



DRIVERS AND SUCCESS FACTORS IN REGIONAL REFUGEE SETTLEMENT

A PROJECT OF THE VICTORIAN SETTLEMENT PLANNING COMMITTEE
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INTRODUCTION:

This report aims to identify the drivers and success factors of regional settlement in Victoria, in order to develop a best-practice model for regional settlement. The report, compiled by the Department of Immigration and Citizenship (DIAC) Victoria, is a summary of the findings of several key reports that were published during the past three years and which are in the public domain. These key reports were:

1. DIAC (2006 – 07), *Regional Settlement in Australia – Research into the settlement experience of humanitarian entrants in regional Australia*, DIAC, Canberra.
2. Broadbent R., Cacciattolo M. & Carpenter C. (2007), *The Relocation of Refugees from Melbourne to Regional Victoria – A Comparative Evaluation in Swan Hill and Warrnambool*, VicHealth and Victoria University, Melbourne.
3. McDonald B., Gifford S., Webster K. and Wiseman J. (2008), *Refugee Resettlement in Regional and Rural Victoria: Impacts and Policy Issues*, VicHealth, Melbourne.
4. Institute of Community Engagement and Policy Alternatives (ICEPA) – Victoria University (2005), *Cultural Diversity and Economic Development in Four Regional Australian Communities*, Department of Transport and Regional Services (DOTARS), Canberra.

This report is a generic summary of the various drivers of regional settlement and the general factors which have contributed to making the settlement successful for both the host community and the new arrivals. Specific examples from different locations in Victoria have been used to illustrate.

DRIVERS:

- **Employment:** The availability of unskilled and semi-skilled labour in regional areas has been a significant pull factor for humanitarian entrants relocating to regional areas. This has often been “promoted to them by rural employers such as abattoirs... through Melbourne based employment services” (McDonald B., Gifford S., Webster K. and Wiseman J. [2008] p. 16). For example, secondary migration to Colac and Wonthaggi occurred after the local meat works employed a number of Sudanese workers.
- **Relocation programs:** Programs initiated to fill local labour shortages and to increase and diversify the local population so as to revitalise their town/region’s economy and social capital have resulted in the relocation of refugees to regional areas. A key example is Warrnambool City Council’s Refugee Relocation program. Also, the Horn of African Communities Network worked in partnership with Murray Mallee Training Group in Swan Hill to link unemployed Horn of Africa refugees/migrants in Melbourne with regional employment opportunities. Both relocation programs were developed in 2003.

- **Cost of living:** The comparatively low cost of living in regional areas has prompted refugees to relocate from metropolitan areas to access a more affordable lifestyle. In particular, reasonably priced private housing that is close to services and employment opportunities, which in turn may reduce transport costs.
- **Public housing availability:** Public housing waiting lists in some regional areas were shorter in comparison to metropolitan areas, prompting the secondary movement of refugees to access this greater availability of public housing. For example, this occurred when a large number of Sudanese families (particularly families with women as the head of household) relocated to Morwell in Gippsland.
- **Country lifestyle:** The more peaceful, quiet, and family-oriented lifestyle in regional areas combined with the perception that there are fewer negative social pressures such as drug abuse and youth peer pressure (McDonald et al [2008]) in regional areas has been a driver of secondary migration. This was cited as a factor in the decision made by Sudanese families who relocated to Warrnambool, and some Iraqi families who relocated to Shepparton.
- **Family/other social connections:** The presence of family, friends or members of the same ethnic and/or religious community is a key driver of regional settlement. For example, Iraqi Shia in Shepparton, Sudanese in Warrnambool, Horn of Africa communities in Swan Hill. This includes dependants/relatives/friends who moved from Melbourne or who were sponsored from overseas.
- **Financial assistance for relocation:** Warrnambool City Council's relocation packages of up to \$10,000 (including two months' rent, bond, utility connection costs and transport costs) offered to prospective families allowed families to relocate without the associated financial burden.
- **DIAC planned settlement for unlinked refugees:** DIAC identified Congolese families meeting certain demographic criteria to settle in the Shepparton Regional Humanitarian Settlement Pilot. This project resulted in the direct settlement of 10 refugee families to Shepparton between 2005 – 2006.

The McDonald et al [2008] report p. 18 – 22 outlines relevant Australian and Victorian government programs and policies aimed at supporting and promoting refugee settlement and regional communities, as well as policies designed to foster cross cultural tolerance and understanding. These initiatives have helped regional Victoria to understand the advantages of cultural diversity in boosting rather than hindering their social and economic capital.

