

# Refugee Resettlement Services in the Auckland Region: A Study in the Era of COVID 19

**Summary Report** 

November 2020

Dr Annette Mortensen on behalf of RASNZ

# **ACKNOWLEDGEMENTS**

The RASNZ Refugee Resettlement Services in the Auckland Region study ('the Study') was funded by the Lottery Grants Board as part of the Lottery Community Sector Research Programme. We would like to give our sincere thanks to the Lottery Grants Board for their support of this project.

# **EXECUTIVE SUMMARY**

The study describes multiple systemic barriers to former refugee groups receiving adequate and equitable support in New Zealand health, housing, income support, education and social services. Access to services is limited by language and literacy barriers; the erratic use of professional interpreters; digital exclusion; a lack of Cross-cultural competency in services and the failure to recognise former refugees as an equity group and to respond accordingly with additional resources.

Mainstream responsiveness to former refugee communities is marginal and haphazard. There is limited understanding of the unique needs of families from refugee backgrounds reflected in public service strategies and policies and therefore little inclusion and investment in programmes to improve health, mental health, housing, education and socio-economic outcomes. At the level of service provision there is a lack of capacity and capability to meet the complex needs associated with the impact of the refugee experience and adjustment to New Zealand society. As one example, there is a shortfall between unmet mental health need in refugee populations in the Auckland region and the amount of funding received for primary and community-based early intervention programmes. With growing ethnic communities from refugee backgrounds in the Auckland region: navigator roles, language matched health and social services practitioners, access to free interpreting services, and Cross-culturally trauma-informed organisations and staff are needed for services to respond equitably to the communities they serve.

Patterns of hardship have been exacerbated in the time of COVID 19. Former refugees are experiencing job loss and financial difficulties. Government services have shifted support services online and families without access to the internet and to devices are limited in their ability to access the income, housing and social supports they are entitled to.

As this stocktake of refugee service providers shows, support and integration services are largely dependent on a few refugee resettlement organisations, ethnic community organisations and underresourced NGOs. To improve health, education, and socioeconomic outcomes for refugee populations, the New Zealand Refugee Resettlement Strategy framework needs to be aligned to the work programmes of the Ministries of Health, Education, Social Development, and Housing and Urban Development.

# **Purpose**

This study was undertaken by RASNZ to scope service provision for refugee background clients and families in the refugee resettlement, health, mental health, disability, education, housing and social service sectors; identify gaps in services; improve intersectoral collaboration and streamline service provision.

The purpose of the study is to improve service provision for resettled refugee families through better collaboration between refugee resettlement sector NGOs, mainstream organisations and ethnic community organisations. The study questions include the following:

- What services are currently available for people from refugee backgrounds in the Auckland region?
- What, if any, needs are not currently being met?
- How could we achieve better intersectoral collaboration to support refugee background clients and families?

# **Research Scope**

This qualitative research employed a mixed-methods approach involving three stages of data collection including: online semi-structured interviews with 20 key informants (KIs); literature and document review; and social policy analysis.

Study participants included: former refugee community members; staff employed in publicly provided and non-governmental health, education and social service sectors; refugee resettlement NGOs and local body organisations. Online interviews with key informants were carried out between June  $2^{nd}$  and July  $7^{th}$ , 2020.

# **Key Findings**

- Participants in this study identified the lack of strategy and funding to support former refugee families and communities in the post-settlement period in NGO and public service sectors.
- The report highlights the challenges faced by people from refugee backgrounds in a post COVID and increasingly digital era. Multiple barriers are encountered accessing government services online, including limited English language and literacy ability and no access to digital devices or the internet.
- The study findings support the critical role of social workers and navigators in ensuring that clients and families get the services and supports they need
- The report provides recommendations about how public services could be provided in ways that would improve access and quality of service for families from refugee backgrounds.
- The refugee resettlement sector, who provide the core social infrastructure for families and communities on arrival, needs to be sustainably resourced and funded to meet increasing health, mental health, disability, income support, housing and food support needs.
- To support long-term integration, refugee background groups need to be included as an
  equity group in health, mental health, disability, housing, education and social development
  policies and strategies.

# Recommendations

The New Zealand Refugee Resettlement Strategy (INZ, 2012) identifies five integration outcomes which are understood to promote successful settlement in receiving societies. The recommendations which follow are organised under these five categories.

