health services to clients in community detention. The Department and therefore service providers, are required to act on that clinical advice.

Orientation to community

Service providers are required to provide clients with orientation to the local community within the first week after their arrival to the community detention property. This orientation includes but is not limited to:

- explanation and location of public transport, timetables and maps
- location of local shops, including speciality shops, discount shops and larger shopping malls
- location of local schools for children to attend
- location of parks and recreation areas
- location of library and other community facilities
- location of internet access
- location of local DIAC office and service provider office
- introduction to ethnic/religious community groups
- introduction to other community groups – e.g., play groups, mothers groups, community centres

Education for school aged children

Attendance at school is a condition of the client’s placement in community detention. Parents of school-aged children and carers of unaccompanied minors must ensure that their children are enrolled and attend school. Service providers are required to assist parents to enrol all school aged children in schools within five school days of entering community detention and must support parents to ensure their children attend school, as well as assisting them to resolve any issues.

In cases where clients refuse to enrol their children, resist encouraging attendance or refuse to report difficulties in keeping their children at school, DIAC works with the client’s case worker to determine whether clients require more support or further education on the importance of school.

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4 A schooling requirements package is provided for each child prior to the child commencing school. The package is costed up to $450 per child and includes at a minimum uniforms, shoes, school books, stationery and school bag. A further schooling requirements package of up to $450 per child is available at the start of a new school year.
DIAC has established relationships with a range of education service providers in the states and territories where community detention clients are accommodated. DIAC funds the cost of enrolment either directly to the school, or via invoice from the service provider.

Every school where children in community detention are enrolled keeps daily records of attendance for each child enrolled at the school. These records are maintained and managed within the school in cooperation with the relevant state or territory government.

2.11 The care of unaccompanied minors (UAMs) in community detention

The majority of the unaccompanied minors in immigration detention have arrived as irregular maritime arrivals seeking Australia’s protection. They have travelled from their home countries, often spending significant periods of time living independently en route, and arrived in Australia by boat. Upon arrival in Australia they are detained for identity, health and security checking, and assessment of protection claims.

Most unaccompanied minors are initially accommodated at a Christmas Island detention facility (Construction Camp) whilst their status as unaccompanied minors is determined. Once recognised as unaccompanied minors, those who meet the IGOC requirements (see section 2.2), fall under the guardianship of the Minister. Most unaccompanied minors are then transferred to immigration detention facilities on the mainland.

The transfer of clients from immigration detention to the more structured community detention environment can be unsettling for some UAMs. While able to experience living in the community, they are also expected to attend school or educational programs, contribute to household chores and establish reasonable sleep routines. Some unaccompanied minors find the imposition of a curfew or being frequently accompanied by carers or staff difficult, viewing this as a restriction on the perceived freedom of community detention.

Intensive care and support is provided to unaccompanied minors in community detention, to cater to their specific educational, social and medical needs. All unaccompanied minors in community detention are case managed to ensure their case progresses in the shortest time possible.

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DIAC also funds the costs of school camps, excursions and other school organised activities that are mandatory or form part of the school curriculum.
Unaccompanied minors live in group houses with other unaccompanied minors or with community links. When deciding where to place UAMs the following factors are considered by DIAC: the client’s background (including arrival history, time in detention, age, gender, ethnicity, language and religion), UAM friendship groups (including with those whom the client has a history of conflict), the client’s immigration pathway (consideration of what stage the client is at in the immigration process compared to other members of the household), mental or physical health issues, specific vulnerabilities, community or family relations and the DIAC case manager’s assessment of the UAM from the information provided at referral into the program.

Service providers deliver 24 hour care to UAMs in their group homes. In addition to care workers, service provider case workers visit the UAM at their household at least once per month to discuss their welfare, care and support needs, and to revise their care plan when necessary.

In addition to basic household goods, DIAC funds the provision of one computer with limited internet access per 4 UAMs living in a UAM household, a mobile phone for each UAM, for safety and care reasons (credit is bought by the UAM) and up to $500 for household activity items such as table tennis, sporting equipment, soccer balls, etc.

Meaningful engagement allowance

DIAC provides a limited amount of funding for UAMs to participate in meaningful engagement activities outside of school/education. Approved activities include activities which provide an educational, physical or social benefit over a period of time to promote life skills. Excluded activities are those which provide a purely ‘one-off’ entertainment value. Appropriate activities may include:

- organised local sporting teams, such as, soccer, rugby, netball
- creative based activities whether in a class/group or pursued at home, such as, art, music, singing, dance, drama classes
- organised group activities, such as Scouts, Youth groups
- swimming classes or surf lifesaving courses
- individual classes that are of educational, physical or social benefit, or that promote life skills
- gym memberships
Table 2: Workers involved in direct client contact

<table>
<thead>
<tr>
<th>Agency</th>
<th>Title of worker with direct client contact</th>
<th>Description of their role</th>
</tr>
</thead>
</table>
| DIAC   | Case Manager                             | Liaising with DIAC CD National regarding suitability of CD placement  
|        |                                          | Liaising with service provider caseworkers  
|        |                                          | Monitoring status resolution of clients  
|        |                                          | Facilitating the transfer of clients to community detention  
|        |                                          | Advising clients of their immigration processing status  
|        | Community Detention Contact Officer (CDCO) | The CDCO is the Service Provider’s primary point of contact with DIAC for issues related to the delivery of services during a client’s stay in community detention.  
| Service Provider | Caseworker | Casework including but not restricted to needs assessment, developing and implementation of the Care Plan, including coordinating assistance to clients around tenancy, living expenses, health care, education (including primary and high school), and community support  
|        |                                          | Related services including, school holiday activities, recreational activities, life-skills development programs, English classes, skills-building courses, cultural activities, volunteer support  
|        |                                          | Coordinating the specialised care for Unaccompanied Minors such as Out of Home Care residential arrangements, semi-independent lead tenant models or foster care arrangements where necessary.  
|        |                                          | Coordinating subcontracted casework  
|        |                                          | Accommodation provision  
|        |                                          | Coordination of living allowance payments funded by DIAC  
|        |                                          | Referral to relevant services and/or agencies, such as counselling, psycho-social, recreational, volunteering or educational activities, or specialised family supports.  
| Service Provider | Carer | 24 hour live in support for Unaccompanied Minors and other vulnerable clients as required  
|        |                                          | Provide general living skills and immediate care and welfare support for those in their care |

Sources: Australian Red Cross, 2010; DIAC Community Services Section, 2010

2.12 Referral processes

DIAC case managers in detention facilities refer clients for community detention consideration to the DIAC CD National team. After assessing clients against the section 197AB Migration Act guidelines to determine if they are met, and undertaking relevant pre-referral checks, DIAC CD National sends the client referral to the service provider. At the time of sending the referral to the service provider, DIAC sends as much known information about the client as possible with the referral. This includes health
information where this can be provided within the constraints of medical privacy and details of any links in the community, to assist with matching clients to available accommodation. All clients are given a basic Health Discharge Assessment before departing the immigration detention facility.

DIAC CD National may, on occasion, refer a client to a service provider without the completed referral template where there is pressing need to move the client to community detention. The completed referral template for these clients is provided as soon as possible after placement.

Once the client has been allocated to a property, approval is sought from the Minister for the client to be transferred from held immigration detention. The Minister must approve the client for community detention before the client can be transferred.

Once the community detention placement has been approved DIAC case managers work with service providers and their sub-contractors to transfer the approved client from the detention facility to their community detention accommodation.

Travelling to community detention accommodation

The client’s travel to their community detention placement is organised by DIAC in cooperation with the client’s DIAC case manager in held detention and the receiving service provider. Travel itineraries are provided by DIAC CD National to the service provider and DIAC case manager at least 48 hours ahead of travel (except in exceptional circumstances).

Service providers are required to ensure the client is met at the airport arrival gate and transported to their community detention accommodation.

High needs clients requiring additional assistance during their transfer to community detention are accompanied by the service provider when travelling from the detention facility to the community detention property.
Transfer of unaccompanied minors into community detention

In addition to the assistance provided to other clients transferring from held detention into community detention, unaccompanied minors are provided with an escort to assist them during the transfer. The escort is provided by the service provider and, when clients need to transit to reach their final destination, the service provider must ensure the client is supplied with food, and where there is more than 6 hours between flights they are provided with a hotel room for rest.

Transfer of unaccompanied minors out of community detention

Unaccompanied minors will transition out of community detention when:

- they are granted a substantive visa and are settled in Australia; or
- their community detention placement is revoked and they are returned to a detention facility; or
- they depart Australia

The service provider is required to support the UAM during the transition out period of community detention as requested by DIAC and consistent with the service provider’s contract.

On the grant of a Protection Visa, UAMs are referred to as unaccompanied humanitarian minors (UHMs). As UHMs, they generally remain under the guardianship of the Minister until they turn 18 or become an Australian citizen. After visa grant the UHM is settled in the community where they will generally live with a carer or a UHM service provider.

Carers for UAMs in community detention include transition planning in their ongoing care management plan for the UAM. The UAM is involved in all planning regarding their settlement placement, to assist them to understand the process and the change to expect in their placement. To identify a suitable placement for UAMs transitioning out of community detention, DIAC case managers have ongoing discussions with the UAM, and their carer, about possible family members in the community who could act as their carer if they are granted a visa. These conversations are sensitive to the fact that some UAMs may not be successful in their claims for protection.

Carer assessments are undertaken by State Welfare Agencies and generally take four to six weeks. Assessment criteria for carers include that the carer must be:

- at least 21 years of age
- willing to provide care for the unaccompanied minor
- acceptable to the UAM
- capable of providing care for the unaccompanied minor
- of good character and willing to undergo a police check
- assessed as being able to provide a sustainable placement
- have no conflict of interest between being a carer and their current or former employment

Where a carer is deemed unsuitable, the UAM transitions to new care arrangements provided via DIAC’s contracted provider, or in care under State Government arrangements. These care arrangements are generally a similar group-house live-in arrangement with live in carer.

2.13 Wellbeing of clients in community detention

In his book Development as Freedom (2000), Nobel laureate Amartya Sen defines wellbeing in terms of freedoms: the freedoms that empower people to make choices that allow them to engage in a life they have reason to value.

Under Sen’s model of wellbeing freedom is a capability; without the freedom to do so, a person cannot access the opportunities they believe will lead to a life they have reason to value. In achieving a life they have reason to value people also experience a sense of personal wellbeing. Sen distinguishes between ‘personal wellbeing’ and advantage – the real opportunities a person has, especially compared with others.

Under the capability approach the concept of personal wellbeing encompasses both subjective wellbeing (feeling a sense of wellbeing) and objective wellbeing (experiencing a good standard of living, having access to resources and skills). A person can experience personal wellbeing without possessing the capabilities that others may consider essential for happiness.

Capabilities are essential for accessing real opportunities. Capabilities can be defined in terms of skills and abilities, social capital (accessing social networks, understanding cultural norms), personal qualities such as resilience, flexibility and self-esteem, physical and mental health, and overcoming barriers created by illness and disability.

Key to applying Sen’s definition of wellbeing is to understand that different people place different values on different freedoms. The experience of self-agency is important for building the confidence to apply capabilities and to access opportunities when they present themselves.

It is also important to note that personal wellbeing is not always the primary goal of a person. Sen notes in his book Commodities and Capabilities (1999)
“It is possible for a person to have genuine advantage(s) and...to sanction one's own wellbeing for other goals, and not to make full use of one's freedom to achieve a high level of wellbeing.”

Although residents of community detention have restrictions placed on their behaviour, they enjoy freedoms that are not available to people in held detention. These freedoms include the chance to engage in ‘normal’ family life, to choose what to eat and when, to form new social networks, to experience new things, and to engage in the cultural and social life of the Australian community.
3 Evaluation findings

The evaluation findings reflect the views and experiences of people currently or previously in community detention, and stakeholders involved in the immediate care of people in community detention, including case workers, case coordinators, DIAC case managers, senior managers in service provider organisations, and torture and trauma counsellors.

All quotations used in this report are from verbatim transcripts of consultations or interviews. Quotes selected represent common themes and findings that emerged from analysis of the data. All of the refugee and asylum seeker participants in this research speak languages other than English as their first language; most also spoke through an interpreter. Quotes have not been ‘corrected’ for this report, other than to make the voice consistently first person: the syntax and vocabulary of quotes are taken direct from the transcript. All illustrations in the report are drawings by participants (community detention residents or caseworkers) completed as one of the research activities described in the section on methodology.

The Evaluation of the Expansion of Community Detention seeks to determine how well the program is meeting its objectives in an environment of increasing, but variable, client numbers and changing client characteristics.

The following evaluation findings are discussed in terms of the extent to which the community detention objectives have been met during the expansion. The findings are organised under headings which correspond to the community detention program objectives outlined in Section 2.3.

It is interesting to note that the first objective of community detention – to enhance the wellbeing and resilience of clients – is an overarching objective. Objectives 2 and 3 set the foundation for enhancing wellbeing, resilience and self-agency of clients. It can be argued that stable accommodation, individual independence and empowerment and social community participation help to facilitate enhanced wellbeing, resilience and self-agency for clients.

3.1 Wellbeing, resilience and self-agency of clients

Overall, community detention has a positive effect on client wellbeing, helping to mitigate the impact of outside negative influences.

The community detention program aims to provide clients with an environment that is less harmful to their wellbeing than other forms of
detention and which provides opportunities for clients to transition more smoothly into the community should they be granted a Protection Visa.

The community detention program is an alternative to more restrictive forms of detention, such as Immigration Detention Centres, which provide little or no opportunities for clients to develop and maintain the resilience and skills necessary to become independent and self-sufficient in the wider Australian community.

A number of factors are known to affect the wellbeing of clients in Immigration Detention Centres. These include: limited social and community participation opportunities, diminished independence and increased disempowerment, physical and mental health problems, psychological distress, cultural identification issues and separation from family.

The overwhelming majority of community detention residents have spent time both in held detention and on dangerous, stressful boat journeys. Many community detention residents have left behind close family members in their country/s of origin and suffer ongoing anxiety because of this.

Overall findings on client wellbeing in community detention

All participants, both people in community detention and service providers, welcomed release of people from secure detention and see it as making a significant positive contribution to client wellbeing. It is seen as facilitating much better outcomes for all client groups compared to other forms of detention; this is discussed further below.

Participants’ responses indicate that multiple and complex factors contribute to a person’s overall wellbeing in the community detention program. Some of these factors (both positive and negative) relate to the operation of the community detention program itself. However, most participants also explained their current wellbeing and mental health by referencing factors that are predominantly external to the community detention program.

Aspects of the community detention program described by participants that positively impact client wellbeing include:

- relative freedom of movement
- increased autonomy
- access to schools, community services, and support networks
- the potential for positive support through the caseworker or caregiver relationship

These very positive elements of the community detention program appear to be weighed against numerous negative impacts on client wellbeing. It appears that these relationships and the program more broadly can mitigate
the impacts of negative factors affecting client wellbeing, but cannot resolve them.

*It's a lot better than being inside the detention centre, but still you don't have that peace you were looking for. [Married female]*

Aspects of the community detention program described by participants that negatively impact client wellbeing include:

- inadequate access to meaningful activities, in particular for adults
- frustration at some aspects of service delivery such as slow decision making

However, as noted above, many of the negative influences on client wellbeing are outside the control of the community detention program per se. These include:

- the impacts of experiences prior to arrival in CD, such as pre-arrival torture and trauma
- family separation
- the trauma of the journey to Australia
- experiences in held detention

Some of the significant negative factors relate to the status determination process itself, rather than the nature of the detention environment. The length of time spent awaiting refugee status determination in any kind of detention, including community detention, appears to have a cumulative negative impact on wellbeing, as does the perceived adversarial nature of the process itself, with community detention clients often receiving several negative decisions before a positive determination is received or they are finally returned to their country of origin.

These negative influences on wellbeing lead both caseworkers and clients of the program to describe a trajectory of wellbeing for clients in the community detention program, with an immediate boost to wellbeing on release into the community but a decline in wellbeing and in mental health over time. This should not be interpreted as implying that community detention is not a significantly better alternative to held detention; however an understanding of this process helps to identify stressors and critical points in the program where higher levels of support or different strategies may be needed. It also helps to identify what aspects of the community detention program are important to mitigate this decline, such as effective and accountable casework support, access to meaningful activities, and targeted information being provided to the client.
Overall, community detention has a positive effect on client wellbeing, helping to mitigate the impact of outside negative influences.

*It's a positive step for immigration detention in terms of people's wellbeing, sense of dignity, and experience … There is not total freedom, but increased freedom. And that comes with some sense of dignity, some sense of purpose; and hope, you know.* [Service provider]

**Freedom, autonomy and self-agency**

Participants reported that the benefits of community placement included regaining control over many aspects of their lives, including being able to live as a family and to make their own choices over things as simple as when and what to eat. Being able to access culturally appropriate food and having the autonomy to cook and eat according to family choice was a surprisingly strong theme in interviews and consultations with people in detention, in particular those who had been detained in environments where food was available in restricted time periods.

![Child's drawing of a house and family]

*We have the house, we can stay there, this is secure. Whatever we like we can cook and we can eat. We are happy so that we draw some pictures with the smile. Ourselves and our friends are very happy, that is what we're trying to say. The final thing is church and temple and mosque; we can go there and we can pray.* [Female family member]

Participants value the relative privacy they enjoy in the community, and described how this also contributes to their wellbeing.

*It’s good that we have our own house here in the community that no one is checking on us. You are free to chat with anyone, it means that you are free; we are alone, relaxed.* [Male family member]
Participants frequently described the positive benefits of living in the community by comparing it to their experiences in detention or prior to arriving in Australia. They described how they value the relative freedom of movement they enjoy, and the potential that provides to access ‘normal’ life and activities.

You are free, you can go anywhere you like, you meet people and do your own things. You live a normal life. You are free, kids go to school, go to places of interest, go to the park. In detention you are locked and you can't do anything. Here you are free and have new a life. For my son, the same again. Big change. … Now he can enjoy sports and stuff like that. We can have a normal life. [Married couple]

When you are in community detention, you have access to the schools, to courses and you can meet your friends and family. [Unaccompanied minor]

Participant experiences were mirrored in the observations of caseworkers, who similarly described the positive benefits for the client in the community.

Imagining that we are the clients: we are no longer in danger, the sense of safety and security, sense of freedom in terms of the rights to go to where we like, buy what we like, eat what we like, do what we like, access to all the things in community including spiritual,
Participants described how transfer to the community enables parents to regain a sense of being able to provide their children with a safe and normalised environment, and to resume an active and positive parenting role that was less possible for them in the detention environment.

*With families they can function as a unit again; parents can be parents. People become so passive; they are not in control of their lives, so when they are in community detention they can start to regain control of their lives and their families so they get their dignity back. They can do their own washing, cooking, sharing a meal with each other - things like that they don’t do in detention.* [Service provider]

Many participants reported that their flight to Australia was in large part related to their commitment to secure a safe future for their family and in particular for their children, so the freedom to live as a family and to exercise their parenting role was viewed by all family participants as a positive benefit of life in the community. Strongly tied to this was the ability of children to access safe and supportive school environments. While schooling is available to children in other detention environments, parents were very happy that their children are able to attend school in a community setting. Most parents reported that their children are very happy to be going to school. Access to schooling is addressed in more detail below.

**Access to personal supports in community detention**

Most participants also identified that there are positive supports available to them in community detention, from the formal support structures of the program, from the wider community, and from their ability to access communications and networks that were unavailable to them in held detention.

*In detention you see the same people over and over again, the same food, the same place, the same routine. Here we see a lot of different people, whenever we want we can go someplace, see someone new. And we can talk with our family easily. In detention there was always a queue for the telephone, here we can go to the public phone easily. We felt really happy to be in community detention.* [Single female]

*When we come out from the detention, we don’t know anything. We are like blind. When we come to community detention there is a carer, other friends, case manager; they help us with English language and many other things. In community detention we improve, from every direction, from everything.* [Unaccompanied minor]
Evidence from unaccompanied young people demonstrates that community placement also has a positive impact on their wellbeing. Aside from valuing better access to educational, sporting and other activities, participants described feeling more relaxed and more able to develop supportive and nurturing relationships with their carers, peers, relatives in the community and other community members.

[I felt], now I can relax, I can sleep very well, no one will come and disturb me . . . and no one to tell me what to do, I was feeling really good and relaxed. And I was happy because I am with a [fellow national] roommate, so some things we can share with each other. Like if . . . something goes wrong so I can talk with [this] boy to share with each other, to know what to do to solve the problems.

[Unaccompanied minor]

Good quality caseworker/ caregiver support appears to have a significant positive impact on client wellbeing with high potential to assist in mitigating the factors that negatively impact wellbeing. Qualities of good casework identified by participants included:

- respect for the client
- reliability and diligence (for example following through on promised actions, punctuality, returning phone calls)
- frequency of contact and support consistent with the client’s needs (generally but not always declining over time)
- timely and honest communication about issues affecting the client’s care plan or circumstances in community detention
- effective communication and listening skills, especially where the client is not accessing (due to personal choice or access issues) formal counselling support
- capacity and strategies to connect with each family member and to recognise and respond to the differing needs of men, women and children
- effective and persistent facilitation of third party engagement for services and supports needed by the client
- consistency of casework support, or (recognising that this is not always possible) effective and timely handover to a new caseworker

While most people identified their relationship with their casework as positive and supportive, the quality of casework does appear to be somewhat uneven across and within services. Issues relating to casework support are discussed in more detail in sections below.
Challenges to wellbeing in community detention

There are limits to the extent to which community detention can enhance the wellbeing and resilience of clients awaiting resolution of their immigration status. Obtaining a safe and secure future for their family(s) was a highly valued goal of many research participants, with the resolution of their immigration status being central to achieving this.

Although community detention affords clients opportunities for increased independence and improved social and community participation, there are factors affecting the wellbeing of clients that exacerbate with time. Clients appear to exhibit increasing psychological distress and feelings of disempowerment the longer they wait for resolution of their immigration status (both in community detention and held detention). Increasing anxiety about family members left behind, the continuing impacts of torture and trauma, and the frustration of waiting for a favourable visa outcome all contribute to feelings of disempowerment and psychological distress, and a lack of agency to control that which clients value the most – the future safety and security of their family.

I would say that community detention is always going to be better for people than held detention. But it doesn’t mean that community detention will automatically relieve people of all those stressors that they have. [Service provider]

As noted earlier in this report, there are many factors outside the ambit of community detention which impact its operation and its capacity to address the multiplicity of physical and psychological needs of community detention residents. The following sections explore these factors. While they do not relate directly to the activities of the community detention program, they contribute to a fuller understanding of factors contributing to participants’ overall response to and perception of their current situation, and the challenges to enhancing wellbeing for this group of asylum seekers.

Distinguishing the specific effects of community detention (as opposed to the status determination process, previous traumatic events, the journey to Australia and concern about family) on clients’ wellbeing is very challenging. Although status determination and detention are separate bureaucratic processes (and the operation of the status determination process is out of scope for this evaluation), from the point of view of the clients in CD, these processes are not generally seen as separate but rather as part of their overall experience as asylum seekers. More significantly, previous experiences such as traumatic encounters with officials or other authority figures prior to their arrival in Australia can trigger very strong reactions in clients, even when the actual trigger event is relatively minor. Other factors such as the perception of being treated unequally to their peers can similarly
set off very strong reactions and damage peoples’ sense of personal wellbeing and trust in the process, even if this perception is mistaken.

Continuing impacts of pre-arrival trauma

Whether or not people who have arrived in Australia by boat meet the Convention[^5] definition of a refugee, they invariably reported experiencing some degree of trauma. A number of participants were very focused on what they had experienced in their home country and described significant, distressing pre-arrival trauma and suffering, which has continuing impacts on their life in community detention and on their wellbeing.

They said my psychological condition is bad. I spent months and years suffering. Even my relatives here, they got sick of me. They said, we had enough sorrow; we cannot really stand your sorrow as well. … I lost my husband and I lost two children. I feel guilty that I killed my second son because my son, he didn’t want to go back to [our country] and I forced him to go back; and my other son who was kidnapped as well. [Participant crying] … The whole world cannot stand what I stood myself. Even my daughter in law, my son told me she got sick of me because I cry all the time. [Single mother]

In many cases participants’ grief was raw and barely below the surface, even where the events occurred long ago. Stories were often told to explain some later aspect of their experience in Australia, such as the condition of their children, or why it is so important to them to be able to support family members here, or those left behind. One woman, who had had to abandon her injured husband to save herself and her child, experienced severe abuse and violence from her country’s military, and during her flight and detention in other countries, before finally arriving in Australia. Both she and her child experienced so much violence and deprivation that they almost died during their journey.

I have had so much suffering, but I didn’t want to show any problems to my child. … My child, in two years, she had seen a lot of bad things; I am telling only a small portion of what I have gone through, it is so much I cannot even describe what we have been though. Because of the war … my daughter was changing, like, she would get angry and she would throw things, and stubborn, scared a lot. She urinates, when she scared, and then at night she screams and she sits on the bed. [But now] many changes for her since she came to the community. [The service provider] was looking after us and arranging school for the little one, so she was very happy. She gets up at five o’clock in the morning because she wants to go to school. The things that she has gone through, the little one, she should forget after

[^5]: United Nations Refugee Convention
coming here, by going to school and seeing other things, she should forget the past. Now I have seen the changes in her face, I am very happy, I am very joyful. [Single mother]

For women, the endemic incidence of sexual violence during the refugee journey has continuing impacts. Several women alluded to or disclosed incidents of rape by the military and others in their home country and on their journey to Australia, which they have not disclosed to their service provider and for which they were receiving no specific support. As well as the potential medical complications, the cultural shame of their experiences of sexual and gender violence impacts their wellbeing while also making it difficult for them to seek assistance.