SUCCESS FACTORS:

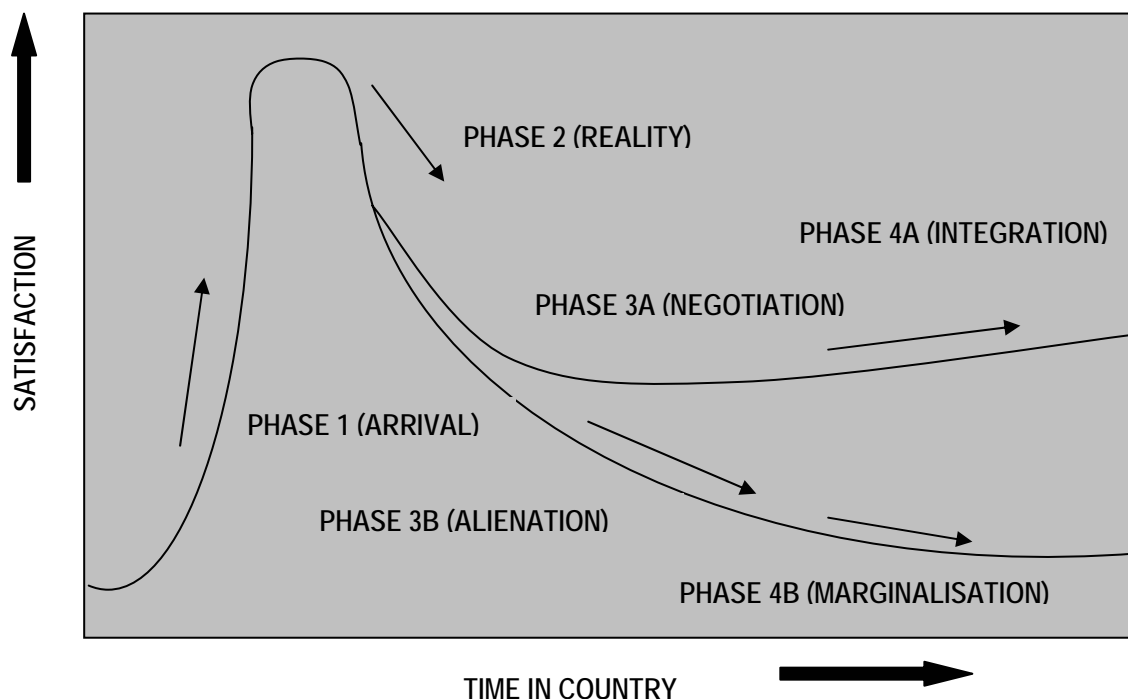
Various initiatives and strategies have assisted regional settlement to be successful for both the host community and the new overseas-born settlers.

- **Adequate, early, flexible and responsive needs identification and planning by and for the host community.** This planning needs to include DIAC, service providers, local government, educational providers (including English language teaching resources), health providers, Centrelink, police, volunteers, service clubs, religious representatives and ethnic community representatives. The planning needs to include:
 - **Having prior knowledge of the demographic composition of the new arrivals** (including age groups, language/s known and preferred, cultural and religious background/s and practices, family composition, amount of time spent in refugee camps and in Australia, health issues including those potentially resulting from torture and trauma, educational and employment backgrounds, and reasons for coming to live in the regional/rural area);
 - **Pre-relocation tours to enable the prospective new arrivals to learn about the host community** including employment and housing opportunities;
 - **Acknowledging the refugees' potentially positive attributes** such as resilience, motivation, and willingness and capacity to contribute to the host community's social and economic capital (including cultural diversity) – rather than just focussing on settlement problems;
 - **Consulting the new arrivals** about their experiences, needs and expectations. This, coupled with consulting the host community including service providers, fosters a community development approach rather than what McDonald et al (2008) refers to as a "charity approach". It also treats the newcomers as equal partners in the new community.
 - **Identifying, consulting, preparing and training relevant service providers and stakeholders including the local indigenous community and existing migrant and refugee groups.** This includes sourcing and providing cross-cultural information and training on relevant ethnic/religious

customs, the pre-migration experiences of refugees, how to work with interpreters and with refugees as well as an understanding of potential funding sources and support, and offering the indigenous community the opportunity to welcome the newcomers. For example, an important principle in working with refugees is the need to build their trust, as their ability to trust people (particularly from government agencies) may have been affected by torture and other trauma they suffered before coming to Australia.