The journey to Australia was also described by many participants as a cause of enduring distress; this was more notable in the second round of data collection with community detention residents, possibly because the participants in this group spent shorter periods in held detention, and therefore the asylum journey was a more recent, more vividly traumatic event; and because, having spent less time in held detention they were less traumatised by and fixated on the held detention experience. An alternative explanation offered by several of the torture and trauma counsellors is that the boat journey is actually more dangerous now than it has been in the past.

The boat had problem and is going to be drowned, so I got a very bad experience and right now I am taking some medication for that one. Just to recover myself from that. … I don't want for no one else to experience this kind of dangerous route to here! [Participant crying] My little son escaped from the water and now he cannot stay alone in one room. So we had very, very bad experience from that boat and from that trip. [Female family member]

Participants explaining the difficulty of their journey emphasised that they believe there was no choice for them but to undertake the danger of this journey to Australia, in spite of the inherent high risks. Many, including family groups, expressed that it was preferable to die together at sea than to stay where they had been.

Actually the way to come here was not easy; first we came to Malaysia and then from Malaysia to Indonesia, we spent nights in the jungles there before coming to here. … This way is very very dangerous. There was space for 150 people in the boat and the boat was packed by 250 people; we were all sitting on each other, but nobody was thinking about going back … better to die. We had no food or water for five days, it was so horrible. In … the Indian Ocean the boat sank down; 110 people were rescued and many people were drowned. We have no other way, no other option, so what could we do? What else could we do? I'm not objecting to anything, I am thankful to god that I survived this trip. … Sixteen hours I swam in the water to survive when
our boat sank. I had no idea that I can swim for that long but that is why I am alive now. [Unaccompanied minor]

After lot of problems in the middle of the sea, we didn’t die, we arrived safely here. … We thought that we should not die in our country; if anything should happen let it be in the middle of the sea. In our country there is no respect for the human beings. … We are treated in our country worse than our dogs. [Male family member]

Torture and trauma counsellors observed that pre-arrival trauma also appears to be worse than in previous waves of on-shore arrivals, and that the subsequent trauma of the journey to Australia is in some cases compounded by a lack of compassion by authorities on arrival. This was reflected in the evidence of several participants.

The first time I saw the … ship, three or four men, big men, they came by a boat to ours and they were kicking the boat and telling the people to ‘go, go!’ Our boat sort of sunk but they were hitting the boat, and I was scared. Everyone was cuddling their children and they were so scared the boat was going to drown; they were hitting the boat so strongly and violently. … I have a [young] daughter, even for three or four months after that my daughter was having nightmares. We were so scared, and when … they brought us to the island we didn’t even move our heads because we were scared they may kick us and throw us in the water. [Female family member]

Having undertaken and survived a dangerous journey, many participants expressed disbelief that the legitimacy of their asylum claims could be at question. This appeared to add to their sense of grievance and distress, which was carried through to their community placement, especially at subsequent negative points in the determination process.

There are problems back home and we risk our lives on a small boat; paying and dangerous. . . If we didn’t have any problems would we go through such things? We wouldn’t come to Australia. Then they want to refuse or reject case, say we aren’t refugee. [Unaccompanied young person]

When we come here, we have to come by boat and it is a risk. We are thinking about our life because there is no other option for us. That is why we are taking that risk. Then Immigration Department has to think about why are the people taking these risks and coming here? It is not like they are just planning on getting a good life. It is not: it is salvation. [Bridging visa holder – previously a resident of CD]
Continuing negative impacts of held detention experiences

Trauma and suffering experienced in held detention in Australia was another dominant theme, in particular in the first round of data collection with community detention clients. The majority of adult and many youth participants from this research stage had spent extended periods in secure detention, and many expressed high levels of anger and attributed significant and continuing negative mental health effects to their detention experiences.

*Why we have detention? When they come [to the community] they are messed up, their mental state is really appalling. [Male family member]*

This was less prevalent in the second round of interviews. All participants described held detention as a difficult, stressful and undesirable environment, and some interview participants did express distress at their experiences in detention, but the level of distress and anger appeared less than those interviewed previously. This may be a reflection of the relatively shorter period spend in a secure detention environment by most of these participants, or other factors such as changes in detention conditions. Service providers also observed that more recent referrals into the program have on the whole been in detention for shorter periods, and so are at an earlier stage of the determination process, more optimistic, and less institutionalised and less harmed by prolonged held detention.

*We certainly have seen that with the latest referrals, people haven’t been detained for very long, an average of about 3-6 months I would say. … There is a difference; it does make a huge difference when people haven’t experienced very long periods of detention. [Service provider]*

Continuing impacts of previous living conditions

Many participants in this evaluation have lived in situations of displacement, deprivation and violence for prolonged periods, with limited access to education, health care and adequate nutrition. Some have complex and chronic health issues that have not previously been treated. Unaccompanied young people have frequently had life experiences and responsibilities well beyond their age.

*When I go to school on the bus, and these people are relaxing and enjoying here - and we had to work so hard for the whole day just to provide and feed for our families, just to survive. Enjoying was out of the question - just to buy food to survive. Here is so easy, everything is provided for them they don't need to do anything. That's why we get so old, you know, because of tensions and hard work; [it’s because of] how we had to spend our lives. Tension about work, tension about transport, tension about killing, no power, lots of problem. [UAM]*
Many participants have lost family members and friends, including on the journey to Australia, or their family members are missing or remain in situations of danger in the country of origin or asylum. Some have experienced prolonged detention en route to or in Australia with associated damaging physical and mental health impacts.

All of these pre-arrival factors can and do negatively impact on client wellbeing in community detention, depending on individual client response, on resilience and on the effectiveness of supports in the community detention context.

**Anxiety about family**

Placement in the community does not negate the negative impacts of separation from participants’ own families.

> My elder child was 11 now she is more than 14; they are growing bigger and bigger and I can’t see them; how sad. When I walk in the street when I see other children I have the cry myself [participant crying]. [Separated male]

Some participants have family members missing either in their home country or somewhere on the refugee journey, and little can be done to mediate their anxiety and grief.

> My daughter and her family have been missing for five months. They are all still missing, they haven’t been able to find the boat. Each one of us has a story. I just think of them all them time. (Crying) Five children and two parents lost at sea. I just want to know if they are dead or alive. [Female family member]

Even for those who are aware of their family’s location, many expressed a sense of guilt or remorse that they are safe when their family is not, which further increases their anxiety and impacts their wellbeing.

> Even if the family comes to Australia as an intact family, we still hear about their uncles, friends, parents, grandparents . . . they feel they have to [always] contact them - just hearing things every day about that country. [But] about 40% of my clients don’t know where their families are. [Service provider]

We had to go through lots of difficulties to arrive here; and now here I am drinking coffee, [safe]; and I think what my father is doing now: my father sweeping away the bullet casings, sweeping them up with the dust at home. My mum has to go and wash clothes for other families just to earn little money. They saved for me, they gave that money to me to come here, now they have to buy food and necessities just to survive there. They have so many problems there. They are very happy for me to be alive; that is also important. [But] we are worrying
about them, what is happening to them. They’re not safe.  
[Unaccompanied minor]

Participants in this research were at pains to explain the culturally important role of family in their lives, their powerful feelings of responsibility to care for them, and their sense of powerlessness and pain at being unable to do so.

Everyone loves their families, but [people from my culture], until they get old, until their last breath, they are living with their families, caring for their families: children, wife and their own parents. But here they are in community detention they are not allowed to visit them, to help them. They have a pain, they must release the pain, there is no other way. Those people who have a visa they go back to visit their families but we can’t go.  [Separated male]

This was of great significance for participants who are in Australia without their immediate family. Some of the women who are in Australia as single parents reported that their husbands are missing and they do not know if they are alive or dead. Others have partners who are in migration detention in other countries, making for irregular contact and a very uncertain future, especially as their visa status remains uncertain.

The youngest child, my son, he used to ask, mother when is my father going to come? And when he sees the other fathers, the families are bringing their children, he says, when is my father going to come, when is my father going to come? And that makes me very sad.  
[Crying - offer to stop the interview but wants to continue]. My husband he is in the detention centre in [a neighbouring country], I have given the Red Cross everything, so if we get the visa, then he can come.  
[‘Single’ mother]

This sense of powerlessness, sorrow and frustration was shared by male participants. These clients are classified by DIAC as vulnerable adult males (VAMs), but most have families in their home country (or elsewhere in asylum) who they feel a very strong obligation to support. Their lack of capacity to do so in their present circumstances, including because they are unable to work and financially contribute to their family, has a strong negative impact on their wellbeing and sense of self-worth. This is also the case for many of the unaccompanied young people who participated in the evaluation.

We all spend time, a lot of time, thinking about our family - it’s very important; that is part of our life. Automatically we are connected to our family and we think about them. It comes automatically to our minds because our families are not safe. [Our] people are actually murdered in the shops, every second a bomb blasts and its continuous. We are continually abused, bombs blast in shopping centres, our family members are not safe. But here even though we tell how bad our circumstance is in [country], here for people in Australia is very hard to believe us.  
[Unaccompanied minor]
Participants described how this separation from family, and anxiety about their and their family’s future, preoccupies their thoughts and impacts their health and wellbeing.

_We just go to town and watch people and come back. I cry [about] my kids and my family. The war has damaged everything; that is the condition they live in and I live in. I tell my case manager but they [can’t] do anything._ [Separated male]

_Most of the time I keep forgetting things and sometimes I think I have mental problems because of the pressures on me. . . When I call my children, they are just saying, dad, please just come to the door so we can see you, then you can go back to Australia. One child is born after I came to Australia, now my child can speak and still I have not seen him yet. He doesn’t know me. He only knows I’m his father._ [Separated male]

Torture and trauma counsellors affirmed the negative mental health impacts of anxiety about family left behind, and the sense of helplessness and guilt that derives from this.

_It’s impossible for someone to feel safe if their family is at risk. They hold a lot of fear for the family left behind… in a very vulnerable situation. They are not able to provide for them or help them in any way. A lot of those families are at risk, authorities might be coming to look for them, all sorts of things. So not only worry and concern but terrible guilt!_ [Service provider]

Challenges to family contact

Participants reported that communication with their families is often difficult due to poor communication infrastructure in places where their families are located outside Australia, and/or because the family is not in a stable location. Some also reported that they or their peers lost contact with or were reluctant to keep in touch with their families, because of shame about their present situation in Australia and their helplessness to do anything for them.

Unaccompanied young people also reported that their communication with their family was affected by the high cost of phone credit, by depression and associated self-isolation, and by anxiety about the poor condition of their families. The young people expressed frustration that they could not help their families and several participants said they avoided contacting family or did not share information with them because it added to their family’s problems.

_I don’t say anything about my rejection to my family because they already have lots of problems. If I say it to them, it will just increase their problems, their tension, so I don’t say anything._ [Unaccompanied minor]
Young participants hope to be able to reunite with their family, but at the same time they harbour a fear that the process of visa determination takes so long that it will prevent them being reunited.

**Anxiety about status determination**

Uncertainty about the future and a sense of life being ‘on hold’ while waiting for resolution of their visa status was a significant issue and preoccupation that participants felt was detrimental to their overall wellbeing.

> You get obsessed about the question of the visa. What’s going to happen in the future? Are we going to get the visa soon? There was a lot of question marks, a lot of questions. Are they going to return us? Are they going to give us a visa? Lots of similar questions. It affected us very much. It’s very hard to not know where you stand. Everyone is concerned about this; its not like you are in financial difficulty and you can borrow money - it’s the visa issue! Hundred per cent, it’s hard to be out of control of your life. [Married male, now with permanent visa]

> When we are in the detention centre, we are always just thinking, always thinking. And here [in community detention] it is the same problem, we are always thinking about our family, and the same problem, the same questions as before: when we get visa? When will I know? [Unaccompanied young person]
While it is outside the scope of this evaluation to comment on the visa determination process, the perception of the process by people in community detention is crucial to understanding their wellbeing. Overall they perceive the process as adversarial, opaque and arbitrary. Few participants mentioned their application for protection in terms of whether they meet the definition for refugee protection; they described that they have suffered and this suffering dominated their perceptions of the unfairness of the process. One woman disclosed repeated experiences of rape of herself and her young daughter, and her extreme shame of this. When asked if she had disclosed these experiences in her application for protection, she simply cried.

They are just searching the reason to reject; they are searching for one valid reason to reject and not that one valid reason to accept. [Single mother]

The perception of the adversarial nature of visa interviews is shared by unaccompanied young people, who expressed a strong sense of sorrow and injustice around this.

People interviewing us they harass us very much; instead of listening to [us] they harass us; they take our documents and say they’re fake. They ask us the same questions from different angles, so we try our best to provide documents or evidence if we can, but sometime we don’t have any. [Unaccompanied minor]

This sense of injustice is compounded when people in community detention see people in what they perceive as similar situations to theirs being granted
a visa. Comparisons of detention and visa circumstances are very common between detainees and former detainees, even between people not known to each other. Participants knew people who were granted protection visas within a short time and others who remain in immigration detention centres after more than two years; so that sometimes they feel hope and sometimes despair. Uncertainty about how long the process will take – as well as knowing it could take years – contributes to their anxiety.

*When someone is in captivity or in a prison sentence they know how long their prison sentence is going to be. So that kind of makes [detention] harder. That kind of person can count down the days until the end of their sentence. But for us, God alone knows when our sentence will end. I am not trying to criticise the government - it is your land. But what I am trying to say is, all we came asking is a chance to live, an opportunity to exist. And if you don't even get that and you don't know when it is likely to happen, that makes it really hard.* [Single male]

Participants acknowledged the need for time to undertake security or other checks but felt that the long processing time and long periods of uncertainty about their future – even when the time is spent in community detention – adversely impact people’s physical and mental health. Participants wanted to have their situation resolved quickly not just so they can end the hiatus in their own lives, but because of their anxieties about their families.

*Spending two years in camp [immigration detention centre] is not easy; it’s really hard. We don’t know, maybe [our family] will be alive, maybe they are all killed with one bomb attack, we don’t know, and we are just asking them [government] if they can help us.* [Separated male]

Service providers and DIAC case managers, who were likely to be as uncertain about time-frames as detainees, could only give messages that confirmed participants’ sense of helplessness.

*When I was asking how long will it take, the case manager [said] “Maybe next week or the week after, we will tell you”; but every second of my life I was waiting.* [Separated male]

Concern about the variable and often long time taken for visa determination and for getting security clearance was particularly acute for young people. Both unaccompanied minors and families expressed anxiety that their individual cases were being delayed because they were perceived to be ‘okay’ in community detention, and so not in need of a quick decision.

*The benefit of community detention centre is we get familiar with everything: the culture, people. But the other thing is they keep us for longer in community detention - they shouldn't!* [Unaccompanied minor]
While all participants voiced concerns that their uncertain visa status negatively affected their wellbeing and mental health, unaccompanied young people also described how their relationships were negatively affected by a long wait for status resolution.

Those who have been for a long time, are depressed and they always feel kind of lonely, just sit, alone . . . Even if they may have good relationships with other friends and families, if they keep them for a long time in detention, its make kind of problem in idea of their self, their point of view: everything will change, to their friend their family, too much they will be suffering. They will hate their family, they will hate their friends, it will break their relationships. [Unaccompanied minor]

Participants stated that for many young people, incidents of self-harm and thoughts of suicide result from the prolonged stresses of detention as they await resolution of their visa status.

Those who been for long time in detention, they don’t want to talk to anyone, even their family, because they are depressed, they only want to stay in the corner of the room because they are depressed. Before [I received a positive decision], I had the same feeling. I was not talking to people, and I was just in my home, and I wanted to do kind of harm myself, kill myself, by train or whatever. [Unaccompanied minor]

Unaccompanied young people also believed that their behaviour in community detention determined the time taken for their visa processing. They consequently expressed agitation about the lack of transparency in what some carers and service providers reported about them to DIAC.
The main problem, [they] keep us longer in our house; DIAC want to make people good behaviour before [they] release them in the community. Carers report rubbish things! [Unaccompanied minor]

Caseworkers shared the view that anxiety about visa status is a key determinant of the wellbeing of people in community detention.

The most challenging [part] is the lack of clear and concise information and direction for those in an uncertain visa space. They don't know what is going to happen, no one can tell them what is going to happen, and this process can be dragged out for years and years…That extended, extended period of uncertainty and the lack of clear information around what is going to happen with their visas or with them, is one of the most challenging things of the program. [Service provider]

All participants saw the resolution of their visa status as necessary to their capacity to look towards the future and to their sense of self-worth and identity.

The worst thing is…I left my mother 9 years ago. I can’t go there and I can’t get her to come here. Everything is here, but nothing really belongs to us. We don't feel like it’s our own. We are not citizens. Even to get jobs we need PR [permanent residency] . . . But it is taking time. The place we born, we don't belong there. They are doing the processing now, so still we don't belong here. We are just passing. Sometimes we have fun, joke with our friends, we say, it is better to be born a dog in Australia than to be born in our country. We make this joke. [Single female]

The nature of continuing detention

While every participant saw community placement as beneficial compared to held detention, many reported that the very nature of continuing detention affects clients’ sense of self and wellbeing.

Even though it is community detention, still you see the word detention is in the picture. So as long as you are in a detention situation, you can’t actually fully progress. [Single male]

It’s just they have no control over their lives. It makes them feel helpless and angry, and they can’t do a lot of things because they need approval or finances, both of which they’re most likely not going to get. The longer they’ve been in CD, the more hopeless they become … they see people getting on with their lives and they feel like they're stuck. They’re still an outsider looking at all these people moving on and that really impacts mental health. [Service provider]
Lack of meaningful engagement

Most people in community detention reported not having enough to do to meaningfully engage their time. Under the community detention program funding is provided for English classes and service providers are required to play a role in enabling client access to community activities. Meaningful engagement activities, outside funded English classes, are not funded by DIAC and any costs must be covered from the client’s Living Allowance (or for UAMs from their Meaningful Engagement Allowance). Findings on how well the program achieves the objective of enabling access to meaningful activities is discussed in the section on enabling independence below; this section addresses how the reported and perceived lack of meaningful engagement affects client wellbeing.

We just to go to class and then go back home. What do we have to do? There is not enough activities to do; maybe I come here to plaza or go to shops or go somewhere to sit; what else we are going to do?  
[Separented male]

After the initial period of being busy when they arrive in the community, clients and service providers described an increasing sense of ennui and disengagement as a result of not having enough to do. Participants associated a person being occupied with better health and mental health, and discussed the importance of having meaningful activity in their daily lives.

How many years can I come here and sit and eat, doing nothing? I’m sick of this! [My] case worker said ‘You’re okay, you have food to eat and a house to live in’. I became upset and I told them, that is not the whole life I am looking for! Even if I don’t eat it’s not that important!  
[Married female]

Just sitting at home it doesn’t help me. Without any activities we are lazy, we get health problems; if we get busy the tension will go away.  
[Separented male]

Not having enough to do or being able to engage in activities important to a person’s sense of self-worth and identity, negatively impacted clients sense of wellbeing and in many cases their mental health.

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6 Free or low cost activities should be accessed in the first instance wherever possible. Some activities may be provided by the service provider through volunteers or as part of contracted service delivery. Clients can be linked to existing services such as community groups /non-government organisations; government and social services; private / commercial enterprises. Community Detention Operational Framework May 2012.
It [contributes to] depression. Everyone is like me, sitting at home, not to be able to work, not to have anything to do, and you don’t know the language - sitting at home like this… it’s very hard how to spend the day. There is no growth for us; we wasted many days, thinking, thinking. Totally community detention is good, [but]… I have been out of my country for two years and I haven’t done anything; I couldn’t do anything positive. [Married male]

The frustration around the perception of wasted time, a wasted life, was a common theme for both men and women.

I used to be a very active person and even for myself it’s quite strange how come I can stand it being at home all day. In a way [community detention] changes people’s personality. You can’t run your life the way you like it; you have to live the way they decide for you. It’s like that’s a period of your life that stops. If they ask me ‘What have you done during your life?’ I can say, from 28 to 30 I should say: nothing. [Married female]

For one year, we were not allowed to go for any driving lessons, we were not allowed to work. In one year, we cannot do any courses, we cannot volunteer anywhere. So the one year is wasted. [Married couple]

Participants also identified a link between being actively engaged and being able to participate with and integrate into the wider community.

When people get out of detention, they need to integrate, but how can they integrate? ...We are just sitting at home. People feel like they are worthless, they don’t have any value. People see other people, they are living a good life and they are working, and they see themselves doing nothing so they feel sad and ashamed. [Married male]
Mental health in community detention

Family members and young people credited placement in the community with immediate improvements to mental health. Many described relief at not being under constant surveillance, at being able to move around freely in the community, and at regaining some autonomy in their lives. Some participants described being able to relax more and to sleep better. Both people in community detention and service providers described positive mental health benefits that can derive from having the freedom to implement mental health self-care strategies such as walking or visiting networks they develop in the community. Participants also discussed that they were also glad to be away from the concentrated trauma of held detention.

*Communities are much better than detention; the detention have all of these groups with their own problems and their own worries, and when they are together it affects all of the people who are in that detention so the problem is that much more but when they are divided into different groups in community they only have their own problems and they don’t see other groups all the times to share other matters or bad news.* [Single female]

Some participants directly attributed very significant improvements in their mental health to being removed from held detention.

*The difference with community detention is that in detention people have suicidal thoughts and then they come to community detention. When I was in detention I had suicidal thoughts, after, I don’t have. That’s an important thing with community detention.* [Single male]

*In detention I was very upset. I had the weekly counselling – depression. But when I reached here – I was happy, living on my own.* [Single female]

The family groups saw community detention as a desirable option for all detainees, not just those with children, as a means to alleviate negative mental health effects. They expressed deep concern about the wellbeing and mental health of individuals who remain in held detention.

While mental health was perceived to be much improved in the community context compared to held detention, participants expressed ongoing concern about continuing mental health issues and reported personal experiences of depression, tension, sleeplessness and anxiety. Many participants reported being on medication to address these issues.

*Now I am taking a lot of tablets. Without tablets, I don’t know what will happen because of all the pressure I have in the camp [IDC]. From when I was born to this world . . . I didn’t take those tablets to live before, I didn’t take tablets to live; and now for last two year I take tablets.* [Separated male]
Unaccompanied minors particularly found it hard that their situation did not seem to be understood in the straightforward way that they understood it. They strongly linked their mental health status to their sense of not being believed, and the long time taken for status determination.

There are problems back home and we risk our lives on a small boat; paying and dangerous... If we didn't have any problems would we go through such things? We wouldn't come to Australia. Then they want to refuse or reject case, say we aren't refugee. I was accepted as refugee two months ago and am still wait for visa. Depressing to think about visa and future. It is very hard for us. [Unaccompanied minor]

The unaccompanied young people appreciated the support they received from formal mental health services, but felt that this could only be of limited assistance until their future was more certain; again, they aligned their well-being to their visa status.

The first time we got rejected we face a very bad condition... we lose our hope, we lose whatever we have in our minds. [Unaccompanied minor]

I was so depressed, and they called me and said I got the call from DIAC and just got my decision: this was the most helpful thing to me. [Unaccompanied minor]

The discussion above on the many factors influencing wellbeing in community detention illustrates the complexity of mental health status, and it is likely that detrimental impacts of a lengthy visa determination process interact with mental health responses to a range of other stressors. The perception of many participants however was that their mental health was largely a consequence of their detention and the refugee status determination process in Australia.

Service providers, including torture and trauma counsellors, affirmed that there is an immediate and often dramatic improvement in mental status when clients move from secure detention to the community, but described this as a “honeymoon period”. They described that for many people in the community, there are continuing trauma impacts, and that mental health deteriorates the longer the person is in a situation of unresolved status.

It is always positive that people are moved into the community. For a lot of people there is visible improvement but ... it is still a very, very vulnerable group, and if they are torture and trauma survivors they are still dealing with past torture and trauma experiences. [And] many people whilst in detention … have witnessed a lot of self-harm, a lot of

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7 This is also consistent with Herman’s (1997) model of recovery from trauma, where a sense of safety needs to be established before the person can address underlying trauma.
Service providers described that for many people there is less support and information in the community than anticipated, and that the resulting confusion and disorientation can mimic or reinforce post traumatic stress disorder symptoms. They reported the negative mental health impacts of the uncertain periods of waiting and inadequate access to meaningful activity. Counsellors described consequent symptoms of anger, fear, depression, powerlessness, suicidality and/or impassivity. They reported that these mental health issues impact the person’s capacity to effectively engage with opportunities available to them in the community setting, compounding their overall situation and mental health status.