- **Identifying language services needs and resources, and planning** for funding and provision of language services including bilingual staff;
 - **Identifying health services needs and planning** for funding and provision of health services;
 - **Identifying potential community tensions and opposition** as well as potential community **supporters and advocates**. For example, the local media can be used to present “good news stories” and useful background information about the newcomers.
 - **Clarifying the roles, responsibilities, referral pathways and communication channels** of the various people involved in the planning process as well as in service provision – including volunteers. This is even more important in regional and rural communities where the number of available people may be smaller than in metropolitan communities, their experience in working with refugees may be minimal, and they may have a number of different roles within their community which can make it difficult to distinguish between their “official” roles and responsibilities and their unofficial roles in local networks such as their faith community, sporting club or service club. They may therefore also risk over-servicing and thus “burning themselves out” more easily as well as disempowering the newcomers.
 - **Providing professional support to service providers and volunteers**, such as coordination, training, debriefing and supervision.
- **Recognise and understand that refugee resettlement involves a number of transitions/phases of readjustment** (please see the below graph). How well refugees are able to adjust, including negotiating with and integrating into the wider community, may fluctuate depending on environmental factors as well as the individual’s resilience, resourcefulness and health. Environmental factors include freedom from discrimination and racism; social support such as family, other refugees of the same ethnicity, school friends, volunteer helpers and work colleagues; and access to suitable housing, meaningful employment and income.

PHASES OF REFUGEE ADJUSTMENT



Source: McDonald B., Gifford S., Webster K., and Wiseman J. (2008) p. 26, which adapted it from: CVT 2002, p.25 and CMYI 2006 p. 3.

- **Ongoing evaluation** of client and stakeholder satisfaction and community relations. This in turn must lead to **responsive modification** of community engagement, policies and programs (especially at government level), service delivery and planning resources (including funding), networks and mechanisms. As Broadbent R., Cacciattolo M. and Carpenter C. [(2007) p. 105] states “The real changes and outcomes occur

at the community level, and the key to good policy development is that policy makers listen to the change makers.”

- **A welcoming host community including:**
 - **Local religious groups:** For example, in Colac, Anglican church services in the Nuer language were made available; in Warrnambool, the local Christian churches included Sudanese Muslims in their social events; in Shepparton, both the local churches and religious schools welcomed the Congolese.
 - **Local volunteers** such as AMEP home tutors provide important social links to the wider host community as well as to local services, customs and activities.
- **Flexible service delivery to meet the refugees’ needs** such as childcare, transport and learning English. For example, in Warrnambool, ESL classes were held for Sudanese women at the local swimming pool, where they could breastfeed their babies, where child care was available and which had a café where the women and children could socialise after class.
- **Affordable, suitable and secure housing.** In order to help obtain suitable homes with long term leases, local service providers may need to build strong relationships with local real estate agents and to advocate for their clients’ suitability as tenants despite their possible lack of rental history records.
- **Employment,** particularly the availability of full-time, regular employment which provides reasonable income and clear pathways to skilled jobs. For example, the Catholic Education Office in Shepparton organised traineeships for Congolese teacher assistants.
- **Coordinated and responsive health services, information and referrals.** For example, the Refugee Health Nurse in Warrnambool coordinated medical appointments and vaccinations; the Refugee Health Nurse in Shepparton connected the women with the Country Women’s Association and ran health promotion and education on the importance of diet, especially for children.
- **Critical mass of refugees in order to provide an “anchoring community”.** Whilst none of the reports recommend a specific number of people needed to create a “critical mass”, they suggest that the number of families (ten) selected for relocation to Warrnambool and for initial settlement in Shepparton (Congolese refugees) worked well in enabling the host communities including service providers to develop service delivery models and enabling the refugees themselves to have social support from their own ethnic community.
- **Staggering the number of new arrivals if possible** so that the host community particularly the service providers are not overwhelmed by their initially intensive level of need.
- **Intact family units with young children settled more successfully than single men.** The women and children play an important role in linking the whole family to the rest of the community, for example, by shopping, getting to know the neighbours, taking the children to and from school. Single males (including male heads of household who had left their wives and children back in Melbourne while they tried out the work and lifestyle of the regional/rural location) have been more prone to social isolation. Their long and sometimes changing working hours coupled with transport difficulties have sometimes made it hard for them to attend local AMEP/ESL classes, social and sporting opportunities. Also, they missed their families yet found it too expensive to visit them regularly and to financially support the rural/regional household as well as the one in Melbourne.
- **Long term funding for settlement, education and health services as well as for community education, capacity building and community relations.** For example, the Broadbent et al [(2007) p.107] report recommends a minimum of five years’ support.
- **Creating opportunities for both the host community and the newcomers to participate in community activities** such as multicultural festivals and sports. These enhance both the newcomers’ sense of welcome and social inclusion, and therefore their mental health. They also allow members of the host community to meet individual newcomers and to learn about each others’ cultures and customs, and to celebrate cultural diversity and the newcomers’ skills and contributions. These in turn help to dispel negative stereotypes and thereby aim to reduce discrimination towards the newcomers.

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