Service providers also raised concern about the necessity for sensitivity in how and when news about the person’s visa status is transmitted to them. They described how the suddenness of bad news can parallel pre-arrival war-time or other trauma experiences, and so trigger acute trauma responses. Service providers reported that the client’s legal representative or DIAC case manager are responsible for the delivery of bad (and good) news, but as they are often located interstate from the client, news is delivered by phone and not necessarily with regard to supports available to the person from either the community or their service provider.8

Trajectory of wellbeing and mental health in community detention

As illustrated in the sections above, people transferred to the community experience significant enhancement to their wellbeing and mental health compared to being in held detention. However, improvements are seen to diminish the longer the person remains uncertain about their future.

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8 Immigration Advice and Application Assistance Scheme providers give DIAC case managers notice of when they intend to inform a client of a negative decision. Both separately and collectively, the IAAAS provider and the DIAC case manager are mindful of indicators that support may be needed, taking into account existing statements on a client’s health and general capacity to accept a negative decision.
There is a general trend of deterioration. Increased isolation, disengagement from activities, just staying at home, declining any caseworkers who are linking them to those activities, they don't want to do anything. They just want to speak with the case manager about the visa. [Service provider]

This declining trajectory of wellbeing was manifest in the suicidal ideation and hopelessness shared in many client interviews.

I have been thinking that before I was strong, and I have come to this point that there is no hope. I can’t believe there is hope, that we will have a good future. [Participant crying] It's hard to be the one who is always the strong one. [crying] After suffering and coming here, they should have sent us back immediately, so we would have gone and died instead of waiting so long and expecting, expecting, waiting so long. [Single mother, on BV E awaiting ASIO clearance, previously in CD]
One thing that service providers and clients stressed was the significance of the length of time spent in uncertainty about the future. They noted that a decline over time was equally prevalent for those whose refugee status was recognised but faced an extended wait for ASIO or other administrative processes to be completed.

For the first month because it’s a new place and it is quite interesting. You are out of detention centre! But after that you find that it’s the same; you are in a situation of uncertainty. We have a roof at the top of our heads and a bed to sleep in and they paid us as much as it was ok for our needs. But still we didn’t have that peace of mind. [Married female]

One of the things that is important here is the length of time. Initially when people come out of detention they are on a high to some extent. Wow, we’re finally getting somewhere. Now I’ve had a lot of long term clients and I’ve seen them deteriorate over the length of time and the despair over what is happening in the courts … It takes a hell of a lot of willpower to go through. If processing could be three to six months, you’d have an entirely different picture all round. [Service provider]

This apparent trajectory of wellbeing is similar to findings in research with other groups of asylum seekers such as those in secure detention; when a milestone in the application process is reached people feel relieved and happy – their hope is renewed. However as they come to terms with the reality and challenges of their new circumstances, their hopefulness and wellbeing declines with time. Caseworkers described a similar situation for some clients who receive a permanent visa and are transferred to Humanitarian Settlement Services – they are initially elated but this declines as they realise the challenges of long term settlement.

When they first get their visa people are just glowing and happy and you start explaining what has to happen next, then they just slump – they are on the verge of tears when they find out what’s about to happen. All this time they’ve had to climb up a mountain then finally they get there when they get their visa, and all of a sudden they find out there’s just another mountain to climb. [Service provider]

Benefits of the program compared to other models of detention

Notwithstanding the wellbeing challenges clients experienced in community detention, participants overwhelmingly supported community placement as a better option than secure detention. They reported a range of improved personal and family outcomes stemming from being able to live in the community. Although the research process did not specifically seek information about participants’ lives in IDF’s, most sought to explain their
positive response to community detention by referencing their held detention experience.

If I tell over my story, if I tell you all the stories about detention – because I have been in detention for 2 years - it will make a book; but I will just tell you a summary of the stories. . . I was happy and relaxed when I came into the community. In the last two and a half years I had really bad experience. There is 120% difference between detention centre and community detention because detention centre is like a jail, and community – it’s like freedom, like relaxed. [Unaccompanied minor]

Participants described their experiences in different detention centres: some good, some distressing. Some acknowledged positive experiences in detention especially compared to their pre-arrival lives. For example, one participant described his childhood: seeing his grandparents beaten as they begged for their grandchildren’s lives; going hungry; seeing his neighbours tortured and killed; his adult life imprisoned and subjected to shocking torture and deprivation; and the danger of the journey he took to ‘go somewhere to get safety’. Despite being in detention for several years, he felt that compared to his prior life, he had been taken care of.

After lot of problems in the middle of the sea, we didn’t die, we arrived safely here. . . . We thought that we should not die in our country; if anything should happen let it be in the middle of the sea. In our country there is no respect for the human beings . . . . We are treated in our country worse than our dogs. Some of us escaped there and reached here. Here we explained everything, what was affected, everything. They taken care of us [at the detention facility] really good. Then we shifted to [another place], not like a camp, like houses. There we had some restriction but still they taken care of us really nice, really good. [Male family member]

However, the majority of participants reported negative experiences and detrimental impacts from their time in secure detention, with a correspondingly greater appreciation of being able to live in the community.

I think detention will ruin you existing as a human being; when you come out you’re messed up. I understand [the need for] security checks and the police. That should have a short period of time, one to three months, not over a year . . . The people looking after detainees - we are being dealt with like we come from a very low background, like dirt and dust. In the community we are treated individually. [Male family member]

For families, community placement enables autonomy and dignity that some have been unable to access in held detention. For example, a story was related of a family who had had a sleepless night with a sick infant. In the morning, having missed breakfast time, they requested milk and bread from a
detention officer, and were refused. When the family sought assistance from a supervisor, the officer was directed to provide bread and milk as requested, and in an angry response the officer threw these at the feet of the family, in front of a crowd of other detainees.

And then the father became upset and said, my child needed milk and the way you threw the milk and bread was not the right way, it seems like you are throwing it at an animal . . . Then the security officer said “You are worse than animals, and you came to this country and this is not your country.” . . . There are many other examples like this [that show] that it is unliveable to stay in detention . . . So we care very much about [community detention] and hope that community continues. One of the important points is that each family returns to their own method of family life and family lifestyle. They follow their own way of living. It’s not compulsory and no-one’s telling them what to do and it’s very important for them to continue their daily life. [Male family member]

The issue of the stress of constant scrutiny in secure detention was raised, with participants describing how reduced scrutiny in the community contributes to their overall wellbeing.

I had really bad experience [in secure detention] because everywhere I had to go, even to eat or to go to bed, I had to get permission from the security because the security all the time with me, even the cameras around me; it was really hard. So that is why I am happy about community. [Unaccompanied minor]

Participants also talked about their experiences before coming to Australia and expressed that, while the past can’t be changed, community placement can avoid additional trauma for asylum seekers and contribute to their well-being.

Already we faced a lot of problems in our country physically and also mentally. In the detention centre, we are affected a lot mentally. We are getting anxious, depression, tension. Whatever we are affected by before, we can’t change that [but] after the refugee comes . . . as soon as possible they have to . . . bring them to the community detention. [Female family member]

Comparing community detention centre with detention centre is incomparable...If we get rid of the detention centre and just have community detention we would get rid of some problems. [Male family member]

Participants also described how, in their experience, community placement avoided problems stemming from having many traumatised and distressed people living in close confines.
One of the other reasons that community is much better than detention: all of the groups, if they are in detention together, all the problems affect them. When they are divided into the community they only have their own problems. They have less stress, they have less pressure. [Female family member]

3.2 Accommodation and support

The program is functioning, on the whole, to support people’s immediate needs, notwithstanding the rapid program expansion and associated policy, logistic, practical, staffing, housing and communication challenges.

The second key objective of the community detention program is to provide suitable and stable accommodation and support to clients living in the community.

Service providers are responsible for sourcing housing for community detention clients and must ensure that the housing obtained is clean, liveable, close to amenities and, where possible, nearby any existing community or family linkages that clients may have.

Service provider case workers are closely involved in helping clients become oriented with their housing arrangements and housing obligations, being a key point of contact for clients in relation to the suitability of accommodation and daily household functioning. In addition to assistance with housing and household needs, service providers provide clients with community orientation services and facilitate access to other services for clients, such as medical services and torture and trauma counselling.

Research participants reported varying degrees of satisfaction with their housing and support services arrangements, paying particular regard to the physical conditions of their housing arrangements and proximity to family and friends, as well as the level of engagement they had with their case worker.

Of all services provided to clients in community detention, securing suitable and stable housing and accommodation appear to present the biggest challenge to service providers, with a number of factors impacting on their ability to meet this objective.

Access to housing and to physical resources

All people arriving in community detention are accommodated in housing they can stay in for the duration of the time in community detention and which provides clients with a sense of safety. Service providers report that most of the housing is adequate but that there is some inconsistency in the quality of
housing. This is in part due to the shortage of affordable rental housing in areas people want to settle and where services are available, in part due to the rapid increase in numbers of people in community detention and the need to secure housing contracts with little lead time. One of the service providers reported that they are currently undertaking a review of their housing stock to ensure more consistency across their pool of accommodation.

The expectations of people in community detention regarding their housing had a bearing on their level of satisfaction with their accommodation. These expectations derived from information received while still in detention, from people smugglers and from their own past housing experience. For example, some participants described the quality of housing throughout Iran as very high, whereas participants from other countries have lived in very poor circumstances with substandard shelter for prolonged periods.

People in community detention were grateful to be housed, but nearly half of participants expressed some concerns about their housing. These concerns related to the cleanliness of the housing, the condition of their house compared to housing available to other community detention residents, and the proximity of the house to services or to other family or community members.

The service provider is responsible for ensuring that the landlord provides an adequate standard of housing but it was not clear to the client participants what that standard is. Some families were clearly housed in inadequate accommodation. One family of six reported that only one burner of their stove worked despite months of requests to the caseworker to arrange a repair. Four families reported that there were rats and mice in their accommodation when they arrived. These concerns created a bad start to life in the community for the new arrivals.

*When we arrive here, the house was very cold and dirty. The floor, kitchen, everything was dirty and the first day my daughter got sick. This house is full of cockroaches and when someone comes here I feel humiliated just seeing cockroaches running around in front of people. I ask them to do something about it and they say ‘okay, okay’ but they don’t do anything.* [Female family member]

*We just want basic house, not a hotel, but [the house I am living in] has lots of mildew, not a nice place. When they gave me this place I went there and I cried for two days. It was so dirty. It had a small fireplace, and it had lots of rats coming and going. The point of cleaners and hygiene is gone . . . A lot of cockroaches. Really, it’s terrible.* [Female family member]

As noted earlier in this report, service providers were faced with the difficult challenge of accommodating people near to other family members or to
areas where ethnic communities or services are established. This was the most significant housing concern shared by people in community detention, who described the negative consequences that can derive from being isolated from facilities or from support networks.

In one example, a large extended family had been settled in housing across several outer suburbs. The elderly and quite dependent parents were placed far from any of their adult children. This necessitated a walk of one hour for the children to be able to offer any help to their parents, as they could not afford the local transport costs.

> Although I am comfortable, all my children are too far from me and if I call them to take me somewhere the distance is too hard. They promised we would be near each other. I can’t go outside by myself. [Elderly female family member]

The rest of the family was also isolated from each other by distance and the high cost of public transport.

> We go everywhere walking. I have been here two months and I have only been to my brother’s house twice. We have to pay around $40 or something like that… When they call it community detention it really is detention. I couldn’t take [my family] out anywhere. [Female family member]

Families and single mothers also reported that being located far from services necessitated spending a lot of their income on transport and/or long walking times. The combination of housing location and low income therefore affected their ability to access routine amenities or services, including medical appointments and English classes.

> Last time we have to meet the case manager it costs $50 to go by train. We all have to go together because we are one family. [Female family member]

This posed problems in particular for single mothers, whose social isolation was compounded by being placed in housing remote from services and from potential support networks.

> I don’t live near the shops; it takes an hour to go to the shops. I have to walk because I have no car. I tell the case manager and they said they would give me money to cover transport costs, but I have to take my four children on a bus and a train. It is too hard. I feel quite down mentally; it is okay to walk sometimes but taking an hour is too long. [Single mother]

One of the research participants, a single mother with severe depression who was caring for her children, including one with a head injury, had several very close relatives in the city she lived in, but her housing was in a suburb far
from them. The drive was too far to enable regular support to be provided, and very difficult and expensive on public transport.

They will offer help to me if I come and live not far from them. They can take my daughter to school. They say they can teach me English, they can help me in buying fish and bread and they said they can take time for each one to help me with everything. Clean the house or other things. If the case manager of Department of Immigration approve to find me a house, it will be good. But [my case worker] tried to talk to them; it's impossible to happen. [Single mother]

There were, however, several positive examples of the needs of single women and single mothers being appropriately addressed in their housing situation. Single women participants described being placed in a group house with other single women from the same ethnicity, enabling the household members to support and learn from each other. A single mother was grateful to her service provider for having arranged for her to live in share accommodation with other women, as she had a long history of Sexual and Gender Based Violence (SGBV) and felt very vulnerable living alone with her children. The shared arrangement also facilitated access to the childcare support her housemates offered. Australian and international research has demonstrated that women who have experienced SGBV and who are otherwise at risk in a refugee context remain at risk in resettlement.

Such gender-responsive arrangements therefore illustrate good practice within the community detention program.

Senior managers in service provider organisations felt that on the whole the housing provided for people in community detention was adequate, and that there were few problems acquiring such housing.

However, this was not reported to be true across all states and territories. In Victoria, the management of housing stock was reported to be well under control and appropriate for the number of clients in the state. This was said to be less true in South Australia, New South Wales and Western Australia where stakeholders indicated issues around the affordability of housing (particularly in Western Australia) and the availability of housing that was accessible to public transport, shops etc. Further, properties in these states were often too small, with too few bedrooms to be able to provide sufficient space and privacy for some clients, in particular families.

Effective partnerships between case workers, real estate agents and specialist organisations were thought to be key to the effective management of housing for clients. In Victoria, a case worker described such a relationship between themselves, Redback Settlement Services (who specialise in sourcing and managing housing for vulnerable groups, including HSS clients) and local real estate agents. These relationships had been fostered over many years. The possibility of a single agency attempting to
procure and manage housing was thought to be infeasible. Such three-way partnerships were not evident in states outside of Victoria.

Service providers considered good practice to include:

- the maintenance of clear and strict guidelines relating to housing quality and accessibility
- effective matching of clients to houses based on information provided in the needs assessment
- if possible: sourcing housing that the client can still afford after they leave community detention either to Protection or a BVE – if possible, it was thought to be preferable to maintain clients in the same house after this transition rather than disrupting individuals and families in another move
- ensuring that houses available to clients in community detention are not too high a quality – similar to the above, this was thought to unrealistically raise expectations of some clients when they move out of community detention (often to a property that is of lower quality), further, the risk of a public perception that clients are being ‘pampered’ was raised as a concern
- engaging experienced housing support workers to facilitate people leaving community detention (to HSS or the Bridging visa status)

Housing separated vulnerable adults

Service providers believed that household composition was of particular importance for vulnerable adults. It was thought to be unwise to group adults with similar characteristics within the same household. For example:

- grouping adults who were all on a negative pathway was not a good idea as the ‘mood’ in the house can become despondent
- grouping adults of the same age (all very old or young for example) was also said to be a situation to be avoided as a balance of views and experience was thought to be an important characteristic of a well-functioning household
- grouping adults with similar issues or levels of vulnerability should also be avoided – if possible, it was thought best to provide a mix of high and low functioning adults such that those with lesser vulnerabilities could support those with higher needs
Unaccompanied young people and in-house support models

Unaccompanied young people were satisfied with the standard of houses in which they were living. There are currently two housing management models to support unaccompanied young people in community detention.

- the majority of community detention UAM clients are supported by a rostered shift worker model: an arrangement whereby a small number of case workers are stationed in the household 24 hours a day, typically on a rotating roster basis;
- young UAM clients are supported via an in-house parent model: an arrangement whereby a case worker or 'parent' resides in the household on a permanent basis.

The unaccompanied young people who participated in the evaluation came from both housing models, and there were both positive and negative stories of each situation. However, because several of the 25 young participants in this evaluation lived in the same housing or received support from the same provider, there was not enough diversity in their experiences to draw broad conclusions as to the value of one housing model compared to another from the young people’s point of view.

No matter how many services you provide, they are still a young person without a family; we can’t imagine what it must be like being in this position, going through all these crazy experiences and at the same time being so far away from them and not knowing if they are safe or not contacting them. The worry they carry with them all the time, it’s so huge, so hard for our clients. [UAM service provider]

A strong theme in the evidence of the young participants themselves was the importance of their home environment as a source of support and encouragement; in part a substitute for their absent family.

[My carer] is really good because he is trying to be like kind of my family, he is always trying to make me happy and trying to forget all the worry I have about my family. Even if you can’t go to sleep at 3am [he says] knock on my door and I come and sit with you and help. He is really good. [Unaccompanied minor, in group house with houseparent]

It is helping because of the help and support that they give me. I forget the bad experiences a little bit, now I can see the world is good. Before I came to this country I was thinking not good everywhere, all the same. Now I see a change, everything has changed for me. Good people, it is good for me. [UAM in group house with rostered shift workers]
We have lovely times, we joke, they’re like my family. [UAM in group house with rostered shift workers]

Thus the evidence points towards a conclusion that the more important factor is the ‘fit’ between the young person and the household he or she is placed in. The vulnerabilities of this group of young people also indicates the need for safeguards and accountability in whatever living arrangements are in place.

Issues relating to care of and outcomes for unaccompanied minors are discussed further in a separate section below.

Furniture

In terms of physical resources, such as household furniture, service providers reported that the current furniture package is a great improvement on what was previously available, although some of those previous packages remain in the system. One participant reported that their apartment was very barely furnished, so that when guests came over they had to stand. However, most participants did not express a view on their household furnishings, other than the availability of fans or heaters.

They gave us a small heater which wasn’t good enough to warm up the place. I was telling them a number of times ‘we need a heater’ and after a few weeks they bought us a fan. They said because they run out of the heater, you can keep this fan.... [Female family member]

Other participants told similar stories of not being able to access adequate fans for their family size or of asking for one thing and being offered another. One family requested a table for a computer that had been given to them by a community organisation; they were told that a computer table wasn't part of the service provider's responsibilities. This appears to demonstrate that there are situations where individual family needs could not be accommodated. If the service provider does not have the resources to meet valid requirements of the family it is likely that there are community organisations that would be able to assist, but access to these resources will depend on the initiative and contacts of the individual caseworker. One family recounted their gratitude at being given bikes for their children by their service provider; it seems unlikely bikes are part of a standard ‘package’ of goods, but the client was aware only that the bikes came through their caseworker.
Living allowances

Adults and families in community detention receive financial support through their service provider equivalent to 70% of a Centrelink Special Benefit. Unaccompanied young people receive a weekly spending allowance of $70. This income is appreciated, but many families report that they struggle to manage, particularly those in larger families.

At the beginning it was good because the money they paid us was alright; we could live on that. Later when they reduced [the] amount of the money it made it a bit difficult for everyone. The money they pay is for like basic, very basic needs. For example I couldn't buy a warm jacket for winter for myself. [Married male]

One significant cost that all participants struggled with was public transport. In Victoria, community detention clients are eligible for a transport concession, but even with this concession both service providers and community participants reported that transport costs took a significant part of their income. In NSW, where people are not eligible for concessional transport rates, the situation is worse. One father in Sydney reported that even his teenage children could not get a concession to attend their language classes, which were far from the family’s home. The cost of transport prevented people not only from participating in English classes but also interacting with members of their family or community. Funding for travel also posed a problem for attending medical appointments, with participants required to request funding, or not realising funding was available.

High utility bills were also cited to be a problem. Several families reported they were repaying large electricity debts, causing more immediate financial hardship. Others cited fortnightly electricity amounts they were paying to the service provider of up to $220. These participants acknowledged that they were aware electricity is expensive, but this amount was charged irrespective of their electricity usage, so they had no possibility to reduce their bill by being more careful about their use of utilities.

Unaccompanied young people, men separated from their families and others with close family members in their home country or elsewhere also faced high costs of calling their family members.

Most of the stakeholders felt that the great majority of clients were able to ‘get by’ with the money provided under the program, though support was required to educate clients as to how to save money via market-shopping, sourcing clothes from charity shops etc.

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9 Or 60% for asylum seekers arriving after 13 August 2012
Yes, you can do it [get by]. However, you need to be a bit creative, get the most out of the money provided. Go to the market, you can’t just walk into Coles. You can’t afford it. [Stakeholder]

Instances where clients did experience financial crisis were generally thought by stakeholders to be due to a lack of financial management skills on the part of the client, rather than inadequacy of funds provided. However a senior manager at a service provider organisation did not share the relatively positive views of other stakeholders, and was of the opinion that:

The packages are woefully inadequate, well below the poverty line and have just been cut down even further!

Overall the financial package provided to community detention clients appeared to be just about sufficient to maintain them adequately, but it was not sufficient for those individuals and families who had particular needs such as significant travel expenses to meet with family, or attend English classes and other activities. Furthermore people in community detention had to have sufficient financial skills to manage on a very limited budget. Access to support in this area is therefore an important component of service provision.

Provision of support services for community detention residents

The provision of support services to community detention residents is a core feature of the community detention program. Services are designed, delivered, monitored and managed in line with the Community Detention Operational Framework and the Community Detention Quality Assurance Framework, which provide contracted service providers and DIAC program managers with broad policy guidance. The frameworks are used in conjunction with individual service provider contracts and advice issued by the Department, to guide the delivery of services to community detention clients.

The processes and procedures that are articulated in the abovementioned frameworks have been designed to maximise opportunities for service providers to deliver appropriate, effective and good quality services, based on the needs of individual clients. Over the course of the program expansion, program processes and procedures have been modified as necessary, as service providers, the Department and clients alike become more familiar with delivering services to asylum seekers in a community detention environment.

Processes and procedures guiding service provision

This section discusses aspects of some of the procedures that underlie the implementation of the community detention program - issues relating to the
interface between service providers and DIAC - from the perspective of community detention clients and their direct care workers. As such, it is not a comprehensive analysis of program processes and procedures from a systems or management perspective, however it highlights the importance of effective, customised support for clients and the program management factors which have impacted on service quality during the expansion of the community detention program.

In general, service providers were very positive about the community detention program. The program was seen as a strong component of Australia’s migrant/refugee management and support system. Core strengths of the program were perceived to be:

- the latitude and scope given to service providers to allow them to be flexible in the provision of support to clients which enabled effective, customised care
  
  *It’s great. It really is up to us to provide the services we think are needed…[within the scope of the framework]*

- the ability of service providers to expand their services in an environment of dramatic ebbs and flows of clients (for the most part)
  
  *Yes, we had to ramp up very quickly given the sudden influx. But we stepped up to the mark.*

- the emphasis placed on enabling clients to live in the community in a relatively normal household setting, enabling clients to become ‘acclimatised’ to Australian culture

- the range of services and support available from the diverse range of agencies under the Program that enables provision of a range of services to clients with different needs

- a well specified set of guidelines as to the range of services that are available (as well as not available) to clients

There were a variety of views amongst stakeholders about the structure of the program itself, as is discussed below. Some believed community detention to have a well designed and structured program framework that provides clear delineation of roles and functions;

*Community Detention is lucky to have had a clever, simple program engineering from the start, a clear separation of components [service provider]*

Other stakeholders, however, were critical of aspects of the processes, procedures and the structure of the program, especially in the early days of its expansion. There were also varying views around the adequacy of
provision, with some stakeholders viewing the resourcing as being adequate whilst others felt strongly that the program was under-resourced.

Challenges to program implementation

The community detention program had a very rapid ‘ramp up’ from October 2010, creating staffing, resource and logistic challenges for DIAC and for service providers. The rapid expansion of community detention also necessarily resulted in policy and procedural guidelines lagging behind the actual implementation of the program.

Since the program expanded it has continued to change and evolve, with frequent policy modifications and changes to procedures and rules in response to implementation and other issues being identified and in response to the broader policy shifts over the past two years. Service providers have had to respond to these changes while also developing appropriate processes for staff recruitment, training and supervision and program management. In terms of the governance of the program the main change has been an expansion in direct contracts between DIAC and agencies previously subcontracted through the Australian Red Cross, so that several service providers have a new direct contract arrangement in addition to an existing Red Cross subcontracting arrangement. Although these changes have resulted in more transparency of service delivery, they have created some administrative challenges for service providers.

This has occurred in an environment of fluctuating (but overall increasing) client numbers, changing client characteristics, the introduction of new or expanded visa categories and program conditions for clients exiting community detention.

Despite these considerable challenges, the program has, generally, been satisfactorily implemented. It appears that when people are referred to community detention, they are received by a service provider and settled into the community where they are housed, their basic material needs are met, they receive regular payments, and they are linked into health, education and support services. The program is functioning, on the whole, to support people’s immediate needs, notwithstanding the rapid program expansion and associated policy, logistic, practical, staffing, housing and communication challenges.

*The expansion of the last year was a logistical challenge - a nightmare at times to make happen, but it did happen; it was made to happen. I don’t think I’ve worked as hard in my life, as some of those months at the start of the expansion, but it’s great to have seen it through and seen what processes and procedures have been implemented to make it all a lot smoother and less chaotic.* [Service provider]
It is also overwhelmingly identified by service providers and people living in community detention as a preferred detention model compared to held detention.

Inevitably with any complex program, however, the evaluation identified areas of strength as well as aspects of the program which could be improved. The following sections address program implementation issues raised by people in detention and their care workers. They reflect frustration with certain processes and provide an opportunity to examine areas in which the program could be improved both for the benefit of clients of the program and to support efficient program delivery.

Implementation issues identified by direct care workers and clients

Caseworkers and care workers reported issues with several aspects of program implementation that they felt had impacted on people in the program and on their own capacity to deliver efficient and effective support. Some service providers expressed frustration at what they see as inefficiencies underlying the administration of community detention.

It’s crazy the amount of hoops and things there are. We joke about it: if there is a very hard way to do something then that’s how we do it [Service provider]

They described how frequent changes in policy or procedures make it difficult for them to keep up with things.

There are constant changes in processes and that goes on and on and on. I get totally confused sometimes, if this is the old one or new one? [Service provider]

They recognised that many of the changes have been in positive responses to feedback about the needs of the program, for example the establishment of services such as English classes for community detention residents.

The very first time detention started, it was hard for us to get them into classes because there were no classes. But now, we’ve got a resource and we know where to send them, so straight away we call and enrol them. [Service provider]

There is an underlying tension between the need for streamlined administration and DIAC’s responsibilities in terms of meeting its contract management and duty of care obligations.
Decision making and communication processes

The community detention program was described by caseworkers as ‘highly administrative’ (bureaucratic). This was seen by some as necessary in a program that is delegating care and oversight for a population that is both vulnerable and subject to a detention framework; health and welfare concerns need to be addressed but risk also needs to be evaluated.

In terms of … delegations and the responsibilities that are required, it is very “administrative.” Because people are under administrative detention [there ’s] quite strong procedures which are time consuming in terms of … getting approvals. It’s quite complex in the current environment. Challenging. But then again - the caveat being it’s better than people being in immigration detention, so it’s a healthy challenge to have. [Service provider]

The majority of participants, both caseworkers and clients, highlighted problems with some of these administrative processes, describing them as convoluted and time and resource inefficient.

This is our picture of the communication between all the agencies and DIAC and Red Cross. So much time is wasted - all the different arrows - you can see how complicated the system is and us trying to get our message across. And there are breaks in the arrows as well as things get lost along the way and then communication gets started again. [Service provider]
There are some things that are fairly quick, you just contact someone at the department of immigration at a state level, but for other things you would have to go through this convoluted process of applying and getting your team leaders to read it and then replying to it and getting it signed and then getting it to our national office and then go to someone at a state level and then it goes to Canberra; back-forth, back-forth! The processing has got to such a state it is too hard to keep up. [Service provider]

Service providers and community detention clients reported protracted and complex processes for decisions about issues that are likely to arise very frequently in community detention placements, such as approval for sporting activities (for minors) or visits to family or friends living in the community. Most of the unaccompanied minors in community detention are Wards of the Minister, therefore additional checks and processes are necessary for the approval of activities for these UAMs.

Participants are aware that their case worker or carer does not have the authority to make particular decisions, but point out the inefficiency and inconsistency of the approval systems in place.

If at night-time we want to go to somewhere - our friends or relatives home, the carer also are not given permission [to authorise the visit]; they are not responsible. If we want to go we have to get permission from DIAC. We should fill a form and give to carer. The carer will pass it to company. Company will pass it to case manager. Case manager will pass it to DIAC. Sometimes they say yes, sometimes they say no. [Unaccompanied minor]

One of the perceived consequences of this multi-layered information transfer (in both directions) was that decisions were often slow, or not communicated back, and there was limited transparency and accountability. Unaccompanied minors in particular provided examples of decisions that were so delayed or not communicated back to them, resulting in opportunities for community participation that were stymied. For example, a young person transferred to community detention just prior to the summer break requested to participate in a sporting activity over the holiday period, and to attend a religion class as there was no facility for his religious observances in the local area. At the end of the holiday period he had still not received a decision.

This was a great source of frustration for caseworkers, who saw that the delay in approvals for even straightforward requests could have a detrimental effect on their clients, negatively affecting their mental state and also potentially the relationship with their caseworker.\textsuperscript{10}

\textsuperscript{10} It is unclear whether this delay was due to DIAC processes, or service provider processes, or a combination of both.
One of my clients in the school holidays wanted to do break-dancing, which falls into the guidelines and we applied for it and it still hasn’t been approved (three months later). … DIAC would approve this activity but now it’s too late, and the clients are getting frustrated. [Service provider]

Caseworkers were particularly concerned that negative decisions sometimes appeared inconsistent with the available guidelines. For example, a caseworker described a situation where approval was sought for sporting activities for newly arrived unaccompanied young people, based on a thorough needs assessment. However, the activities were reportedly declined (on the basis that the children should spend more time studying) even though they were consistent with the DIAC framework.

[The service provider] is employed to manage the program but they are not able to manage it because Immigration want to have control over everything, like care plans, recreational activities. [The service providers] know what the guidelines are but they can’t approve it. What’s the point of them managing it if they can’t approve things? If there’s something unusual that someone wants to do – ok; but small things, [we] should have the power to approve, to manage the program... We shouldn’t need approval if it falls under the guidelines. [Service provider]

This is another example of how the administration of the Guardianship obligations of the Minister can sometimes result in slow and inefficient decision making.

We drew this big maze of trying to find out what processes? what happens? and who do we contact about this? and why haven’t we heard back? And it affects the clients because they are confused, frustrated and broken hearted. It’s hard to resolve things. [Service provider]
3.3 Service delivery

The following sections discuss the provision of services in community detention and the ability of service providers to deliver suitable supports and services to community detention clients. Many of the supports and services delivered to community detention clients are the responsibility of the contracted providers such as the Australian Red Cross, AMES, and the Salvation Army. Others are the responsibility of organisations such as IHMS.

Current contractual management arrangements

Under the current contracting arrangements for community detention, some agencies contract directly to DIAC, some are subcontracted via the Red Cross and some organisations are engaged in both direct and subcontracted arrangements.

Some stakeholders were of the opinion that the current contracting arrangements cause multiple challenges for the functioning of the Program. These include:

- issues associated with lines of communications whereby service providers must negotiate multiple layers of administration (Red Cross, DIAC etc) to accomplish simple tasks or obtain the required information
- time-consuming double-handling of paperwork, contracts and other administrative requirements, in particular, the need for repeated revisions and approvals of care plans was thought to be problematic under subcontracted arrangements
- a degree of dissonance and an unnecessarily adversarial relationship between some organisations

These stakeholders almost unanimously preferred direct contracting arrangements over subcontracted arrangements. This preference was expressed both by DIAC staff and service providers.

*Messages just travel quicker this way (direct contracting). Always quicker, always clearer.* [Stakeholder]

One stakeholder perceived the need for a shift away from the ‘stratified’ contracting arrangements to a ‘partnership model’ that placed greater emphasis on working together to provide services, rather than who was contracted and therefore reported to whom. The current community detention landscape was perceived to be ‘silied’ under the current contracting arrangements, the impact of which led to poor continuity of care.
and communication difficulties at key handover points such as entering and exiting community detention.

*It will never be a level playing field; someone has to be contracted to someone else. But what we need is a relationship built on trust, clarity and confidence. Only then can we enable a continuum of care using case conference, not a fragmented series of steps.* [Stakeholder]

Despite these negative perceptions, stakeholders did not believe that the current contracting arrangements negatively impacted on the quality of services provided. Stakeholders agreed that even with the multi-levelled arrangements, it still allowed for adequate monitoring and reporting of quality across organisations.

**Assessments and information sharing**

Stakeholders pointed to two forms of needs assessment that affected their work. The first was the assessment that took place in IDFs and the second was the ongoing needs assessment that takes place in the community.

In terms of assessment in detention: this process was thought to be inadequate. Many felt that they were not provided with enough information in some cases to enable the service provider to offer the necessary support. This lack of information was thought to be due either to:

- inadequate time being allowed for thorough assessments in detention, possibly due to very high volumes of clients and low levels of resourcing
- poor communication whereby the assessment information may be in existence, though was not provided to people at the right level, possibly due to difficulties associated with lines of communication that exist under the current subcontracting arrangements, or
- under-resourcing of Detention Centres in terms of providing assessors with the required expertise, for example, trained clinicians

Caseworkers were particularly concerned that the lack of information made it more difficult for them to plan how to meet the needs of or arrange referrals for people with particular issues such as mental or physical health needs.

*Sometimes we get clients coming into the program, by the time their referrals come to us they are already 4-5 months old, so often the information has changed or is irrelevant.* [Service provider]

These reported inconsistencies impacted the effectiveness of the program, created anxiety for the client group and service delivery challenges for
service providers, and had the potential to result in adverse client outcomes. For example, one family reported they had been transferred to the community at short notice, arriving on a Friday before a long weekend. They were placed in what they described as a very dirty apartment with food they did not know how to prepare, and were too scared to leave the apartment before they were contacted by the service provider again the following Tuesday. For this family, the intake experience appears to have established a negative relationship with the provider that had not yet resolved at the time of interviewing. In other examples, critical medical treatment was reportedly delayed because correct information was not provided to the intake organisation.

Assessments that took place in the community, however, were thought to be working more effectively and efficiently. Stakeholders stated that sufficient time was allowed for the initial assessment, and that funding and resources were available to conduct ongoing assessments of clients as they settle in to community detention. This ongoing and repeated assessment was thought to be an important component and a strength of the community detention program.

Casework support

This section describes the important role played by caseworkers/ care workers, and some of the challenges for this role. This sets a context for understanding why the quality and level of caseworker/ care worker support appears to be a key determinant of client wellbeing in community detention.

Caseworkers are the interface between the ‘system’ and the client. They facilitate the clients’ developing independence in understanding and negotiating this ‘system’. They have the key role in enabling their client to access services and supports, in ensuring referrals are in place and in providing orientation, practical information and encouragement to the client.

I have the feeling that someone is there for us whatever happens. I … call [our caseworker] and say ‘this has happened’ and she helps us. We don't have anyone else. You know, we have come from a culture that if someone have a problem thirty people will volunteer to help, but here - not people from our own community, not Australian people. It's not easy to help us so you become depressed. [Our caseworker] is very good. Having a caseworker in community detention is very positive thing. [Married couple, return pathway]

The amount of support caseworkers can provide to individual clients will clearly fluctuate with the numbers of referrals into and out of the program, and the particular needs of the caseworker’s caseload, but caseworkers described casework support for community detention as being well
resourced. They felt that this high level of resourcing allows them to adequately support their clients, which they saw as important given the characteristics of the community detention population.

A good level of support, that's what I can offer for them…We don't have high caseloads, so we can give clients a lot of our time. It's a slow process of settling down, and a lot of little things we can help with because we don't have a high case load; little things that make a difference. [Service provider]

Around three quarters of participants in the final stage of data collection were satisfied with their casework support, and in most cases extremely happy with and grateful for that support.

You wouldn't expect people to do unexpected or extraordinary things for you, but [our caseworkers] did. They helped us to go to the hospital; they helped us to learn how to live in Australia. It was very good to have someone to guide us. You have familiarise with the city where you don't know the language and you don't know the way, It's very important to have that support. [Male family member; now with HSS]

Caseworkers necessarily become advocates to secure what they assess their clients need to enhance their wellbeing. Inconsistencies in the skills, time, capacity and motivation of the individual caseworker to advocate on behalf of their client inevitably lead to inconsistencies in client access to services and resources. Many caseworkers and clients recounted incidents that demonstrated tenacity and creativity on the part of the caseworker in facilitating client access to resources, including outside the usual range of community detention resources or services. However, as noted earlier in this report, some caseworkers were frustrated by the administrative load and 'red tape' involved in advocating for sometimes routine services or decisions for clients; and what they saw as inadequate timeliness and accountability of some decisions. It is unclear whether these problems can be attributed to processes internal to service provider organisations, or DIAC processes, or both.

We have a very, very limited power to advocate; we can send care plan amendments and they can just say no. Say for gyms and things, they say no; they say the client has the ability to walk - stuff that is hurtful to the client, the message that they are pathetic. You are administering a program that changes all the time so it puts you in an awkward and difficult position. [Service provider]

As well as taking a lot of their time, this could also negatively affect the relationship between caseworkers and their clients.

Service providers get very frustrated at the processes and the conditions, it means that we need to manage the client and their
expectations, find a lot of information. Service providers often are the first focus point for all negative feelings, so you are used as a sort of a venting tool. [Service provider]

Caseworkers and care workers in many cases take on an important role in supporting the client through adverse decisions and settlement challenges, as well as enabling access to practical or material support. Caseworkers and clients strongly indicated that many caseworkers played a critical role in providing psychosocial support. They became incidental counsellors, including in situations where the client found it hard to access, or chose not to access, professional counselling.

[My client] really opened up to me one day, he said, I feel like I can trust you and can talk to you, and yes, I’m not coping. … We talked about what it would take for him to access torture and trauma counselling and what is was about our relationship that made him feel safe enough to talk. … We were able to explore his feelings of guilt and shame, and his fears … I said I am not a professional mental health person, and whilst I am certainly here to explore some of this stuff with you, this isn’t replacing professional mental health support. [Service provider]

Clients rely a lot on their caseworkers for emotional support. We have seen clients telling their caseworker that, I haven’t committed suicide yet because I wanted to say goodbye to you. I know of clients who have said that, if it wasn’t for you [the caseworker] I would have gone down that path - suicide and things like that. So there is a lot of emotional pressure and strain on the caseworker. [Service provider]

This highlights the diversity of skills needed by and the high demands on caseworkers. All service providers who participated in this evaluation appeared to be professional, caring, resourceful and well informed about the benefits and constraints of the program and the wider context in which it operates. However with such a demanding and pivotal role, there was also scope for casework failures and consequent poor quality of care.

Several incidents were described by client participants in this evaluation where the caseworker appears to have let down the client, with both serious and seemingly inconsequential consequences, which nevertheless could have a very negative impact on the client. One example involved two siblings with different caseworkers from the same provider who requested additional blankets; one received them and the second was told by the caseworker that this was not possible. In another example, a caseworker for an elderly housebound couple arrived hours late or failed to attend many appointments. In more serious examples, a man with a large family and no English who had complained to his caseworker about something was threatened by the caseworker with being transferred to a bridging visa. The
client was unaware that the caseworker does not have this power, and at the time of the interview he remained very angry and distressed about this threat. In another example, a woman with very limited English whose preschool age child started refusing to go to preschool because she claimed to have been hit by a carer at the school was offered no support by her service provider.

_They didn’t come once to go to the school with me to talk with them. [At the] school … I was asking for an interpreter, they were telling me ‘no we can’t get an interpreter.’ I was upset at the same time with [the service provider] because they didn’t come to the school with me once to discuss the issue._ [Married female]

These examples serve to illustrate the dependence of the client group on the caseworker, and the potential lack of accountability of the caseworker role. Clients stated they had no one to complain to if things went wrong. While service providers may have systems in place to ensure the accountability of their caseworkers, participants in this evaluation were not aware of avenues for complaints or recourse. Participants reported they could not report any problems to their DIAC case manager because of concerns about how it would affect their visa determination. While this should have no basis in fact, it was the perception of clients that this is the case. Some clients of the program clearly had the skills, confidence and networks to take action where they felt it was necessary; others appear to have become negative and cynical about their casework support.

_I see her rarely, I think it was three weeks ago I saw her but she calls us and apologises for the things she cannot do. I’m sort of upset and fed up with the [service provider] to be honest with you. Because I expected more from [them]. Now I’m just waiting hopefully for change to happen [a permanent visa to be granted] and be independent and stand on my own feet._ [Female family member]

This quote shows the distress of the client, but also hints at the pressure felt by the caseworker, in that she apologised for things she could not do. Several caseworkers talked about how they wanted to avoid clients where they only had bad news for them and they felt that they were the scapegoats for things outside their control.

_As a service provider [you] deliver bad news. In some senses you become responsible for the client’s mental state, which is a lot of pressure and a lot to carry. At times you feel like you are unable to support them adequately. There are a lot of conditions set by other_
organisations: health, immigration. There are things that we can’t control or change. [Service provider]

There is therefore great potential for vicarious trauma and also for dependent relationships to develop. Caseworkers reported they received adequate professional supervision and support for these risks. However, the torture and trauma service providers described a ‘contagion of hopelessness’ that occurs for both counsellors and service providers, and suggested that there is high burnout and consequently a high turnover rate of caseworkers. This was borne out by several clients who have had multiple caseworkers.

*It’s a new caseworker, the fourth one, they change all the time.* [Married female]

*They are good but during this time [ten months] we have had 5 different caseworkers. At the beginning that they start their work, they keep calling you and asking how you’re doing and everything; but later they do not.* [Married female, transferring to HSS]

Thus the circumstances in which case workers have to operate, and the limitations of their resources and power within the ‘system’ may lead to inadequate casework support, even where caseworkers themselves understand the consequences of inadequate support for the client.

**Access to schooling and childcare**

**Schooling for families**

*From my experience it’s all really positive; parents have been very eager to get their children into school immediately. Engagement from my experience has been great, with the kids going to school, the families easily getting into the habit of taking the kids to school… And the kids end up speaking English very well, so I think it has been a great and essential thing for families to be part of the community and have that sense of dignity that at least their children can do what other kids of the same age in the country can do.* [Service provider]

This caseworker’s observations are consistent with client evidence about their experiences with local schools. All but one family reported positively on their children attending school; the exception was a teenage child in this family who had experienced racist bullying and was deeply unhappy at school. Other families reported that school was good but that they could not afford the costs of excursions and special events at the school, leaving their children feeling like outsiders. Some parents reported that their children were

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12 DIAC funds compulsory school excursions for children in community detention.
deeply aware of the ways in which they are different to the other children. They worried about the impacts of their uncertain situation on their children, including stigma at school and in the community.

_The children go to school happily but they listen to other story and friends. Then they come and tell me, that child is not like us, they have a visa, we want a visa so we can be like other children. The children worry about the visa more than we do. We also cry at night to get the visa._ [Male family member]

### The school experience for unaccompanied minors

Unaccompanied minors who participated in the evaluation reported positively on their experiences in language schools and high school, although service providers noted that some children living in community households with young adults as their guardians face more challenges to engage with the school system. Those who do attend school appear to value the school environment.

_It is a good experience for us… In my whole life I see first time everyone is friendly, it was very good; different nationalities all together. Everyone is equal, I like they consider everyone equal. No one is greater than no one else. Teachers are very professional and the students behave very well._ [Unaccompanied young person, attending language school]

However, while the young people said they mix with other students (often with the encouragement of the teacher), several noted the differences between their experiences and those of their Australian counterparts or other foreign language students at their schools; and the way these experiences and the lack of certainty in their lives sets them apart from their peers.

_Yesterday I was told by my teacher to write an essay about my past life; like when you celebrated your birthday or went on holiday to Japan. But I said, I can't think even of one of those celebrations and happy times which you were telling our classmates; this is what I told my teacher: my uncle was killed, my brother was killed, my friend was killed. It's very embarrassing to talk about those things to other people because people don't believe us._ [Unaccompanied young person attending language classes at a comprehensive high school]

Outside formal education, young participants identified the important role community placement plays in facilitating English learning, through their carer, housemates and other peers, and through general exposure to English speakers. However, participants reported instances where involvement in educational activities was prevented by slow approval processes, reported
budget constraints, and in a few cases by concerns about insurance liabilities.

Another issue raised by young people was that their learning was affected by their preoccupation with concerns about their family and their future.

*I am happy to go to school and also happy with facilities; but we always have attention about our families, how to get [in contact with] them, what is going to happen next; always we have those attentions to them.* [Unaccompanied young person attending high school]

**Childcare**

Access to childcare was less consistent than access to local primary or high schools, varying according to childcare availability in different regions but also apparently dependent on the caseworker's efforts (and abilities) to locate childcare for individual families. With one exception (noted elsewhere in this report), families reported they were satisfied with the childcare that was available to them; but some families did not have access to childcare. One family was told by their caseworker there was simply nothing available. The family made their own enquiries and found that several childcare centres nearby did have vacancies. However there were also examples of caseworkers going to great lengths to facilitate childcare for the family they were working with, in areas where childcare is difficult to obtain.

Without childcare, women who wanted to do so are not able to attend language classes; childcare was not routinely linked to the classes. They were often isolated at home as a result, as it was seen as more important that the father attend English class. A father of four small children also noted that, as well as either he or his wife being unable to attend English classes due to lack of childcare, they also had to take the children with them to attend meetings concerning their application for protection, which required a whole day journey into the city with the children in tow.

**Access to English language education**

While children were able to access education through the community detention program, the situation for adults to attend English classes was much more restricted. In the first round of data collection with clients of the program, few people had attended classes as little was available – an hour a week in some instances. Availability of classes had greatly increased by the time of the second round of work with clients. This was welcomed both by people in detention and their caseworkers.

*It's about 3 days a week, this is for adults, from 10 till 2, and it's a five weeks block. And it really depends, I think they can have 2 or 3 blocks.*
And really it sort of depends on the number of people who are attending; if it is in a busy area, and there are a lot of people on the waiting list, they might only get into 2 blocks of English classes. So it’s not an ongoing, consistent thing.  [Service provider]

Participation in classes is dependent on a number of factors, such as location of the class, motivation, mental health status, satisfaction with the classes, transport costs and childcare availability. This complicates the provision of language classes by service providers, and caseworkers report that participation numbers in classes fluctuate significantly.

To get enough locations we need numbers, and then there is the issue of cost of childcare and transport. Transport money is a significant amount of their income, even three days a week is a huge part of their income. There are quite a lot of problems trying to work out the best service. … Looking at numbers, there is generally withdrawal from classes, either because of their mental health state, or because of their financial circumstances, or it’s too far to travel or there is no child care. When classes start a number of people are involved, by the end of the classes at least half of them have dropped out. [Service provider]

The evidence from people in community detention is similar. There appears to be some confusion amongst clients as to the number of hours per week and the number of weeks they are allowed to attend. Participants reported varying amounts of time, ranging between 4 and 15 hours each week; and 10 weeks maximum to reportedly unlimited participation.

Community members also outlined barriers to attending classes similar to the service providers - the cost of transport to attend, the distance from their house. However, they added to the list of barriers the impacts of trauma, anxiety and their preoccupation with their visa status that make concentration and learning difficult.

We have classes, we can go there and learn English, but we are just thinking about our situation. … You are not in the mindset to hear anything and learn and listen. So there is no point in going and, even if we go and they teach for us, we can’t listen. [Bridging visa participant, formerly in CD]

They also expressed concern about the suitability of the classes to their language learning needs, as classes cater to all levels in the same class. This led to frustration and withdrawal from the classes for many participants.

You could go two days in the city, then two days in Auburn, then one day somewhere else. But all the different levels are in the same class. So it is wasted time and the travelling expenses are too much. There was no progression – I was frustrated. Even if I go, they will say the same things over and over. We appreciate we are doing those things
but another point of view is that it is a waste of my time. So I stayed at home and learned from a dictionary. [Single female]

A lot of the English classes are geared at really basic English, so people who’ve got some knowledge, probably most of the people in CD have got some level of English so their classes aren’t the right standard for them. [Service provider]

Those who have now been granted a permanent visa report being much more satisfied with the streamed classes available through the Adult Migrant English Program (AMEP).

Motivation to attend classes was another key issue discussed by both service providers and clients. Service providers described a ‘window’ of opportunity when people first arrive in the community and are motivated and enthusiastic to participate. For some clients, participation declines as the duration of detention continues and depression and a sense of hopelessness increase.

They’ve got a lot of trouble committing to things because they’ve got this thing about when they get the visa. It’s really common that people think they want to do something, they’re enrolled, they’re all set to go, and on the day they decide they don’t want to go anymore. I think they just have a lot of trouble committing to things because everything’s in limbo. [Service provider]

This evidence highlights the challenge of planning for and providing effective language classes to people in community detention. On the one hand, participants expressed a strong desire to learn English and saw it as a desirable and necessary step towards a possible future in Australia. On the other hand, barriers besides the availability of classes affected their ability and motivation to attend classes, so that class attendance was unpredictable. The unpredictability of people moving into and out of community detention also impacted on the provision of English classes.

Notwithstanding these challenges and barriers, ensuring the availability of English classes was seen as necessary for community detention clients. Many reported that classes provided not only some means to learn English, but also an activity and a social environment in which students mixed with members of their own and other communities. In stage 3 data collection, a consultation with separated men who had recently met each other through English classes illustrated these secondary benefits; the men attributed their meeting at English class to enabling the positive and supportive social relationships that were evident between them during the consultation.
Access to health care and to mental health support

Medical care in community detention

People in community detention receive medical care through International Health and Medical Services (IHMS). The medical system available to people in community detention was a topic of significant concern during the fieldwork, in particular for service providers who reported that assisting clients to access effective medical treatment took a disproportionate amount of their time because of inefficiencies and inadequacies of the existing system.

Under the IHMS program, clients of community detention can only see a medical practitioner contracted by IHMS to provide medical services. A client is allocated to a particular GP and a particular pharmacy. Referrals for other services have to be channelled for approval through the caseworker to IHMS and to DIAC for more serious conditions. In the initial stages of this evaluation, service providers reported a very inadequate number of IHMS medical providers and that many of their clients experienced delays in seeing a GP or had to travel long distances to their allocated GP. In addition stakeholders reported:

- a lack of understanding on the part of some IHMS practitioners of appropriate methods to treat clients in CD; appropriate working partnerships between IHMS, DIAC, the Red Cross and other agencies; and the administrative requirements of providing services under IHMS
- issues with communications channels whereby direct communication with practitioners and/or IHMS themselves was not possible

We (case workers) sometimes can’t deal with IHMS or doctors directly. We talk to Red Cross who talks to DIAC who talks to IHMS who may or may not get back to us at some stage. It is frustrating and causes delays. [Stakeholder]

In the final stage of the evaluation, service providers reported that the number of GPs accessible through IHMS was significantly increased, and some Sydney participants reported they can choose from any of the IHMS providers, subject to the provider agreeing to see them.

Pre October 2010 there were 51 people in community detention around the country. It would be fair to say [IHMS] had some difficulty in [the] pace and volume of that expansion to increase its network of providers. So at various points, I think there were some really significant difficulties in actually getting services and that of course impacted our clients. But … there has been some significant
improvement in that area. There still continue to be some regular challenges, but definitely not how it was previously. [Service provider]

Notwithstanding the increase in provider numbers, service providers and people in community detention reported many inadequacies and issues with the current provision of health care in the community detention program. The problems do not necessarily reside in the eventual care the person receives, but often in the processes that lead to the person being seen in the first place: they cited problems in communication between IHMS and medical providers, and between the community detention service providers and IHMS. In addition, long waiting times to see GPs and specialists (as experienced by most Australian residents) came as a surprise to many participants, as they had not experienced these kinds of delays in their home countries.

Communication between providers and IHMS is not adequate at all and the medical providers don’t have a clear understanding what is covered under IHMS and the process of billing and so it creates a lot of delay in receiving medical services. [Service provider]

Some service providers in Melbourne and Sydney felt that the new IHMS help desk/advisory service was an additional layer creating even more delays than already existed, others felt its potential value has not yet been realised as initial problems were being identified and sorted out.

IHMS is changing. Now if clients get referral for dentists or optometrists, we can’t make appointments, we have to send the referral to IHMS first to get approval and then make appointments. The process can take up to 2 weeks… it’s supposed to streamline processes … but there is no understanding across the process. The details we’ve got about the new structure and how that is going to work is not detailed enough… There hasn’t been a clear documentation of what the changes are and how they work in reality in terms of what we used to do and what we do now. It’s very difficult. [Service provider]

Service providers also reported that some health care providers are very good at working with people from a refugee background, but that others are inappropriate, have no experience working cross culturally, and don’t use interpreters or use the children as interpreters.

It’s really annoying because Victoria has a good refugee health network – and usually those community health centres are not IHMS providers because there is so much paperwork and admin involved in being an IHMS provider that community services don’t pick that up. [Service provider]

There were however many positive reports of operations and treatment for acute illnesses and for chronic medical problems. One participant expressed
gratitude for surgery that repaired limb damage sustained during terrible torture in his home country. Others were happy with the specialist care available to them and experienced no delays when urgent care was needed.

When they thought we needed extra care they referred her to a specialist. We didn’t have to wait long. We talked to people around us [other people in CD] and they thought it was unbelievable, that we were seen by a specialist in a short period of time. They would say, the wait is 6 or 7 months at least. But given the condition that my wife had, we were able to see the specialist in a short time. [Male family member]

Nevertheless one third of community participants in the final stage of data collection (a time when service providers were reporting there had been an improvement in provider availability) expressed dissatisfaction or frustration with their medical care in community detention. This primarily related to delays in care but also to the quality of care provided by some providers.13

One woman who required a gynaecological appointment was upset to be told by her caseworker that she had to wait while they identified the cheapest specialist available to see her – “Every day they call me and say we are still finding the cheap doctor. I just tell them thank you”. A man caring for his sick father was concerned that routine diagnostic tests ordered by the GP, such as blood or urine tests, had to be sent to IHMS for approval. This took two weeks, delayed the diagnosis and appropriate treatment, and necessitated several trips out with his ailing father instead of one. Another man reported that a request he made to see a specialist to check a pre-existing heart condition that had caused problems in the past was declined (it is unclear whether this was declined by the service provider, or by DIAC). When he took steps to arrange and pay for the appointment himself, he was indignant to learn that approval for the specialist visit had been declined when the fee was a relatively modest $200.

Some service providers saw the system as an ineffective duplication of Medicare. They felt that in addition to problems with the current system for both caseworkers and clients, an additional problem resides in having a different medical system for people in community detention, since most will need to learn to use Medicare when they receive a permanent visa (however they will be required to pay ‘gaps’, which they don’t have to pay now).

We just find ourselves so many times coming up against brick walls whilst the client waits, suffers or goes on being unwell - or gets a visa

13 See section 5: Support and services provided to clients are generally commensurate with, but not above, support available to permanent visa holders in Australia.
and moves on. There’s no capacity building in this process… If they were to get a visa there’s a lack of understanding of the Medicare system. And with the delay in healthcare the condition’s getting worse. If the clients don’t speak English and the doctor refuses to use interpreters and so the clients can’t communicate - it affects their self-esteem. Then clients say it’s too hard to go to the doctor and don’t do anything about it and so they do become reliant on their caseworker. It affects their dignity. And whilst they are waiting for referrals to come through, they are too unwell to do something else so it affects their health, they are too unwell to attend English classes, it just holds up everything for them. [Service provider]

Mental health support

While there was some consistency in reported access to medical care across Victoria and New South Wales there was a perception amongst some service providers in NSW that people in community detention were eligible for four one-hour sessions of torture and trauma counselling, with an additional 4 sessions able to be approved subject to clinical need14 whereas in Victoria there did not appear to be a time limitation for torture and trauma counselling. However this appears to be due to a misunderstanding of the procedures in NSW, which, although more bureaucratic than those in Victoria, do not provide lower levels of services.

Some caseworkers reported that services for other mental health conditions (not trauma related) were challenging to arrange.

Their GP refers them to psychologists and IHMS has links with specific psychologists, and the time just depends on how long IHMS takes to approve that. Usually they can get it fast, but the real issue is that they’re fed up with counselling by then. And that’s an issue for the caseworker because they know that there is this family that needs mental health services but they don’t want to access it. [Service provider]

They are also concerned that their clients are not eligible to access some crisis mental health support services. This is a particular concern given the high levels of depression and suicidal ideation evident during this evaluation.

When people are unwell it’s frustrating and difficult generally in the community, but to get them [clients in community detention] in to see

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14 STARTTS (NSW) provides services to community detention clients for four initial sessions, however the number of sessions is not limited to four. Counselling services for community detention clients are routinely organised on a monthly basis and hence clients offered an initial four sessions. STARTTS staff members continue to see clients for subsequent sessions where it is determined that there is a clinical need to do so. There is no limit on the number of sessions provided to community detention clients.
Counselling service providers expressed concern that people are not provided with torture and trauma support earlier in their visa application process. They felt that there was inadequate recognition of trauma impacts on a person’s storytelling and self-advocacy capacity – and that there should be a referral to torture and trauma services prior to, for example, a hearing at the Refugee Review Tribunal, to assist the person to accurately tell their story.

*If you go through a lot of trauma you will never be able to tell your story – you will be hyper-aroused, you won’t be able to give a proper account because of your psychological state. There is talk about people being coached in stories – a ‘refugee story’ – but these stories are often a pale shade of the real story. Without assistance, people can’t be good advocates for themselves.*

A consequence of this is that aspects of the person’s story relevant to their case often emerged after it was too late; they disclosed something to a caseworker or counsellor, but in the challenging environment of visa determination processes, this additional information may have been interpreted as a further inconsistency in the person’s story.

Counsellors and service providers were also concerned to ensure that better planning occurred around the delivery of adverse decision to people in community detention. There were several examples shared in the evaluation where people were given bad news in situations where no psychosocial supports were in place, adding to the negative impact of that news and increasing mental health risks.

### 3.4 Independence, empowerment and social community participation

The community provides a much less institutionalized environment than held detention; people necessarily take more responsibility for their everyday wellbeing and activities.

As well as ensuring access to appropriate services and resources – housing, healthcare, education, living expenses – the community detention program objectives include enabling greater individual independence, empowerment and social community participation.

In comparison with held detention, community detention provides an environment that is designed to allow clients greater control over making decisions that affect their daily lives. Community detention is designed to
enable greater client independence and therefore is expected to empower clients to make decisions and to access opportunities for social community participation.

Independence and decision making

*In the detention centre they dictated everything. In community detention we … have choice … We have freedom, safety, we are really enjoying.* [Single female]

Clients of the community detention program were happy to have much more control over their lives than they experienced in held detention, at the same time recognizing the somewhat restricted nature of their autonomy in the community. Service providers also noted that self-determination available to people in community detention was limited but nonetheless an improvement compared to previous detention conditions.

*There are still some restrictions but there are also options; like people can go to school, and go to English classes if they want to, people can get involved in things. It’s limited but there is some dignity in having those options, and for them choosing whether they do it or they don’t choose to participate in those activities.* [Service provider]

As noted above, families benefited from regaining control over activities such as food choices, children’s sleeping routines, and parental autonomy and authority. Unaccompanied young people regained the opportunity to form relatively normalised peer relationships and to have some independence in choosing activities. Participants noted that the community provides a much less institutionalized environment than held detention, and that people necessarily took more responsibility for their everyday wellbeing and activities. Service providers reported that many people transferred to the community after prolonged detention exhibited significant institutionalization and needed high levels of support as they readapted to making decisions for themselves.

Some service providers also expressed the view that this less institutionalized environment can allow people to make informed decisions in relation to their refugee claim, while also allowing clients more access to their legal representatives and to other appropriate sources of relevant information. However, there were mixed reports from clients about their actual access to their legal advisers, many of whom were interstate from their clients. The most powerful source of information for clients appeared to be other people’s visa decisions which were used to gauge the likelihood of their own claim being successful.
The relative freedom in the community has also enabled communities to take the initiative to develop social and practical support networks amongst current and past community detention residents and with other members of their ethnic community. For example the Tamil community in Sydney was reported to have formed social sports teams, and has developed support mechanisms for people with high needs in community detention, such as providing practical support for a family who experienced a family death.

In another example, permanent residents and community detention residents of a particular ethnic community were working together in an initiative to provide free English classes for members of their community. This initiative was possible with the support of a service provider which provided space for the classes. Other participants noted the opportunity they have in the community to attend and participate in activities of faith-based organisations.

The opportunity for such initiatives by people in community detention increases social capital within the community, enabling stronger links between community members and to local organisations and institutions. It is likely that such connections will facilitate settlement in the event of a positive visa determination. However, it is important to note that some people in community detention will choose (for political or social reasons) not to connect with members of their own community.

Some clients and service providers expressed particular frustration with aspects of control held by the service provider or the department.\textsuperscript{15} The imposition of an evening curfew and restricted freedom of movement was raised during early data collection as a significant problem for many unaccompanied minors in Victoria. This was much less reported as a problem in later data collection, which may be because the cohort of participants was different (more families and fewer unaccompanied young people and separated men) – participants noted the curfew but did not report significant personal impacts.

Unaccompanied young people in particular reported that the curfew impacted their ability to maintain (age-appropriate) relationships with their peers. They described the great importance the relationships they develop in the community assume in their lives, especially in the absence of family. Many expressed frustration at a 9pm curfew and restrictions on being able to visit or have visitors, because they feel these constrain their relationships.

\textsuperscript{15} In fulfilling its custodian role and meeting its Duty of Care obligations to Wards of the Minister, service provider organisations may impose an evening curfew on UAM households. Not all UAM households have curfews imposed on them. The decision to impose a curfew is based on the individual needs and circumstances of the household on which it is imposed. The evening curfew allows service providers to ensure that young people in their care are able to attend school and enjoy healthy eating, sleeping and socialising practices.
The worst thing is that you cannot go out after 9pm and even if your friends come to visit, there is a red light, they cannot get in. This is bad effect to when our friends upset. When we can't go to our friend’s home, and they don’t let them come to my home, our relationship will be broken. [Unaccompanied minor]

This was an important and contentious issue for participants. They perceived a lack of consistency in the application of a curfew and expressed a sense that decisions to vary curfew conditions are arbitrary and unfair.16

It is better in community detention, but even it’s 9 o’clock, it’s light everywhere, it’s not dark; but at 9 o’clock we start shaking, our carer is calling us: where are we? It’s very hard for us. So we cannot bring our friends or relatives to our home. When we want go to their house, we should request; sometimes they say approve, sometimes they reject, no reasons. [Unaccompanied minor]

The application of a client-centred, needs based approach to the imposition of curfews, has resulted in some clients perceiving a process that is opaque, and which they believe impacts on their autonomy in the community. Other examples include that many service providers and clients reported making applications for clients to participate in activities or visit relatives that were subject to very slow decision making or declined without apparent reason.

Clients just get exhausted, they stop asking for things because it's just like, oh you know, it'll take a while … It's just taking so long to get the DIAC case manager to put through a CPA [Care Plan Amendment]. [The clients are] just really very over it. It mirrors the visa process. They’re in a situation of waiting and everything out of their control… So it’s very much a salt in the wound kind of the thing. [Service provider]

Access to leisure and other activities

On Sundays I go to gym and two days a week I go with my husband to church. The rest of the week from 6 o’clock in the morning I walk out, I sit in front of the internet, watch a movie or TV; and that is my life. And I have become so lazy that sometimes I’m not in the mood to come out of the house because I know that I have nothing to do. [Married female]

Most adult clients reported not having enough to do with their time, with consequent detrimental impacts on their health and wellbeing. It is the Department's intention that clients have access to meaningful activities in community detention, funding English classes and requiring that caseworkers

16 The evaluation did not have information about the actual range of curfew conditions applied by various service providers.
discuss with adult clients participation in, for example, community adult education classes.

There were some examples from clients of their engagement in activities facilitated by the service provider or through their own initiative. One client in Sydney had been connected with a community gardening scheme from which he derived great pleasure. A client in Melbourne had been introduced through her caseworker to the local library system, in particular to an individual who was assisting her with advanced English learning.

Those clients who were able to attend community detention English classes reported many positive benefits, including having something to do with one’s time. However service providers and clients reported that there are significant barriers to adults participating in other community activities such as adult education classes. Language was a barrier for many clients, and even where something appropriate is available, the cost of an activity and associated transport charges were often prohibitive for people on limited incomes.

Well, there is hardly anything, hardly anything. There might be a very few community groups that people might be able to access, if they’re free and if they’re entitled [to attend, according to the rules of] the organization funding for those programs. So maybe it costs … so of course they can’t afford to do those things. [Service provider]

Clients of the program are also allowed to engage in volunteering activities, and one participant had been able to arrange to do voluntary work at a local workplace. However, service providers reported that volunteering usually requires a police check and insurance, neither of which can be obtained by a person in community detention.

It’s very difficult for them to engage in volunteering activities because they have no IDs so they can’t get their police check for volunteering activities. [Service provider]

They are faced with barriers; volunteering has to go through a massive process of getting insurance, it’s all too hard for them. [Service provider]

The will and capacity to work

The activity that participants most want to be able to engage in is paid work, or training that could lead to paid work. They identified multiple potential benefits of being able to work, including that it would overcome their boredom and keep them occupied instead of thinking always of their problems – it would have positive benefits for their mental health.
The work is like very good activity for all humans, it keeps them busy and not worried about a lot of stuff; it keeps them busy, that’s why it’s really good for everyone. [Female family member]

One aspect of not being able to work in community detention discussed by participants is the de-skilling that occurs with long periods out of the work force. They expressed concern about lost opportunities for education, work experience or vocational training that could benefit longer-term settlement, both for those people on a ‘positive pathway’ and for those who may return to their home country.

Six months I have been there. During that six months I could have learnt something about technology. Even I’ve told immigration I would like to work and be a part of community, even [my wife and I] have requested to work, to look for jobs, both of us. [Male family member]

Participants identified that training and employment can provide opportunities for greater interaction and integration in the community, and increased English learning. They also discussed the importance of work to their sense of self-worth and identity. They talked about the normalising benefits of work as well as its distractive value – “If we go for work, we can come to a normal life; otherwise we are staying somewhere, thinking about our past”. They expressed shame at not being able to work and a strong desire to be contributing to Australia while waiting for their visa outcome.

I’m very thankful to the government that they are helping us and giving us money to support us, but why we should not work by ourselves because we are healthy, we don’t have any disabilities that we can’t work, and we should work with our own hands to make money and not take money from government. We feel ashamed to take money from government, we are healthy persons. [Separated male]

While people in community detention expressed a strong desire and commitment to work, service providers and many clients identified several barriers to employment, even if permission to work was available to people. These include all the barriers faced by offshore humanitarian entrants (and some other migrant groups), such as developing language skills, work skills not suited to the Australian labour market, qualifications not being locally recognised, lack of local experience and references, lack of a local drivers licence or access to car transport, lack of local networks etc. However, the evaluation found that people in community detention face additional barriers (which are also experienced by people now on bridging visas) that were present during the time of the fieldwork, such as:

- the uncertainty of their length of stay (employers being unwilling to train and support a person who cannot be certain how long they can stay)
• being unable to obtain a police check due to lack of acceptable identity documents
• unresolved mental health issues relating to past trauma, their detention experiences and/or the uncertainty of the visa determination process
• being unable to access or afford vocational or advanced training
• community stigma

Notwithstanding these acknowledged barriers, many service providers expressed the view that supported employment programs would greatly assist in longer term settlement of people in community detention. Supported employment programs help people to prepare for work and become job ready. Community detention residents are not permitted to work while in CD, however for many refugees a number of barriers to employment need to be addressed before they can obtain a job. Employment programs support skills development in areas such as overcoming language barriers, updating qualifications, communicating with employers, writing job applications and resumes. The overall acceptance rate for asylum seekers arriving by boat remains high (90.9% in 2012)\textsuperscript{17} so many of the people currently in community detention will eventually join the Australian labour force. It was also felt by service providers, clients and torture and trauma counsellors that supported employment programs would be effective in decreasing mental health problems during the period of detention.

\begin{quote}
It would be therapeutic for people to be facilitated into employment – it would be great to consider voluntary work placements as part of the program. TAFE used to waive fees for some visa categories – that was helpful. [Service provider]
\end{quote}

In the second round of data collection some service providers and clients reported that they understood that processes and guidelines had been modified to better facilitate the participation of clients in voluntary work. However, at the time of the fieldwork service providers and clients reported that lack of acceptable identity documents and insurance issues made accessing volunteering almost impossible.

\begin{quote}
Volunteer work, a lot of places require a police check and our clients don’t have enough ID to get a police check so that’s the problem. A lot of activities cost money that they can’t afford them [but] doing volunteer work - a lot of places they can’t get accepted. [Service provider]
\end{quote}

One unaccompanied young person reported that a mechanical shop had agreed for him to do work experience there but the manager had to withdraw

\begin{flushright}
\textsuperscript{17} Source: DIAC (2012)
\end{flushright}
this offer when insurance couldn't be obtained. Another participant tried for months to arrange to volunteer in a workshop in which he had significant practical skills and experience, but this was only achieved when he and his family received a permanent visa and acceptable identity documents. He later obtained paid employment at the workshop, demonstrating the potential benefits of work placements.

3.5 Enhance settlement outcomes for those clients granted protection

Having had the experience of settling into a new environment in Australia while in community detention, people have developed skills and knowledge that enable them to transition to new services and supports.

Community detention provides clients with the opportunity to experience life in the Australian community, outside of held detention. Service providers assist clients to locate and access community activities and to orient themselves with their surroundings. Clients learn things such as how to use public transport, how and where to send their children to school and how to shop for food and other essentials on a limited budget.

Although the evaluation did not directly examine the settlement outcomes of community detention clients who had been granted protection, people in detention and those who had been granted bridging visas spoke about the benefits they'd gained by living in community detention before having to make their way in the wider community.

Settlement in the Australian community

Challenges for people when they first transfer to the community relate to the difficulty of settlement in a new physical and cultural environment. When people first arrive in community detention they have little knowledge of the Australian ‘system’. Many residents of the community detention program have lived disrupted lives without access to the kind of physical and service infrastructure available in Australia, so moving to an unknown Australian city represents a significant physical and cultural change. This is a significant challenge for asylum seekers from developed city environments, and much more so for those who have lived in protracted displacement contexts.

*When I live in the refugee camp I do not know the outside world. Eleven years I have been in a refugee situation, only 12 years I lived with my parents, after that I was always in the camp.* [Separated male]

This is also a challenge for offshore humanitarian entrants, which is recognised in the provision of orientation support under the Humanitarian
Settlement Support program, and highlights that a similar level of settlement orientation is important for onshore arrivals transferred to the community (either into community detention or on bridging visas). Caseworkers with experience in both community detention and HSS service provision felt that community detention provides sufficient case management resources to enable adequate community orientation to be provided to clients, thus effectively supporting the settlement process.

Many people transferred to the community have also lived for an extended period in the regulated institutional environment of immigration detention centres, adding to the adjustment demands on them when they are transferred to the community. Service providers also noted that the longer period of held detention added to the challenges for them, as people were more dependent, demonstrated less initiative and generally needed much more settlement support than those who had been in secure detention for shorter periods.

Many people in community detention do not speak English, and for some, their trauma experience makes it difficult to learn, even when English classes are available. In addition, most people transferred to the community are without access to their previous networks and support systems. Some participants reported that they knew people already in the community but many did not. In any case the location of the available community detention housing was in many cases reported to be remote from other family members or friends in Australia, or from others from the same ethnic or language community (discussed in the section below on Placement Location).

Enhancing settlement outcomes

*In community detention we improve, from every direction, from everything. Then we get visa from community detention, so we are really like normal people, like other residents, without any problem; we can follow.* [Unaccompanied minor]

Increased knowledge of Australian systems and culture

Community detention participants and service providers see community detention as a pathway to support settlement and integration in the case of a positive status resolution. They feel it enables them to learn skills and gain knowledge about Australian systems and culture. As noted elsewhere in this report, many in community detention have not previously lived in a physical and social environment like Australia, so much is new to them.

*In community detention, we can learn a lot, the rules and regulations of Australia, so many things we came to learn about… Imagine if you are*
coming straight to the country without community detention – it is very helpful to us. Slowly we can pick up the things. Some people are getting [bridging] visa directly [coming straight from detention] – and we are helping them, we are teaching them. People come here without knowing anything. They don’t plan to do it; they don’t learn the things before. They don’t know how to live the life, so we are helping them, from what we learned from the Red Cross. [Single female, previously in CD, now on a bridging visa]

Service providers reported that as well as becoming familiar with Australian systems and their new environment, people in community detention also become familiar with costs such as rental prices and what Centrelink or employment income will be, which helps in managing expectations when people are granted a permanent or bridging visa – “They have a really realistic plan of what to do.”

Yet service providers expressed concern that when people exit community detention they have more challenges ahead of them. As discussed elsewhere, there are concerns that, usually due to housing shortages, the person exiting community detention is uprooted from the networks with schools, neighbours and services they have established while in community detention.

However, having had the experience of settling into a new environment in Australia while in community detention, people have developed skills and knowledge that enable them to transition to new services and supports.

It was a much more comfortable transition from community detention to the community, than when we had to be transferred from the detention centre to community detention, because you already have the experience of living in the community and we had learned the areas and whereabouts; I had learned all these things already. [Male family member]

Participants reported mostly positive acceptance in the community, although there were differences between participants’ experiences of meeting a cross section of people in the community. Religious and informal ethnic community groups appear to play a significant role in the community support of some groups of participants.

Some family groups found their placement in the community to be a source of encouragement.

Another good point about community: when the family is in the community waiting for their visa they see many successful people around them . . . and then they become hopeful that after they get a visa, they can get that much success. [Single female]
The unaccompanied young people were (for the most part) very positive about their contact with and acceptance in their local neighbourhoods and schools.

Relationships and networks with the diasporas of young people and adults currently and formerly in community detention are also very significant for young people’s settlement into and wellbeing in the community. These networks provide information, practical orientation, assistance with English learning and moral support and encouragement to young people in community detention.

While the community detention program provides significant and positive settlement support and orientation, people also expressed strong views that their time in community detention could have been spent more productively preparing for permanent settlement, for example through access to better language tuition or other vocational preparation or to obtaining employment experience.

Imagine that now I am 31. I don't know when I’m going to get visa, and then 2 years I have to spend on English classes and then four years for going for a professional course and then by that time I will be....[Separated male]

Because we are wasting our time, because we cannot do anything, we cannot learn anything, so we can’t get ready for the time when we get our permanent visa and we start actually living in this country, so even we cannot go to proper English class, to learn English properly. [Married female]
However, as noted elsewhere in this report, some people in community detention do not take up available opportunities, for example they do not attend available English classes. The reasons for this are complex and relate to the interplay of pre-arrival experiences, post arrival stresses, duration of detention and other individual circumstances, as well as the quality and appropriateness of the opportunities or services available. It also seemed that participants were fixated on their current circumstances, and underestimated the difficulty in learning English in any circumstances, getting a job if work rights were granted and the overall settlement challenges in the event of a positive visa outcome.

**Perceptions of community**

Participants expressed concern about how they themselves are perceived in the community: they worry that being idle (due to being unable to participate in training or employment) negatively impacts their acceptance and integration into the wider community.

* [People from my community] don’t feel good about [being] jobless. If I come to see you, one, two, three, four, five days - finally you think about me: how lazy he is! because you don’t know nothing about me: how I am feeling inside; that I am in community detention; I am not eligible to work. If I see you every day, finally you feel bad to see me every day. Like, I can't take a mike and tell everyone that I am in community detention and am not allowed to work, [but] that's what I want to do. [Separated male] *

Some also said that their perceived unequal status in the community is a barrier to acceptance and integration.

* I live in the community detention but can’t be equal with everyone - if I want to go to my friend’s house to stay a night I have to get permission with case manager, so I feel I am not equal with Australian people. When I went to buy sim card for my mobile they ask for drivers licence or visa; I was told I can't have it because I have no ID, so I feel sad about that. Even in the community, we live with Australian people but still we are not counted like Australian people, so we feel really bad for that. [Male family member] *

Notwithstanding these obstacles, there is untapped potential value in community detention as a platform to prepare asylum seekers for future settlement, should their claims be successful.
3.6 Clients on a return pathway

Skilled and consistent casework can support a person through negative decisions, but is unable to wholly mitigate against the complex psychological stresses experienced by a person facing return.

Voluntary and involuntary returns home were both relatively rare at the time of writing this report.

Service providers and clients all strongly expressed the view that being in the community has many positive social and psychological benefits for all groups of detainees, including those on a return pathway. Service providers suggested that many of their clients have better access to community and family supports, and more opportunities to talk over their options with other community members.

Impact of community detention on those on a return pathway

Some service providers expressed the view that the positive mental health benefits of being in the community enabled the person to be in a better psychological state to make informed decisions about their future; others felt that there was little that could make the prospect of return any easier to accept.

It’s very difficult for someone to accept a return, the fact they are on a return pathway. So no matter where they are or how well supported they are, if someone is fearful about return, nothing else will matter.

[Service provider]

Research participants on a return pathway did not countenance a situation in which it would be safe for them to return home. Torture and trauma services described the psychological processes underlying their thinking. Rationality is impacted by psychological effects of trauma and anxiety: even if it is not true, clients feel that, “if I go back I am dead. I would rather die here.” A severe and complex sense of guilt and failure compounds their feelings of despair, anger and injustice.

Service providers felt that is was very challenging to maintain the wellbeing of any client on a return pathway. Service providers and counselling services reported that clients who have experienced multiple negative decisions and are nearing the end of their legal options experience high anxiety and high levels of depression. This was evident in the fieldwork, with several participants on a return pathway expressing feelings of hopelessness, injustice and suicidality in their interviews.

While every situation with a person on a return pathway will be different, there were examples in the evaluation of clients deriving very positive
support from longstanding casework relationships, even at the last stages of their case. Evidence from the evaluation indicates that skilled and consistent casework support can support a person through negative decisions, but will be unable to wholly mitigate against the complex psychological stresses experienced by a person facing return, as described by the torture and trauma services.

The torture and trauma services have observed that their clients experience a high turnover of caseworkers; they are a very challenging caseload. The potential for vicarious trauma to people involved in their care is very high. Service providers reported they become the scapegoats of negative decisions, with clients becoming hostile to them, or expressing the view that if they had a different caseworker, (or a different case manager, or a different lawyer…) their situation might be different. Torture and trauma services reported that their services are also often rejected by the person facing return.

Caseworkers and counsellors expressed significant concern about the timing and manner of communicating negative decisions to the client. Service providers are not responsible for advising the client of status determination decisions; this is the responsibility of DIAC or the Immigration Advice and Application Assistance Scheme (IAAAS). But as service providers must monitor the client’s health and welfare, they suggested that better protocols need to be in place to ensure that informing clients of a negative decision is done at an appropriate time and place, and that the service provider is advised in sufficient time to ensure supports are in place.

For example, would you want to give that information to a client on Friday afternoon when they’ve got the whole weekend on their own? Absolutely not. So there’s a bit of work that needs to happen… we would be wanting to support people after that kind of news. [Service provider]

Service providers also suggested that providing much more comprehensive information to clients would be helpful.

My client, there is nothing in place to make him happy about his negative outcome, but I think if you understand all the processes it’s a bit easier to accept a negative decision. It’s not explained to them why they were rejected and they go home being angry at their interpreter so it’s partly a lack of information… I read through the

18 A number of factors can influence the time and place for informing clients of negative decisions. These include the availability of interpreters, the client, DIAC case managers and service providers. Clients in CD often have only 7 work days in which to appeal a DIAC negative decision, with this timeframe starting when the IAAAS agent is notified and not when the client is notified. All of this means that occasionally the timing of the client/agent discussion about the negative decision is not ideal.
decisions that were made for a family, obviously with no legal training, but I could see why the decision was made that they were not refugees. Yet it's not explained to them; they tell me, I've had a hard life why can't you accept me? They don't even get explained the refugee convention. [Service provider]

If clients do not understand the very foundation of their legal case (the requirement to meet the convention definition) the capacity of the program to soften the impact of negative decisions and a return pathway is limited. It was also felt that more information is needed for caseworkers about what will happen to their clients who will be returned. It adds another challenge to the caseworker role and to their credibility that they cannot answer the multitude of questions about what will happen next, because they don't know themselves.

There are more negative pathways coming out now and it seems that no one really knows how to deal with that or respond to it. No-one's given them a perspective on what to do next as case workers. What's going to happen? Are they going to be deported from the houses? [Service provider]

Adding to the stresses of possible return and the many uncertainties associated with this, the sense of time being wasted expressed by others in community detention was shared by those on a return pathway. Their service providers questioned whether increasing access to employment or training for people on a return pathway would assist in mitigating the sense of failure experienced by those facing return.

Senior managers in service provider organisations agreed that case workers are the key to successful work with people on a return pathway. They reported that in the past caseworkers had sometimes inappropriately acted as advocates for clients with regard to their negative status decisions, but that in more recent times case workers had developed more appropriate ways to support clients. These stakeholders explained that as the community detention program has evolved and matured, there now exists a greater understanding amongst caseworkers as to their role at difficult times such as a voluntary or involuntary return home.

It (providing legal advice) is just not their job. Some of them did not seem to understand this a few years ago. Now, they just seem to get it. It has been spelled out to them loud and clear. [Stakeholder]

Thus it appears that, overall, the community detention program offers considerable benefits for people on a return pathway. Provision of support to

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19 IAAAS providers are contractually required to explain the grounds for protection, such as refugee convention grounds, and the reasons for any negative decisions.
these people is very challenging for service providers, particularly caseworkers and others providing direct services such as counsellors. These workers benefit from specific training, information and support when dealing with this group of clients. In addition DIAC should review the provision of information to this group of clients so that they can be offered maximum support to deal with the challenges of returning.

3.7 The suitability of community detention placements

People in held detention who are approved for transition to community detention may wish to be transferred to a particular location in Australia for several different reasons. They may:

- want to be located close to family or friends already in Australia
- be aware of the existence of a supportive ethnic community in a particular location
- want to remain close to people who have shared the journey to Australia with them. This appears to be particularly the case for unaccompanied minors

When allocating a property to a client, service providers should consider the following factors:

- family or community links in particular locations (in general only close family links will be considered sufficient to place a family in a particular location)
- particular health needs
- composition of the client grouping (e.g., family number and composition)

The allocation of community detention placements for UAMs is given special consideration. In determining the client’s placement the following factors are considered:

- clients background – including arrival history, time in detention, age, gender, ethnicity, language and religion
- UAM friendship groups – including with those already in community detention, and those with whom the UAM has a history of conflict
- immigration pathway – consideration of what stage the client is at in the immigration process compared to other members of the household
- mental or physical health issues, specific vulnerabilities or high risk
• community or family relations

UAMs may identify a close family member in the community who they wish to live with. The family member must be over the age of 21 years. In these cases the service provider conducts an assessment of the proposed placement to determine whether the accommodation is suitable. Suitability of accommodation depends upon the following factors:

• who else lives in the accommodation and relationship with the family member
• if the family member has long-term stable accommodation
• if there is sufficient space for the UAM to stay at the accommodation
• proximity to schools, public transport and other amenities

Where the placement with the relative is considered unsuitable, DIAC will seek to place the UAM in a UAM household near the relative to allow for ongoing contact.20

One of the aims of the community detention program is to improve the wellbeing of clients, and it therefore makes sense to consider the individual’s requests regarding where they should be placed. Clearly, this could create logistic and capacity issues for services in different states, a problem acknowledged by caseworkers. However there was a general sense amongst both service providers and clients that decisions around placement locations sometimes appeared to be arbitrary and ill-considered, and sometimes not in the best interests of the client.

Approximately half the participants in the final stage of data collection stated they had been transferred to the city of their choice. They discussed the value of being connected to people they knew, for information sharing, support and for building their networks in Australia. Amongst the rest there were many examples of placement decisions that had a detrimental impact on the client. In one example, one of three siblings was transferred to one capital city after the other two had been sent to a different city. In another, a single mother with several children, one of whom was chronically ill, requested to go to a city where she knew of a doctor from the same language group who was already working with people with whom she was in contact from the same boat journey. Instead she was transferred to another city where she had no contacts and where she was allocated a doctor who she found very unhelpful when her child became critically ill. She felt very isolated and had no one to get assistance from for her child’s illness.

20 Source: Community Detention Program Operational Framework, May 2012
Nearly 15 days I'm roaming the roads and everywhere to see any people [from my background]. I don't know English, I don't know the places; everything new for me so I just searching everything. ...

(Participant crying) In community detention they should allow us to meet the other people [from the same ethnicity] and contact them. They should give their contacts for us so it's easy for us to mingle and ask any help or anything. We requested them to send to Perth because we had friends and everyone there; my friends might have helped me. Immigration didn't take care of us, they just refused, they sent us to [this city]. At least if they introduced us to a [same ethnicity] doctor, we can talk to her openly and she can understand our feeling; but that did not happen. [Single mother]

Participants working with unaccompanied minors reported that in their experience it was even more important to take account of placement requests for this group, including where the request was to live with an extended family member.

It's best practice in out of home care. Allowing their views on who they want to live with should be taken into account; and we need to value family members and especially non-parent family members when making housing decisions. [Service provider]

Making placement decisions with UAMs requires great care and understanding because of the complexity and sensitivity of the circumstances. Sometimes placement decisions are made which are eventually found to be not in the UAM's best interest. Such decisions could lead to dysfunctional behaviour on the part of the UAM, and even self-harm and hospitalisation. Conversely, when adequate care is taken, a UAM can thrive.

The caseworkers working with unaccompanied young people who participated in this evaluation advised that in their experience it is also preferable to house children together who have been on the same boat, and want to remain together; the shared experience can substitute to a limited degree for otherwise absent family connections and shared histories. They reported that this was not the view or practice of some service providers working with young clients, and that it could be difficult for them to get DIAC to agree to housing such children together. In the consultations with young people housed together, there was evident strong solidarity and friendship between the young people who had a shared journey.

The UAM caseworkers reported that for unaccompanied minors, a careless placement “makes it difficult to work with the client” [UAM Service provider]. They expressed concern that in such situations antisocial and self-harming behaviours can become prevalent, as in the example above, and that these behaviours are frequently ‘rewarded’ in that the child's wishes eventually
have to be taken into account to prevent harm to the child or others in the household.

Even when clients are sent to the city of their choice, the service provider could still be faced with the challenge of housing people transferred to community detention near to other family members or to areas where ethnic communities are established. The housing situation in capital cities generally and in the community detention housing pool can make this very difficult. Although the community detention program will never be able to meet the needs or requests of every person in the program, the evidence from the evaluation showed that the detrimental impacts of family members being far from each other, or being in very isolated locations, could be very significant (as discussed in more detail in the section on housing). Good practice involved explaining why a particular decision had been made, and having a process to review such decisions or to relocate the person at a later stage. However the perception of most people in community detention interviewed for this evaluation was that they did not feel involved in such decisions at all. Instead they often had the sense that decisions were made arbitrarily and without regard to their needs.

This is an important finding in relation to the responsive regulation of community detention clients, especially unaccompanied young people, and the way decisions are communicated to them. Regardless of service providers’ and DIAC’s efforts, clients may still misinterpret the information being given to them. The consequences of mis-communication are a lack of trust with the community detention program and for some, even a belief that only extreme actions such as self-harm would ensure that their concerns were taken seriously.

3.8 Transfers into and out of the program

Referral into the community detention program – information and timing issues

Communicating with clients in detention can sometimes be a difficult process. Language barriers, unfamiliarity with Australian culture and the shock associated with a difficult boat journey can make it difficult for clients to ‘take everything in’. Despite being briefed about their move to community detention and what to expect when they arrive, stakeholders reported that many clients moving into the community reported having little or no information about what to expect in the community and were not clear about important aspects of the program. This was confirmed in the consultations with clients, including unaccompanied minors.
We hardly any idea about what community detention was at all, until we were transferred into CD. [Male family member]

When I went [into community detention] I was really worried because I only know people from [a different language group] will be with me; I was worried because I couldn’t speak English, how can I communicate with them? At that time I didn’t even know I would have a case manager to help me, I was really worried. [Unaccompanied minor]

This situation appears to have improved since the early stages of the program expansion. One person recently transferred to the community reported that he had attended community orientation sessions when he was still in detention in Darwin, while others reported that their case manager had explained community detention to them. However several clients who arrived in the community within the four months previous to the consultation reported they felt they had been given inadequate or even misleading information in detention, for example about what they would be able to afford to buy with the financial support they receive in the community; instead they find themselves struggling to meet their family’s needs. This was affirmed by service providers, who reported that some people still arrived in the community with little preparation, or with unrealistic expectations about services or income support in the community; they suggested that more needed to be done earlier to improve the transition for all groups.

[We need to be] working with clients much earlier, in detention centres if possible. Just more information, better expectation management, better assessment processes, things are clearer, rules are clearer, and it’s not last minute. [Service provider]

Clients reported very variable times between being advised they were going to the community and their actual transfer, ranging from hours to months, reportedly without explanation about the reasons for the timing of the transfer. This also appears to have improved as the program has matured.

The timing of referrals has sometimes created significant challenges for service providers. There were several reported instances where the service provider was advised at the last minute that a group would be arriving on a Friday, creating logistic challenges to house and support new arrivals with such short lead time and over the weekend. The intake organisation needs to undertake a risk assessment and put into place an appropriate care plan that meets the new arrivals needs while also being practical for the provider, for example ensuring availability of adequate staffing and other resources and that support referrals were in place as needed.
Transfer out of community detention

From community detention, adult clients can be transferred to a range of different programs depending on their visa status. People who are granted protection visas from community detention become eligible for the full range of Humanitarian Settlement Services (HSS) and are transitioned to an HSS provider. People whose visa status remains unresolved may be granted a Bridging Visa E (BVE).

The BVE has several subcategories and it may be granted to people currently in the community detention program as well as directly to onshore arrivals. BVE holders are eligible for a variety of different support services depending on a variety of circumstances.

Service providers are required to support clients during the transition period out of community detention.

Transfer to Humanitarian Settlement Services (HSS)

Clients who receive a permanent Protection Visa (PV) are assisted to settle in Australia by Humanitarian Settlement Service (HSS) providers. HSS providers assist the client to source accommodation, furnish the accommodation, provide basic household goods and provide ongoing case support to clients for the first six months, or longer if required, after the visa grant.

In the first round of work with clients and direct care workers, some case workers reported transitional issues including slow response of the HSS provider to the referral of community detention clients granted a permanent visa, and lack of coordination between the different services.

Several clients who had received a permanent visa and been transferred to HSS reported a relatively smooth transition, due in part to the orientation and support they received in community detention. Case workers recommended the implementation of consistent, systematic and coordinated transition procedures because they report the transition is sometimes ad hoc.

*It is much better if you can do face to face case conferences and if you can … get [the HSS provider], and you can get the housing people, and you and the client all together, then that works much better, it leads to much better outcome because then the client feels much more involved and in control.* [Service provider]

One of the challenges identified by caseworkers to this coordinated approach was the very short transition time of four weeks for people granted a permanent visa. Although HSS supports clients in accessing accommodation, service providers believe that the short transition time
impacts on the clients’ ability to find a suitable rental property in the time available, with service providers reporting that the consequence is that people are having to move far from where they have become settled in community detention.

Transfer to Bridging Visas

Service providers reported that a large number of community detention clients were transferred to bridging visas when this program was expanded in June 2012, and that transfer of clients to bridging visas continues. Some of these clients are “1A met”, that is, their refugee status has been established, and they are awaiting further security checks.

The grant of bridging visas with work rights was seen as a very positive initiative for clients who have capacity for and prospects of employment. Service providers stressed the need for individual assessment of client suitability for bridging visas, and the need for individual vulnerabilities and suitability for employment to be considered in the decision to transfer a client from community detention to a bridging visa. Several providers reported an increase in such assessments since the initial large-scale transfer from community detention to bridging visa status.

Single mothers (and their caseworkers) in particular expressed concern about the changed conditions and support available to them on a bridging visa. They have no physical and little social capital, they have commonly experienced trauma and violence including sexual and gender based violence, lack local support networks and therefore access to informal childcare, may not speak English, have often had little formal education, and may still be trying to locate or reunite with family not in Australia. Their support needs and vulnerabilities remain high.

Now because we are given the bridging visa, now I have to pay the bills and the rent and also I have to find the job, It is difficult. . . Now we have no hope because the visa, so there is no peace in our minds. Now on the BV, I have got two concerns, one is thinking of my future, the other is the finance. One thing is that, emotionally and physically I am affected. . . If my husband was also here we would be sharing but because I am all by myself . . . I have to go and get the children, and then come back and do the shopping and the cooking and the cleaning, I have to go to the park with the children, and do more cooking and shopping, it is continual for me. No break. . . [Crying] I have come to this point that there is no hope. I can’t believe there is hope, that we will have a good future. [Single mother, BVE 1AMet-previously in CD]

The question of whether bridging visa holders will be able to obtain employment and will receive adequate support under the conditions for BVE
holders was a significant concern to service providers and to bridging visa holders. Impediments noted included that most bridging visa holders are disadvantaged in the Australian employment market but are ineligible for job seeking support, and that employers are reportedly reluctant to train and employ someone whose status is uncertain. People who have recently been transferred to bridging visas reported an additional challenge; although the new visa conditions increase their eligibility to participate in vocational training, their reduced income means that they cannot afford to undertake such training. Counselling providers also reported that trauma and the psychological stress of an uncertain future in many cases impacts on the individual's ability to obtain and sustain employment.

The transition time allowed for clients transferring from community detention to bridging visas is 14 days from the day the visa is granted, not the day the client or service is notified; this can reportedly be days or up to a week later.

During this 14 day period the department assists the client by providing them with alternative accommodation (either Homestay or accommodation sourced by a service provider), which they can remain in for up to 6 weeks. The client must also transfer to the new allowance and new conditions (such as changed medical access) available under their bridging visa conditions.

All service providers felt this short transition time results in disadvantage and stress to clients and services. The challenge to identify alternative housing was reported as a particular problem, with many clients needing to relocate to distant neighbourhoods to access affordable housing in the time frame, necessitating another period of adaptation including children having to change schools.

Transfer of unaccompanied minors to other programs

Service providers are required to support UAMs during the transition out period of community detention. There is generally a transition period of up to four weeks from notification of grant of a visa where care of the client transfers from the service provider to new arrangements (see section 2.12 for further information on the transfer of unaccompanied minors).

The transition out of detention for unaccompanied young people granted permanent protection was identified by the young people as a significant source of anxiety and uncertainty. Due to State/Federal child protection agreements, all young people in community detention in Victoria or New South Wales who are granted a permanent visa are transferred interstate,
unless a suitable local carer is available to be their guardian\textsuperscript{21}. Participants expressed great unhappiness with this arrangement.

\textit{Once we get visa they saying you have to go to Brisbane or Perth, not [this city]. But I'm really happy to be in [this city] because I have a really good carer to look after me, and I've got roommate, friends, and I can do all my study or work. But they are saying no, you only have two options, Perth or Brisbane. [Unaccompanied minor]}

Under these arrangements the young person had to leave behind their networks, move to a new and unknown place and start again - a traumatic experience for young people who have already experienced significant loss and dislocation. It created the need to learn new systems and to form new relationships with peers, carers, institutions and service providers. Participants expressed a lack of autonomy and high anxiety about this situation.

\textit{I can't choose where I have to go because DIAC will choose where I will go unless I have a friend [who agrees to be a guardian]; but I don't have anyone here. I've got a good carer to look after me [in community detention]; I've got good friends; but I don't have anyone [to be a guardian]. It will make big problems for me to get new friends and they saying the weather is really hot in Perth. It's a big problem for me. I will be very happy if they have an idea for those people who don't have anyone here, if the government can make a rule or law to make a group here and care for us, so we don't have to move. [Unaccompanied minor]}

Carers of young people also identified this as problematic and far from good practice in out of home care for children.

\textit{Most of our clients end up in Brisbane or Adelaide and they don't get any information where they are, who is picking them up, who is taking them, who they are sharing with - and often with 2 or 3 days notice. One of my boys moved to Brisbane, he had recently started volunteer work. . . which he liked, but he was moved to Brisbane. He called me a couple of weeks later; he was lonely, he wanted to come back to Melbourne. The care workers and the other unaccompanied minors are his family in Australia. . . It's an example of the disjointed journey, the chopping and changing for them, not having continuous relationships for them. [Service providers]}

The service providers also identified that, in their attempts to avoid an interstate move, young people sometimes placed themselves in risky or unsuitable care arrangements. There were several examples of young

\textsuperscript{21} At the time of data collection, a pilot program was commencing in Victoria to house Unaccompanied Humanitarian Entrants (i.e. young asylum seekers who have been granted a permanent visa). The pilot has since been completed and the program has been rolled out in Melbourne and Adelaide.
people arranging guardianship by a young adult from their same ethnicity, often a former minor asylum seeker, with carers reporting that, in their experience, these arrangements often did not adequately support young people. Homelessness of these young people was seen as a risk by carers in both Sydney and Melbourne.

*It’s an issue for unaccompanied minors; there’s a lot of pressure for them to find a carer to stay here, otherwise they would be transferred interstate. That’s very stressful for them, there’s the worry of putting anyone forward for it, or being transferred to say Perth and saying ‘oh my goodness, I hate this place’; coming back to Melbourne and becoming homeless because there’s nowhere for them to stay, and calling their case worker and saying I’m on a plane, I’m arriving in an hour can you help me when I arrive? [Service provider]*

One young person participated in both stages of data collection, and had been granted a permanent visa and moved interstate between the two data collection stages. While he had been thriving in his care and school arrangements in the original state, he was very unhappy in the new location. He described demeaning bullying by his new house carer but, lacking local networks and not having established a relationship with the new supervising case manager, he felt helpless, isolated and depressed, and desperately wanted to return.

It is likely that the transition between jurisdictions and services was less problematic for other young people, but this case illustrates that at least some children could be at risk in their care arrangements. More research is needed with this particular group to assess the outcomes for a larger number of UAMs, including those transferred between states. This issue of transfers of young people between different services and states when they transition from UAM to UHM status was also of concern to and being discussed by youth and resettlement networks around Australia.

### 3.9 Issues specific to unaccompanied minors

Providing care to this group is challenging, with many differences in the characteristics and needs of the young people compared to Australian young people in either protective care or detention (for example young offenders). Service providers have to provide appropriate out of home care for a constantly changing group of adolescents while taking account of and responding to the circumstances of their separation from their families, their pre-arrival experiences (including possible significant trauma), lack of local support networks, cultural factors and (in many cases) limited English, and the impacts of their uncertain future. It was clear that there was also a lot of diversity within the cohort, a further challenge for providers.
Relationships with service providers

Notwithstanding these challenges, most of the young participants in this research described a supportive and often therapeutic relationship with one or more of their carers. For many, these relationships assumed particular importance in the absence of family or other support.

The caseworkers here, they are so lovely and caring. In my whole entire life no stranger has ever been so close and loving to me as they are. If the whole world was like this we would have no problems. In Pakistan where I was working, I was far from my home and … if I made a mistake the owner of the restaurant maybe they beat me or use the strong words, abuse me. That’s why if I came here and if I make a little mistake my carer he call me and say ‘don’t do this.’ He never abuse me or never say anything wrong for me; he always say, do this, it will be good for you. The respect and honour they give me I become very happy with them. [Unaccompanied minor]

This quote also illustrates another key issue in service provision and support for unaccompanied minors, also reflected in the debates around the most appropriate housing model. On the one hand these clients are extremely vulnerable young people, who have often suffered experiences virtually unknown to Australian youth, and they continue to suffer dislocation from their families and cultures as well as the various issues related to being asylum seekers. In this respect their support needs are very high; higher than most equivalent Australian young people, even those in youth custody or OOHC. On the other hand many of these young people consider themselves to be adults and have taken on adult responsibilities in their families from a very young age. They may also be considered as adults in their own cultures.

We were shocked mentally when we all saw all of those things, for example bombs blasting. It’s too much. . . We had all these things in our hearts. . . Whatever we say or talk among people here, but they don’t know what kind of life we had, it’s totally different how people understand life here. That’s why they can’t even think in their dreams what we went through, in this age, we are so young, we’re not even an adult, we had to work for money to feed 5 people at home. [Unaccompanied minor]

To complicate matters further, those without documents are concerned to prove that they are children; this gives them additional rights under the UN Convention on the Rights of the Child. But their experiences sometimes result in their presentation and needs being unlike those of young people in the broader Australian community.

I have tensions from all over the place, from home, my family, community, immigration and so on. Even though I tell you about my
tensions, nobody believes me. Even though I am too young the immigration officer told me, the way you talk, you talk like adult; and I said, the circumstances that I went through have made me so hard and tough and made me to talk like an adult. [Unaccompanied minor]

This intermediate situation can cause tension for both the young people and the service providers. The incongruence between child/adult status leads to tensions between the needs of unaccompanied young people for care while developing and asserting their independence, and the needs of services to provide a stable, secure, supportive home environment while also ensuring compliance with program and detention regulations. One of the concerns shared by participants (under the care of several different partner agencies) was a perceived lack of consistency between different service providers in regard to this.

There are many organisation [who] work with the people in community detention, each of them has their own rule and regulation. [My] company, I don’t have any problems. I am happy with information they provide, even my caseworker, she helps me; I do not disagree with [their] rules and regulations . . . There is different organisations that run the community detention, some of them provide good facilities, and good with client, some not; should be equal. [Unaccompanied minor]

Some participants were unaware of DIAC’s Quality Assurance processes, their household not being subject to a monitoring visit, and so believed there is inadequate oversight of the different service providers, with a consequent lack of transparency and accountability for some households/providers. They worry that what the provider reports about them to DIAC will influence their visa decision.

How the carer treats us sometime and we can’t do anything! If they are in the system they can report our behaviour: of course, keep us longer! Just the carer and other staff - DIAC do not come and check, carers just do what they want . . . We have no contact with family, have depression; we might say something like in a bad manner, so just they will report whatever they want . . . Whenever we ask to see what carer writes, when we ask to see report, they won’t show us . . . Why aren’t they showing it to us? They should show us report. And whenever we go to the carer room to ask to check the report they close the door! If there is nothing wrong, they would not do this. [Unaccompanied minor]

However this also appeared to be inconsistent across households, as one participant reported his carer showed him his report on a monthly basis.

Relationships with peers

The young people discussed the critical role their peers and other community members play in providing not only practical support and orientation, but also
moral support and encouragement to support their wellbeing while they await a status determination.

When we came in the house there will be some old people [people who have already been here for a while] show us where the gym, sport is. They can help to show us where things are. When we came here we came with nothing, they help us with everything. [Unaccompanied minor]

When they feel upset or depressed, just we go and sit with him, chat, make him laugh. This is what we can do . . . this is all we can do. We cannot do DIAC work for them, get their visa, or process their application. [Unaccompanied minor]

Some community detention households have curfews imposed on them by service providers. These are imposed to ensure that UAMs get the best chance of having a stable environment in which to sleep and study, however, UAMs are not necessarily happy with this arrangement. Participants explained that one of the problems with having a curfew strictly imposed (and other restrictions on their freedom of movement) is that it can impact on their capacity to access this peer and community support when they feel they need it.22

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22 Service providers appointed as custodians, like parents and other carers, are responsible for the day-to-day care and welfare of children in care. As part of their duty of care, custodian service providers need to know where the UAMs in their care are and that they are safe.
However, there is some complexity to the interactions and relationships between clients and ex clients. One issue raised by many young people was how they were affected when they saw others around them receive a positive decision, finding it hard to accept that someone else had a visa within a few months when they had been waiting much longer.

*Especially when I was rejected, and my friends came to the house and they had their visa, it was hard for me to be patient and tolerate, too hard. I wait for a long time and they just come and get their visas. It was too hard for me. . . You feel like, hard to stay friends, you feel that they are different; their case is done, that it was different for them. You just feel there is no relationship with them.* [Unaccompanied minor]

Ex-clients were important sources of support and information, but there also appeared to be constant comparisons by individuals with others in their network. An important challenge for community detention providers was to effectively harness the positive aspects of these networks while also being aware of problematic situations and implementing strategies to minimise risks and harm.
Young people and family

Similarly to the adults in this evaluation, unaccompanied young people described how loss of connection to and anxiety about their family contributed to their mental state.

I can spend time with case manager to talk about my family but it doesn’t much help. If you got family [contact] it’s more relaxed for you. . . Case manager explains that [counselling services] are very helpful, and I said ok but they can’t help much to find my family.
[Unaccompanied minor]

Unaccompanied young people also expressed anxiety and a strong sense of injustice that their visa decision or security clearance would be prolonged or delayed until it was too late for them to apply for their families to join them in Australia. Prior to August 13 2012 unaccompanied humanitarian minors were eligible to apply for members of their family to join them in Australia. But subsequent to this date, IMAs who arrive in Australia are not eligible to apply for their families to join them.

When we are underage it’s taking a long time for process, and once we get 18 they say no, it’s not possible to bring your family because you are not underage any more. And they have been waiting for two years . . . I really need my family, they need my support and I’m happy here and I want them to be here happy, to be with me too.
[Unaccompanied minor]

The long time taken for status determination also contributed to some young people’s anxiety about their siblings reaching an age where they are at the same increased risk that resulted in their own flight.

These young men have been here for 2, 3, 4 years and the younger brother is getting close to an age where they will be at risk of being targeted. . . you can imagine what that does to a person, and they are not able to help them in any way . . . A lot of them have witnessed horrific things. They have witnessed atrocities against their families. They are young but they certainly have gone through a lot. [Service provider]

From stakeholders, management of UAMs was thought to be running smoothly administratively and in terms of outcomes for clients. This was considered to be one of the highest-functioning components of the community detention program, despite the challenges associated with this young cohort.

Stakeholders stated that features that make this component a success include:
• the availability of hostel-style accommodation (6-10 bedrooms plus shared living spaces) that allowed for both privacy and interaction with the children when required;
• the flexibility under the Program to match specific cohorts of children within one residence, many of whom were already in contact from their time on the boat or in detention to enable the formation of a cohesive, well-functioning household (although as noted above, this is not always achieved)
• the resulting demeanour of the children which was said to be relatively compliant and polite (with a few minor exceptions)

You should see some of these households in the evening. Really quite pleasant and normal. Friends have dropped by, and the boys have shared a meal together. One of them is now ironing his school uniform to within an inch of its life. They really are quite nice places to be. [Service Provider]

Many of the stakeholders were of the opinion that a number of the young people actually enjoyed their time in CD. These stakeholders described the communal and collegiate atmosphere in many of the households where young people were meaningfully engaged with the system.
4 Unintended consequences

The evaluation did not identify any significant unintended consequences of the community detention program, and certainly none that were intrinsic to its operation. One issue raised by a few stakeholders was that the relatively high levels of service provision and the quality of housing in community detention could potentially facilitate dependency for some clients, or an expectation that similar levels of service provision and housing would be available to them when they left the program. People in community detention did not have this perspective and the evaluation did not interview enough people who had exited the program to be able to comment on this potential consequence. In any case this is an issue that could easily be addressed by good case management during the transition out of the program.

Other potential unintended consequences of community detention did not appear to have manifested themselves or were very rare. These included:

- Racism from the community due to resentment of asylum seekers
- People on negative pathways absconding
- Crime or anti-social behaviour on the part of asylum seekers
- Vulnerable people in community detention not receiving adequate services due to isolation or distance

Whist there were a few isolated incidents of each of these reported, and a small number of people have been returned from community detention back into held detention, these were all isolated incidents which cannot be generalised to the program itself.
5 Application of guiding principles

The provision of services in community detention is guided by a set of principles designed to ensure services provided to community detention clients are fit for purpose, meet the needs of individuals and are delivered in a way that fulfills the government’s duty of care to people in detention.

The following section uses the guiding principles and the findings from the evaluation to provide an appraisal of the program’s effectiveness and the appropriateness for accommodating community detention clients.

Guiding principle 1: The best interests of the child are paramount in decision making

There are two groups of children living in community detention; 1) children living with their parents/family members and 2) unaccompanied minors.

Children living with family members

Examining the care of children living with their families was not in-scope for this evaluation, however evidence gathered during interviews with family members points to children benefiting from placement in community detention, as community detention allows children to live in a more 'normalised' family environment when compared with other forms of detention. Children in community detention attend school in the community (sending children to school is a requirement of community detention for parents), providing them the opportunity to interact with children living in the mainstream Australian community, to develop friendships, to improve their English language skills and to gain an understanding of Australian culture and expectations around behaviour.

Unaccompanied minors

It is evident from the work undertaken during the evaluation however, that the needs of UAMs in community detention are, on the whole, being met and that both service providers and DIAC staff consider the best interests of the child to be paramount in their decision making. This is evidenced by feedback obtained from service providers and other stakeholders who considered the management of UAMs to be one of the highest-functioning components of the program, despite the challenges with this cohort. Service providers considered that many young people enjoyed their time in CD, that the housing arrangements facilitated meaningful engagement with the system and allowed the young people to support each other's emotional needs. A
number of UAMs spoke highly of their case worker and the ways in which caseworkers helped them to adjust to a life of uncertainty, separated from their families.

The positive feedback received from UAMs themselves, service providers and stakeholders indicates that the best interests of the child are being considered by those delivering services and running the community detention program. This is also evidenced by some of the more negative comments made by UAMs around curfews and other seemingly arbitrary decisions, whereby service providers believe that providing a stable, normalised home environment with a curfew will assist UAMs in developing habits necessary for attending school and maintaining a good standard of health (such as establishing ‘normal’ sleeping patterns and doing homework).

Overall, service providers believed that the management of UAMs was running smoothly administratively and in terms of outcomes for clients.

However, the multiplicity and complexity of issues surrounding the situation of unaccompanied young people has not been able to be thoroughly addressed in this evaluation. Issues such as differing philosophies and models of care, difficult guardianship and custodianship issues, the transfer of young people between different state jurisdictions and service providers, and the diversity of experiences and needs of the young people themselves, warrants further targeted research. Such research is needed to identify the impacts of current practices, to assess compliance with best interest principles, and to recommend policy and practice to appropriately respond to the needs of unaccompanied young people in detention.

Guiding principle 2: Support provided to clients is aimed at building independence and self-sufficiency

A large majority of clients, service providers and stakeholders spoke highly of the community detention program’s ability to enable self-sufficiency and independence in clients.

Clients expressed how much they valued regaining control over their lives, being able to live as a family and to make their own choices over things such as when and what to eat. Service providers indicated that clients have options with other things as well. Service providers noted that the self-determination available to people in community detention was limited but nonetheless a positive improvement compared to previous detention conditions. The relative freedom of clients in the community has enabled community members to take the initiative to develop social and practical

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23 See section 2.2 for more on the guardianship of UAMs in community detention.
support networks amongst current and past community detention residents and with other members of their ethnic community.

Clients expressed frustration at some of the restrictions placed on their freedom however; in particular adults cited not being allowed to work or to undertake formal education as factors that cap their potential to become independent, fully functioning members of the community/s in which they interact. One frustrating aspect of this for many participants was that they felt unable to contribute to Australia.

Guiding principle 3: Support and services provided to clients are generally commensurate with, but not above, support available for permanent visa holders in Australia

Some respondents to the evaluation expressed disappointment and/or dissatisfaction with the support and services available to them under the community detention program. This was particularly the case for housing (the location of properties and the general condition of houses) and for some services such as health and education. Participants also expressed frustration at the difficulties presented by low household finances.

In determining whether services provided are commensurate with those provided to permanent visa holders, consideration must be given to the question of which permanent visa holders community detention clients are to be compared with. An issue bearing on the question of commensurate service provision, which was raised by some service providers, relates to the equity of services for people in community detention compared to vulnerable groups within the Australian population, pointing out that if services for people in community detention are too generous they will be advantaged over other groups such as homeless or mentally ill Australians. This issue is difficult to assess, because the needs of asylum seekers are very different from those of other vulnerable groups, and direct comparisons can be misleading. This issue is also compounded by the fact that people in community detention themselves come from a range of backgrounds and have widely different expectations about issues such as housing, medical services and educational opportunities. Even within the detention and humanitarian programs there are a number of different groups (eg. people in IDCs, in APODS, on Bridging Visas and offshore humanitarian entrants), all of whom have a similar claim to equity, but whose circumstances are different in important respects.

Nevertheless there appeared to be a consensus that, overall, service provision for people in community detention is broadly equivalent to that provided to other vulnerable groups and that in general, services being provided to community detention clients are commensurate with, but not
above, support available for permanent visa holders. Sourcing adequate and affordable housing remains a problem for many low-income households in Australia; it is not uncommon for Australian residents to wait some days (or weeks in the case of a specialist) for medical appointments and many low income earners struggle with the cost of living and expenses associated with vocational study. Daily living allowances are not paid by Centrelink, but Centrelink payments are used as a guide for the allocation of monies to community detention households for basic living expenses. Community detention clients receive an amount equivalent to 70% of Centrelink’s Special Benefit\textsuperscript{24}. A reduced amount is paid in acknowledgement of the fact that community detention clients do not pay rent whilst they are living in detention, nor are they allowed to work or undertake formal education (except in the case of children going to school).

Preconceived ideas about the average standard of living in Australia may have played a part in the expectations of some participants, however it was evident that supports provided to a small number of individuals could be improved.

Guiding principle 4: DIAC retains duty of care for people in community detention, as well as status resolution and compliance responsibilities

Both community detention clients and service providers expressed frustration at what sometimes appeared to be onerous administrative obligations and a plethora of forms, approvals and processes required for allowing clients to do things outside of the general community detention remit (i.e. travelling interstate, staying elsewhere overnight) or in the case of UAMs attending special events or joining sporting teams.

The efficiency of administrative processes and the consequent speed of decision making impacts the ability of the program to achieve its objectives, in particular in the areas of providing clients with opportunities for independence and meeting their individual needs. However, a balance needs to be struck between the speed of decision making and the need to consider the duty of care owed to clients by both service provider and department. On the whole it appears that the department is meeting its duty of care obligations, however administrative processes should be revisited with a view to streamlining processes further without compromising the oversight of service quality.

\textsuperscript{24} Sixty per cent for adult clients arriving post-13 August 2012
Guiding principle 5: Clients living in community detention arrangements must remain connected with DIAC and compliant with the conditions

The evaluation did not examine or collect any information on the compliance of clients in community detention.

Guiding principle 6: Service delivery is flexible to meet client needs

Service providers praised the flexibility in the design of the community detention program, and the quality of the guidance provided by the operational framework in assisting them to determine the needs of their clients and allow them the opportunity to provide clients with individualised services.

Hurdles such as timing, administrative processes and difficulties obtaining resources were however, mentioned as factors constraining service providers’ ability to deliver a truly customised service to community detention clients. Inconsistency of expectations on the part of clients also played a part in perceptions of service quality and the ability of the community detention program to meet the needs of individual clients. For some clients, particularly those with special needs, an expectation that health and other services could be provided within short timeframes contributed to dissatisfaction with the ability of the program to meet the needs of individuals. Housing too was an issue of contention for participants, with the standard of housing available to low income earners in Australia coming as a shock to some. The lack of available properties in desired locations has also limited service providers’ ability to assist clients to access family networks and other services such as English classes.

Flexibility of service provision is limited by the nature of the community detention expansion itself. Clients with varying needs and expectations have been entering and exiting the program in large, but variable numbers since the expansion began in 2010. The changing nature of the cohort limits both service providers’ and DIAC staff’s ability to flexibly meet the individual needs of clients, as it restricts the ability of service providers to organise group access to resources and activities based on the common needs of clients. A changing cohort means that, in some circumstances, clients must be serviced on a one-by-one basis, a more time consuming and administratively burdensome process.
6 Monitoring and further evaluation

Part of the evaluation of the community detention program involved an examination of the data available to DIAC from service providers with a view to identifying how program information could be used to monitor the wellbeing of clients as well as service provider outputs. Some ideas were provided to DIAC in March 2012 setting out a potential monitoring framework for the program based on currently collected data, information that was available in case records but not aggregated and data that would have to be routinely collected from clients and service providers but is not collected at present. The intention was to go beyond descriptions of the client group and the length of time in CD, towards a process which would track client outcomes as they progress through the program (and beyond) and the program inputs linked to each client. The examination of the data at the time (December 2011) indicated that:

- Basic data is available including the number and demographics of program clients and how this changes over time
- Although a substantial amount of information is held in case records including mental health assessments, provision of services and activities engaged in, the information is not consistent across the cohort and is not aggregated for monitoring purposes
- Information about incidents such as self-harm, violence, illness or absconding is recorded. Although the number of incidents per month or in a particular location could be identified, this did not provide useful monitoring information.

6.1 Monitoring wellbeing and mental health

One of the key objectives of community detention is to facilitate the wellbeing and mental health of people in the program. Wellbeing is a complex concept and difficult to measure and the relationship between wellbeing and mental health is also rather complex. The main conceptual challenges relating to measurement of wellbeing are briefly:

- Wellbeing is both subjective and an objective. It is the interaction between the ‘objective’ conditions which people are living in and their subjective responses to those. Wellbeing

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25 At the time of the research a method for recording, retrieving and analysing incident data was being developed by DIAC.
involves the interaction between its subjective and objective components. However there are often dissonances between subjective and objective wellbeing and therefore an overall measurement of wellbeing is very challenging.

- Wellbeing is also determined to some extent by cultural and other collective factors and thus it is difficult to create a standard measure.
- Wellbeing can be seen as a process rather than a state. As the findings indicate, wellbeing at specific points in time does not provide a full assessment of wellbeing. Specifically, clients’ wellbeing in the first few days of community detention is unlikely to be a good indicator of their longer term progress; some people are elated whereas others are confused and disorientated.

Measures of wellbeing will have to be developed over time, but the core of the monitoring process is that data which is already captured in case files – in particular assessments of health and wellbeing – should be aggregated to provide an overview of wellbeing of clients in the program as a whole, and to identify the trajectories of different groups of clients as they progress through the program.

6.2 Further Evaluation

As reported in the methodology chapter above, this evaluation has a number of methodological limitations (see Appendix A). Whilst we are confident that the findings present an accurate indication of the program and its functioning, there were some areas identified which were difficult to cover. The most significant of these were firstly that we had no measure of wellbeing or changes in wellbeing over time other than retrospective accounts from community detention clients and observations of service providers. There was also no counter-factual (comparison with similar people not in CD, again other than subjective accounts). The implications of this are that we are not able to definitively comment on the specific contribution of community detention to client outcomes. Having said this, the methodologies required to disaggregate the impact of community detention from other influences would be extremely challenging and prohibitively expensive. Another significant area for further research – which would be relatively easy to undertake – is a more detailed exploration of different service approaches for UAMs and the factors which facilitate their wellbeing and future settlement. While the evaluation has given some indication of these factors, a more nuanced understanding derived from a wider group of clients and service providers.
would be a significant contribution. A qualitative longitudinal study of a cohort of UAMs would probably be the most appropriate methodology.
7 Conclusions

This section brings together findings from the various components of the evaluation to provide overall conclusions about the effectiveness of the program and, where appropriate, to provide recommendations for improvement based on the findings. In doing so we are cognisant of the methodological limitations of the evaluation and also the constantly changing nature of the program and the broader detention policy which are apt to make recommendations out of date or inappropriate.

7.1 Context

The program is located within a difficult political context which is primarily focused on the need to address people trafficking and border control, but is also required to meet the needs and uphold the rights of asylum seekers arriving in Australia. The community detention program itself has the paradoxical requirement of enhancing the wellbeing of people in a relatively normalised living environment while also functioning as a detention regime. A further tension is the requirement to provide services and supports to this population commensurate with, but not exceeding, those provided to permanent residents of Australia, whereas the needs of this population may differ from those of Australian service users.

The community detention program has faced a number of challenges in its implementation since the decision to expand it in July 2010. These have included:

- a large scale ramping up of the program with the associated need to rapidly develop policies and procedures to facilitate program operation
- rapid changes of the demography of clients
- changes in the contracting processes
- changes in the broader policy relating to asylum seekers.
- difficulties accessing appropriate housing at reasonable cost in the areas most suitable for community detention clients (ie accessible to their own communities and to services and facilities)

7.2 Summary of findings

As the program has become bigger and more significant, it has also grown more complex in both its governance and delivery. These changes have
improved the quality of the program but have also created other challenges particularly relating to consistency of service provision, communication between and within agencies and efficiency of decision making processes.

Many of the changes have been responses to inefficiencies and inequities which emerged in the early stages of implementation of the program. Despite the challenges and changes, the program has achieved its goals and appears to be providing a good service to most clients.

The particular advantages of community detention appear to be:

- a far more ‘natural’ environment for children, young people, vulnerable adults and families than held detention
- for parents a return to relatively ‘normal’ family life and the authority to make decisions on behalf of their children
- not having to live in close quarters with others who are angry or distressed
- freedom to choose who to associate with and to have private time when necessary
- greater access to community members (for most) and to community facilities
- opportunities for clients to familiarise themselves with Australian life and Australians in a range of informal situations

Some of the most significant determinants of clients’ wellbeing are beyond the ambit of the program itself (in particular status resolution and concerns about family), and therefore the capacity of the program to impact on wellbeing is rather limited. Nevertheless it was apparent that effective service provision, in particular good quality caseworkers, could mitigate many of the challenges faced by community detention clients.

There are a number of areas identified in this report where improvements could be made to the program. Broadly these are:

- communication
- decision making processes
- resources/facilities
- support
- meaningful activities

There are also processes which could build on current data collection processes and which could facilitate improved ongoing monitoring of the program’s effectiveness.
7.3 Potential areas for improvement

The first two areas of potential improvement – communication and decision making - were of greater concern, having been identified as challenges for the program by the vast majority of participants (clients as well as stakeholders). The evaluation findings in relation to resources and supports indicate that most clients are provided for and supported adequately but that resources and support systems could be better tailored to meet the needs of individual clients, especially those who are most vulnerable.

Communication

The evaluation found that there continue to be communication challenges in the community detention program, although there were indications that these had been somewhat improved over the course of the evaluation. Barriers to successful communication such as language difficulties, mis-aligned expectations and anxiety about the status determination process all contribute to clients’ perceptions differing from those of service providers and DIAC staff. Although DIAC case managers attempt to provide clients with as much information as possible, these efforts have not always resulted in clients understanding the processes to which they are subject. Communication was found to be particularly important around the transition phases into and out of the program and also relating to immigration status decisions. It is important that clients are fully informed of decisions about their progress; where they are going to be placed, what supports will be available and what resources will be available to them. Equally important is that clients need to be told the rationale for decisions. The seemingly arbitrary nature (to clients) of many of the decisions was a source of distress for clients (as well as a challenge for service providers), and although there will always be situations in which clients do not get their preferred outcome (eg in location of their accommodation or the people they will be sharing with them) it is important they are told why specific decisions have been made about them. Similarly when a decision is made to exit clients from the community detention program (to go onto a BVE or settlement or to return a client to the country of origin) the practicalities of the decision should be communicated as clearly as possible. Ideally communication should be tailored to the needs of the individual (for example, in their own language and verbally if they have poor literacy skills).

Although DIAC attempts to provide clients with as much clear and concise information as possible, the messages still appear not to be getting through to a number of clients. The evaluation suggests that DIAC continues to investigate ways to improve their communication with clients so that clients understand better the situation they are in. It is also important to note that
conveying complex and sensitive messages to vulnerable clients is known to be a very challenging task (Kessels, 2003).

The short timescales between being informed of transition into and out of the program also created difficulties for clients as well as service providers. If possible the current timescales should be lengthened to give clients and service providers more time to prepare for these transitions.

An important finding from the evaluation is that clients’ perspectives of the services offered were somewhat dependent on their expectations and previous experience, both in their home countries and also in held detention. It is therefore important that clients are briefed about the way Australian services are configured and how they are accessed, so that clients do not have unrealistic expectations about housing, services, financial support, etc.

Adequacy of resources

Most of the participants in this evaluation (but not all) believed that the financial and housing provision for community detention clients is just about adequate to meet their needs. However, those clients who have additional needs find it very difficult to manage within the available resources. Additional needs include disability, illness and age, but also travel to family members or community, travel to services and English classes and telephone costs for contacting family in their home country.

Housing appears to be adequate for most people but there are examples of very poor housing being provided. It is clearly the responsibility of the service provider to ensure that community detention clients are housed appropriately. Service providers are faced with the difficulty of on the one hand being able to find housing quickly for groups of clients with specific needs, and on the other hand managing their estate efficiently so that they do not have empty housing for extended periods. This issue (along with a number of others raised here) could be somewhat ameliorated with improved assessment, communication and longer lead in times for people entering and exiting the community detention program.

Although the access to English lessons has improved considerably over the past year, it appears that English lessons are still not meeting the needs of a number of clients as they are not tailored for their particular needs. However, providing adequate lessons is very challenging because of the geographical dispersion, different levels of proficiency and availability of community detention clients. This issue could potentially be resolved if community detention clients had access to a wider range of English lessons provided in the community, and DIAC should consider whether such access could be widened without compromising other groups who may wish to access these lessons.
8 A note on mental health and wellbeing

The finding that the wellbeing of community detention clients tends to deteriorate after some time in detention is consistent with all the research on held detention and on institutionalization. The findings indicate that although the wellbeing of people in community detention deteriorates over time, mainly driven by insecurity of their status and by concerns about their family, this appears to be less pronounced in community detention than in held detention. Like other stages in the processing of IMAs and other detainees, community detention clients appear to go through a pattern of initial elation followed by accommodating to their new reality and then eventual demoralisation if they do not get visas after an extended period. Transparent communication, good assessment, good casework support and opportunities for meaningful participation appear to further mitigate these outcomes.
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Appendix A  Methodology

Overall approach

The core of the methodology for this evaluation involved qualitative face to face individual and group consultations with people in Community Detention, supplemented by interviews with service providers and other stakeholders of the program. Program guidelines and administrative data were examined to give context to the qualitative findings.

The evaluation included:

- interviews with policy makers, program managers and other stakeholders
- two rounds of interviews with service providers
- two rounds of interviews and consultations with clients of community detention
- an examination of program data and documentation

In addition to the above data collection, interviews with service provider managers were conducted by Colmar Brunton Social Research (CBSR). The results of these interviews have been combined with findings from interviews conducted by the research team at UNSW and included in this report (see below).

Timelines

Fieldwork for this evaluation was carried out between August 2011 and December 2012:

- November – February, CRR first round
- August – November, CRR second round
- December – CBSR interviews

Examination of information flows and data from the program

This component of the evaluation was conducted in the second half of 2011 and involved an examination of the data fields which were at that time collected by DIAC as part of program monitoring. The evaluation was also tasked with proposing a process for improving program monitoring, in particular as it relates to monitoring the effectiveness of the program for facilitating the wellbeing of people in CD.
Research with CD clients

Consultations and interviews with people in community detention were conducted by the Centre for Refugee Research (CRR) at UNSW. The methodology for these consultations and interviews is based on a methodology developed over several years of research with refugee and vulnerable populations in Australia and in countries around the world.

Research with people living in community detention was conducted by CRR in two rounds of field work. The first round was completed between November 2011 and February 2012, and the second round between August and November 2012. The researchers drew on mixed methodologies to address the evaluation questions and to respond to recruitment and logistical challenges arising during the evaluation. Methodologies included reciprocal research consultations, semi-structured in-depth interviews and focus groups.

Overview of research methods

Reciprocal research consultations

CRR has developed a reciprocal research consultation method for working with vulnerable populations, that has been used extensively in Australian and international research projects.

The methodology was developed in close collaboration with refugee groups (Pittaway and Bartolomei, 2009). It seeks to ensure an approach that is ethical and enables genuine informed consent (Mackenzie et al, 2007), and that has some reciprocal benefit for participants (Pittaway et al, 2010). Refugees are understandably suspicious of research and enquiry into their circumstances and by providing genuine reciprocity this method is much more likely than conventional research methods to engage the trust and support of participants and therefore to elicit responses which are full and accurate.

The research methodology is comprised of a number of activities that can be adapted according to group needs and responses. Together these techniques establish a framework for sharing and analysis of information by participants. Key elements for the methodology include (but are not limited to) negotiating a confidentiality framework, building group trust, participant training, story circles and storyboarding.

This methodology allows participants to raise diverse issues in a safe environment, and the facilitator to check that they have fully and correctly understood the issues. It also allows the facilitator to ascertain whether issues and experiences raised are shared across the group or are irregular or
isolated events. The methodology often uncovers information that has not previously been shared by participants.

The methodology has been used in research partnerships with United Nations High Commissioner for Refugees (eg UNHCR 2007, UNHCR 2011), Australian service providers (eg Doney and Pittaway 2010, Doney and Eckert 2010) and community based organisations both in Australia and internationally (eg Pittaway, Muli & Steir 2010, Karen Women’s Organisation 2004 and 2007).

In the first round of fieldwork with people in community detention, two consultations were conducted with adults in community detention, one with unaccompanied minors, and two with service providers. In the second round, one consultation with people in community detention and one consultation with service providers were conducted. Recruitment and logistic challenges in the second round of fieldwork necessitated increased reliance on interviews and focus groups for data collection.

In depth semi-structured interviews

Semi-structured interviews were conducted with community detention residents in both rounds of fieldwork. In the first round of client fieldwork, interviews were conducted with people who were unable to join a consultation due to language differences or lack of child-care. During the second round, individual interviews took place with approximately one third of participants.

Interviews were conducted face-to-face in local service providers’ premises or in participants’ homes, according to client preference. A small number of interviews were conducted by telephone.

An interview schedule addressing key aspects of the evaluation questions was used to guide the interviews. While this provided structure and direction, the nature of semi-structured interviews is that they allow the participant and the interviewer to follow issues of most importance to the person being interviewed. In several interviews the participant chose to share information on an issue not directly related to the evaluation questions, but which provided important background context to their experiences in Australia. This approach allowed the researchers to gain a fuller understanding of factors contributing to participants’ overall response to their current situation in detention.

Most interviews were around 90 - 120 minutes duration.

In both rounds of data collection by CRR semi-structured interviews were conducted with service providers.
Focus groups

Focus groups are a small group interview that engages group interaction as part of the research methodology. Participants are facilitated to exchange information and compare experiences, utilising group processes to explore and clarify views in ways that may be less accessible in a one to one interview (Kitzinger, 1994). For this evaluation, the researchers prepared a series of open-ended questions as a basis for participants to explore issues related to community detention, guiding the discussion and group interaction to gain insight into issues of importance to the focus group participants.

Focus groups were conducted in the second round of fieldwork with caseworkers, unaccompanied minors, and bridging visa holders who recently exited from CD. Focus groups ranged between two and four hours.

Interpretation and documentation

Interpreters were used for all consultations and interviews. Interpreters were accessed through OnCall or TIS, through the researchers’ network of experienced interpreters or through recommendations to the research team by local service providers. TIS was not accessible for the duration of the second round of data collection, which service providers reported had some impacts on participant recruitment due to reduced access to interpreters.

The researchers carefully monitor group dynamics and participant and interpreter behaviour to ensure effective interpretation. Two of the reciprocal research consultations were conducted in two languages. For these consultations, a strategy to achieve simultaneous translation was negotiated with participants and interpreters and was successfully implemented.

Verbatim documentation of the research consultation or interview commences once the explicit consent of participants has been obtained for this. If consented to by participants, an audio recording is used to cross-check the typed transcript; the recording is deleted once cross-checking has been completed. All transcripts and file names are de-identified.

Recruitment of participants

Recruitment process

For the first round of data collection, participants were recruited from Red Cross’ direct client group in NSW, and from the client base of Red Cross and their partner agencies in Victoria. In the second round participants were
again recruited from amongst Red Cross’ clients, as well as from the client base of Salvation Army, Jesuit Refugee Services (JRS) and Marist Youth in NSW and Australian Multicultural Education Services (AMES) in Victoria.

During the first round, a recruitment process was negotiated with Red Cross NSW and Victoria staff. Potential consultation dates, locations and language groups were selected in liaison with Red Cross, using de-identified demographic data provided by DIAC, and Red Cross’ knowledge of clients currently in their program. A total of around 30 participants for each consultation were anticipated, with agreement to invite up to 50 participants to achieve this total.

Specific client information available to Red Cross was not shared with the research team but was used by the service provider to identify a cross section of potential participants for each of the planned consultations. Potential participants were provided with written information about the research and consultation process, including a translated invitation letter and “question and answer” document that outlined key aspects of the research and consultation process.

Clients were then contacted by a nominated Red Cross staff member (case manager or senior case manager) to ascertain the clients’ understanding of the documentation and willingness to participate, and to identify needs in relation to facilitating their participation. Staff were briefed by CRR or their management team to ensure that potential participants were aware that their involvement would be confidential, voluntary, and would not have any bearing on their status determination, their relationship with the worker or the agency, or the continuation of services to them.

During the second round of fieldwork, the same process was agreed with Red Cross staff in the initial planning for consultations, but recruitment from Red Cross’ client group faced several challenges. This necessitated recruitment of clients from other Community Detention service providers, which followed the same recruitment strategy as agreed with Red Cross.

**Recruitment challenges, first round**

For the first round of data collection, participant numbers were smaller than the sample size agreed with Red Cross (three consultations, with up to 30 people in each consultation). Factors that contributed to the smaller sample size included:

- client reluctance to participate due to concerns about what the consultations were for and how information would be used
- individual case managers not having a complete understanding of the research or their role in the recruitment of participants
the lack of space for child care at one of the consultation locations, which may have contributed to no family representatives attending this consultation

the absence of a key Red Cross organiser in the week of one of the planned consultations.

Notwithstanding the smaller than anticipated participant cohort, the consultations and interviews provided substantial and rich data, enabling analysis and reporting of participants’ perspectives of community detention.

While all major groups of CD clients were represented in the first stage of data collection, the researchers recommended greater representation in the second round of the following participant groups:

Families in community detention with school age children

Women, as those who participated in the first round were in the company of their partners or other men from their communities, so were less likely to disclose gender issues in community detention

Unaccompanied minors who have been in the program for at least 6 months

Recruitment challenges, second round

The second round of data collection with people in community detention encountered similar and additional challenges to participant recruitment.

- client reluctance to participate due to concerns about what the consultations were for and how information would be used.
- the timing of approval from DIAC’s research office to proceed with the next round of data collection (received end of June 2012) coincided with a policy change that saw large scale transfer of clients from community detention to bridging visas. This resulted in a very busy period for service providers as they supported clients exiting community detention while also accepting new clients into the CD program. The significant additional work required to support recruitment for the research interviews was not possible at this time. In addition, clients of the program are very busy in their early stage of transition to the community, and as new arrivals to the program may have been less likely to participate.
- the Red Cross’ Research Office had only recently learned that this evaluation was being conducted26, and took additional

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26 While the Red Cross had been involved in the first round of client consultations, this had not involved the Research Office.
steps to ensure Red Cross’ duty of care to clients was upheld in the recruitment process, in particular to ensure avoidance of any potential for coercion. While Red Cross’ and the researchers’ approach to research ethics are closely aligned, and the research office and the researchers worked together to progress the evaluation, there was some delay in data collection and reduction of participant numbers from Red Cross.

- the Red Cross Research office advised that several concurrent research projects with community detention clients were being conducted, potentially resulting in over-research of a relatively small number of Red Cross clients, and client and caseworker recruitment fatigue.

These factors necessitated changes to the methodological approach (more individual interviews and fewer group consultations); recruitment of participants from a larger number of service providers; and extension of the research cohort to include direct-care workers participating in interviews, focus groups and research consultations focusing on client outcomes in the program.

These challenges and consequent methodological and recruitment changes resulted in delays to the data collection period. However, they also resulted in the collection of rich data that provided the opportunity for comparison of stakeholder and client information, and of new and longer-term clients of the program. It also resulted in a wider range of service providers being engaged in participant recruitment and in contributing to the research data.

Sample size and client demographics

A total of 105 asylum seekers and 82 service providers participated in the research for this evaluation, in two rounds of fieldwork. The CRR conducted all of the client interviews and 54 service provider interviews, while the SPRC and Colmar Brunton conducted 21 service provider interviews and 7 stakeholder consultations. Two participants in both stages of CRR data collection.

Data collection with community detention clients

First round of data collection with community detention clients

The first round of data collection in Sydney and Melbourne involved three group consultations (total 39 participants from three different ethnic/language groups; Hazaraghi, Dari and Tamil) and four interviews (total six participants from Tamil and Hazaraghi language groups).
The consultations and interviews included a mix of clients including males and females, male unaccompanied minors, members of vulnerable families, single women, single men, and married men whose families are not with them in Australia (‘separated men’)

Consultation 1: two-day consultation with family members and single women (13 participants from two language groups)

Consultation 2: two-day consultation with unaccompanied minors (14 participants from one language group)

Consultation 3: one-day consultation with separated men (six participants from two language groups)

Four interviews conducted concurrent with Consultation 3 (6 participants - 5 from one language group and one from another group: a married couple, one unaccompanied minor, 2 single men and one separated man)

Although Consultation 3 was initially planned as a consultation with families, all participants were separated or single men, in part due to the lack of childcare at this location. This consultation was renegotiated and adapted to a one-day consultation to accommodate participant attendance at English classes which had very recently commenced through a local partner agency, one day of which coincided with the scheduled consultation. Notwithstanding the shortened timeframe for this consultation and evident mental health issues in this group, the participants worked over a long day and provided invaluable analysis of their experiences of community detention.

Four in-depth interviews were conducted in parallel with consultation 3. A telephone interpreter was used for the interviews. Although not formally planned for this stage of the research, interviews were offered to participants who wanted to contribute to the research but for reasons of language difference, lack of childcare or other constraints were unable to participate in a group consultation.

27 ‘Separated men’ is the term used in this report to refer to men in Australia with dependent partners and children in their home country or elsewhere. Although they may be identified as ‘single men’ on entry to Australia, they do not self-identify in this way, with their family status a critical part of their identity: “I have children, wife, mother, brother, sister . . . Back home I have family.” [Separated male]
Second round of data collection with community detention clients

The second round of data collection in Sydney and Melbourne involved 18 interviews (total 22 participants from six language groups), one group consultation (total 29 participants from two language groups) and 3 focus groups (total 17 participants from 3 language groups).

**Interviews**: 18 in-depth interviews with 22 participants (4 interviews were with couples)

**Consultation**: one-day consultation with 29 participants - family members, single women and single men. The consultation was divided into a separate men’s and women’s group with the consent of participants (15 male and 14 female participants).

**Focus group** with unaccompanied minors: (two four-hour focus groups with 5 and 4 participants respectively). Participants were from the same country of origin but spoke different first languages)

**Focus group** with bridging visa holders: (8 participants from one language group)

<table>
<thead>
<tr>
<th>Table 8-1</th>
<th>Client participants by family type</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Single no children</td>
</tr>
<tr>
<td></td>
<td>M</td>
</tr>
<tr>
<td>1st round</td>
<td>2</td>
</tr>
<tr>
<td>2nd round</td>
<td>4</td>
</tr>
<tr>
<td>Total</td>
<td>6</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Table 8-2</th>
<th>Client participants by language group</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Hazaragi / Dari</td>
</tr>
<tr>
<td>1st round</td>
<td>20</td>
</tr>
<tr>
<td></td>
<td>Male</td>
</tr>
<tr>
<td>-----------</td>
<td>------</td>
</tr>
<tr>
<td></td>
<td>0-17</td>
</tr>
<tr>
<td>1st round</td>
<td>15</td>
</tr>
<tr>
<td>2nd round</td>
<td>10</td>
</tr>
<tr>
<td>totals</td>
<td>25</td>
</tr>
</tbody>
</table>

Table 8-3 Client participants by approximate age and gender
Table 8-4 Client participants by months in held detention prior to CD placement

<table>
<thead>
<tr>
<th></th>
<th>Adults in family group (parent or adult child)</th>
<th>Unaccompanied minors</th>
<th>Adults without accompanying dependents (incl. married couples)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>&lt; 3</td>
<td>3-6</td>
<td>6-12</td>
</tr>
<tr>
<td>R1</td>
<td>2</td>
<td>0</td>
<td>4</td>
</tr>
<tr>
<td>R2</td>
<td>5</td>
<td>12</td>
<td>8</td>
</tr>
<tr>
<td>Total</td>
<td>7</td>
<td>12</td>
<td>12</td>
</tr>
</tbody>
</table>

Note nd= Not Disclosed

Table 8-5 Client participants by visa status at time of research participation

<table>
<thead>
<tr>
<th>Status</th>
<th>Community detention</th>
<th>Bridging visa (post CD)</th>
<th>Permanent visa granted</th>
<th>Other</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>1st round</td>
<td>38</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>39</td>
</tr>
<tr>
<td>2nd round</td>
<td>45</td>
<td>15</td>
<td>7</td>
<td>1</td>
<td>68</td>
</tr>
<tr>
<td>Total</td>
<td>83</td>
<td>15</td>
<td>8</td>
<td>1</td>
<td>107</td>
</tr>
</tbody>
</table>

Ethical issues

Researchers ensured all participants were well informed about the aims and purpose of the consultation, including how information from consultations and interviews would be compiled (without any identifying information) in reports to DIAC.

Participants were provided with the option to discontinue their involvement both at the commencement and at the conclusion of each consultation or interview. All participants were provided with phone contacts and email addresses for the research team, in the event that they wanted to subsequently withdraw information shared during any consultation or
interview. In addition, all participants were given a translated Information and Consent Form, which includes a formal revocation of consent.

Participants were reimbursed public transport costs to attend the consultation, and provided with a $30 voucher as reimbursement for other expenses and as a gesture of thanks for their participation.

**Interviews with service providers and other stakeholders**

Three rounds of interviews were conducted with service providers and key stakeholders for this evaluation, and the findings also draw from a further round of interviews with service providers and stakeholders conducted by CBSR. Interviews were largely conducted by telephone. Each phase of these interviews used slightly different recruitment processes and covered slightly different topics. The rationale for this is that each phase of data collection built on the previous phase, filling in gaps and exploring relevant issues in more depth. Topics also emerged as the program itself developed.

**Round 1: Service provider and stakeholder interviews (conducted by SPRC)**

Fieldwork for the first phase of the evaluation involved telephone consultations with a range of key stakeholders and service providers of the CD program. In total 21 stakeholders took part in 16 telephone interviews (see table 1-6 below).

All subcontracted service agencies interviewed for this report were located in states, Victoria and New South Wales, where the majority of UAMs have been placed. Overall, this round of stakeholder interviews provided more detailed insights and information on UAMs in community detention than on vulnerable family groups. The on-going evaluation process and data collection has addressed this imbalance, with further service provider and stakeholder consultations later in the evaluation.

<table>
<thead>
<tr>
<th>Table 8-6 Stakeholder interviews (July-August 2011)</th>
<th>Participants interviewed</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Role in the study</th>
<th>Participants</th>
</tr>
</thead>
<tbody>
<tr>
<td>Service provider staff (ARC) case workers)</td>
<td>1</td>
</tr>
<tr>
<td>Management staff (ARC)</td>
<td>5</td>
</tr>
<tr>
<td>Subcontracted agencies management staff</td>
<td>7</td>
</tr>
<tr>
<td>Service provider staff (subcontracted case workers)</td>
<td>3</td>
</tr>
<tr>
<td>DIAC department staff</td>
<td>4</td>
</tr>
<tr>
<td>Advocacy body representative</td>
<td>1</td>
</tr>
<tr>
<td><strong>Total number of participants</strong></td>
<td><strong>21</strong></td>
</tr>
</tbody>
</table>

*Round 1 service provider and stakeholder interviews (conducted by CRR)*

During the first round of data collection, two one-day consultations were held with 22 Red Cross and partner agency staff, one in Sydney (8 Red Cross staff) and one in Melbourne (14 Red Cross Victoria, RC National office and RC partner staff). These consultations were conducted to:

- capture the experiences of the community detention program from a range of client care and supervisory staff not covered in the Interviews conducted by SPRC
- familiarise staff who may be involved in recruitment or support of research participants with the research methodology and the research project overall
- build relationships between the research team and Red Cross staff to enable effective cooperation and coordination for the research
- inform the research team of issues in the delivery of services and support to clients of the community detention program that could then be explored from the client perspective in consultations or interviews

In Sydney, staff participants included Red Cross caseworkers and senior case workers. In Melbourne participants included Red Cross case managers, national office representatives and partner staff from Wesley, AMES and Life without Barriers. The data from these consultations was not included in the Second Interim Report, but has been analysed with all other data for this report.

*Second round of data collection with community detention service providers*
During the second round of fieldwork 32 service provider stakeholders participated in the evaluation. Stakeholders included caseworkers, case managers (responsible for overseeing more junior case managers or clients of partner agencies) and torture and trauma counsellors who have direct contact with clients of the community detention program. Participants included staff from Red Cross, AMES, Foundation House, STARTTS, Jesuit Refugee Service, Salvation Army and Marist Youth Care. Data collection included in-depth interviews (8 participants), focus groups (20 participants in 2 focus groups), and a one-day consultation (4 participants). Data collection for all methodologies focused on service provider perspectives of client wellbeing and outcomes in community detention.

<table>
<thead>
<tr>
<th>Table 1-7 Stakeholders consulted by CRR</th>
<th>Participants</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Round 1</strong></td>
<td></td>
</tr>
<tr>
<td>Caseworkers and direct care workers</td>
<td>13</td>
</tr>
<tr>
<td>Caseworker supervisory/management staff</td>
<td>6</td>
</tr>
<tr>
<td>Red Cross head office personnel</td>
<td>3</td>
</tr>
<tr>
<td><strong>Round 2</strong></td>
<td></td>
</tr>
<tr>
<td>Caseworkers and direct care workers</td>
<td>10</td>
</tr>
<tr>
<td>Caseworker supervisors/managers</td>
<td>3</td>
</tr>
<tr>
<td>UAM careworker supervisors/managers</td>
<td>2</td>
</tr>
<tr>
<td>Torture and trauma service providers</td>
<td>17</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>54</strong></td>
</tr>
</tbody>
</table>

Additional interviews conducted by CBSR
CBSR conducted seven interviews with service providers and stakeholders of the Community Detention Program. Stakeholders represented a number of organisations service providers and DIAC stakeholders.

Thus the total number of stakeholders interviewed for this evaluation was 82.

**Evaluation changes and challenges**

Although this evaluation has sought to provide a comprehensive picture of the CD program and its operations it has a number of limitations which should be noted. The main limitation has been that the fieldwork was carried out only in NSW and Victoria. A further limitation is that because of the rapidly changing nature of the program, some of the data collected in the earlier phases of the evaluation had become out of date by the time the evaluation was completed. This limitation applies mainly to issues of program administration and structure, and has been addressed by further stakeholder interviews in the latter stages of the fieldwork.

The methodology for this evaluation did not allow the analysis to disaggregate the contribution of the various factors to clients’ wellbeing (and it is very likely that these issues differ from client to client), nor to ascertain the specific contribution of CD in exacerbating or mitigating mental health problems or overall wellbeing of clients.

Firstly the evaluation has not directly compared clients from different detention regimes (other than by asking the views of clients themselves and service providers), nor have we compared outcomes for clients in CD with those on BVs or those who have arrived as part of the humanitarian program.

Secondly the nature of the program itself means that people in CD are not directly comparable to those in held detention or on BV-Es; people are not randomly allocated to these various conditions but are placed in CD or given bridging visas because those are considered to be the most appropriate responses for their needs or because they fall into specific categories.

Because the primary methodology for the evaluation involved consultations and interviews with people in CD, the findings relate primarily to how clients experience the program and how various aspects of the program impact on their wellbeing. There is relatively limited information about aspects of program implementation which do not directly affect clients, such as contracting arrangements, workforce issues and broader policy questions relating to the roll out of the CD program and its interface with other programs and policies.
Appendix B  Immigration Detention Facilities

For the purposes of this evaluation, it is important to recognise the distinction between the different forms and sites of detention. Government policy states that “children, including juvenile foreign fishers and, where possible, their families, will not be detained in an immigration detention centre (DIAC, 2010b); upon announcing this policy in 2008, the Government acknowledged a need for clarification about the definition of detention under the Migration Act (Evans, 29 July 2008). An immigration detention centre (IDC) is only one of a number of types of detention programs currently in use. The detention arrangements currently in use are:

- Immigration detention centres (IDC): high security closed facilities used to detain adults generally for prolonged periods of time. Clients are not at liberty to come and go, and if clients make trips outside these facilities they are escorted. The centres are surrounded by high wire fencing; clients are under camera surveillance and security guards are stationed around the facilities (AHRC, 2008, 2011b; DIAC, 2011b).

- Immigration residential housing (IRH): low security closed domestic-style detention facilities. Clients are not at liberty to come and go, however are allowed escorted excursions outside the facility for recreation and shopping. The facilities are monitored by security cameras and alarm systems (AHRC, 2008, 2011a; DIAC, 2011a, 2011b).

- Immigration transit accommodation (ITA): low security closed detention facilities designed to provide hostel-style accommodation. Clients are generally housed in single or two-bed rooms and have access to a common room and recreational facilities. Dependent on the facility, people in ITA may have access to cooking facilities. Clients are not normally provided with access to external excursions or home visits. These facilities have perimeter alarms along the fence line (AHRC, 2008, 2011a; DIAC, 2011b).

- Alternative places of detention (APOD): these are either low security facilities classified as alternative places of detention that have usually been made available through arrangements with other government departments. Alternatively they are other designated places of detention such as correctional centres, hospitals, rented accommodation, hotels, psychiatric facilities or foster care arrangements. Security is dependent on the type of
accommodation, however clients are supervised and are not free to come and go (AHRC, 2011a; DIAC, 2011d).

- Community detention (CD): designated housing in the community with no security measures, in which clients are free to come and go from the residence and are not under physical supervision albeit they need to reside at a specified address. People in community detention are able to do their own grocery shopping, prepare their own meals and engage with others in the community and attend school if of school age. They are required to report to DIAC regularly and adults are not allowed to engage in paid work or vocational study (AHRC, 2008, 2011a; DIAC, 2010b; 2011c).

Although the Community Detention program provides for children and vulnerable families to reside in the community without needing to be escorted (DIAC, 2011c), implying that they are placed in community detention, this does not mean that community detention is the only detention option for children and vulnerable families. Under current policy, children may be accommodated in immigration residence housing (IRH), immigration transit accommodation (ITA) and community detention or alternative places of detention (APOD) (DIAC, 2010b).