1. Self-sufficiency: all working-age former refugees are in paid work or are supported by a family member in paid work

- 2. Housing: former refugees live independently of government housing assistance in homes that are safe, secure, healthy and affordable
- 3. Education: former refugees' English language skills enable them to participate in education and achieve qualifications, and support them to participate in daily life
- 4. Health and wellbeing: former refugees and their families enjoy healthy, safe and independent lives
- 5. Participation: former refugees actively participate in New Zealand life and have a strong sense of belonging to New Zealand.

# 1. Self Sufficiency

- Resource English Language Training providers for tailored work-based language training to allow former refugees to acquire the language skills needed in specific workplace settings.
- Expand opportunities for mentoring, internship and work experience for former refugees to enable transitioning from tertiary study into the workforce
- Ensure that former refugees are aware of and able to access their entitlements to professional development and support
- Extend Work and Income employment support services such as <u>Red Cross Refugee Services</u>
   <u>Pathways to Employment</u> to asylum seekers, convention refugees and family reunification members
- Families choose to self-settle or move back to Auckland to find work. Refugee resettlement support agencies in Auckland need to be resourced to engage with families who have selfsettlement support needs

### 2. Housing

- Increase the supply of healthy social housing stock for low income families to reduce waiting lists for transition and social housing
- Apply rent controls in general
- Increase social work services for asylum seekers, convention refugees, family reunification members and self-settling families in mainstream, NGO and refugee resettlement sector organisations.
- Foster former refugee community participation in social housing developments to improve housing conditions and to create a sense of place in localities in the Auckland region
- Increase social housing stock for families with disabled family members
- Ensure free language assistance is available to people who need it to successfully interact with HNZ ie to fully understand information and make informed decisions
- Provide cross-cultural trauma informed care training for working with former refugee families for HNZ staff

# 3. Education

- Provide cross- cultural trauma informed care training for working with learners from refugee backgrounds to schools and tertiary organisations across the Auckland region
- Advocate for policy changes to address gaps in education eg eligibility for sponsored family members to student allowances and loans.
- Expand opportunities for online English language learning and make digital learning more accessible
- Deliver English language training on work sites and aligned to local employment contexts
- Provide free English language training to asylum seekers

- Expand the delivery of conversational, entry-level English language support in flexible environments, including co-located child-care
- Ensure free-access computers, printing services, and facilities for scanning and uploading documents are readily accessible in the community in places such as CABs and libraries
- Ensure free professional interpreters are available to parents so that they can communicate with schools and fully understand information provided
- Provide additional support for refugee-background students to undertake and complete degree programmes

# 4. Health and well-being

# **Navigation**

 An increase in the employment of cultural caseworker/navigator roles across primary, secondary and community health and mental health services would improve access and equity for refugee populations. Cultural caseworker/navigator roles have provided effective bridging between health, mental health and disability services and refugee background clients and families. However, few services offer these support roles for the diverse communities served.

### **Cultural and linguistic competency**

- Upskill health and mental health and addiction workforces in cross-cultural trauma Informed Care for refugee background clients and families.
- Upskill health and mental health and addiction workforces in culturally and linguistically competent care
- Improve the competency of mainstream social workers in cross-cultural trauma Informed Care for refugee background clients and families.

### Health education and information

- Develop guidelines for translated health information and education materials in the languages spoken by refugee background communities. Disseminate quality translated health information and education materials on an online platform accessible to health service providers.
- Where possible, it is recommended that resource developers work with language communities to produce resources which are relevant to them rather than translating or interpreting mainstream messaging (CLING, 2020, p.9):

# **Interpreting services**

- Educate health service providers about the availability of free primary and secondary health interpreting services through their DHB Interpreting services
- Upskill health and mental health and addiction workforces in how to use interpreters face to face, by phone and online

### **Case management**

- Improve interdisciplinary and interagency case management
- Develop culturally competent Trauma-Informed mental health destigmatisation programmes for refugee background communities.

### Mental health

- Improve access to community mental health programmes and services.
- Ensure a higher level of core funding for NGOs such as RASNZ and other providers of mental health and addictions services, to maintain sustainable support for clients.
- their operations in the long term and
- Invest in mental health promotion, mental illness prevention and early intervention for clients and families from refugee backgrounds to reduce the impact of COVID 19 on mental health and wellbeing.
- Advocate for policy changes to address gaps in services for asylum seekers, convention refugees and family reunification members

# 5. Participation

# **Welcoming communities**

 Welcoming Communities – Te Waharoa ki ngā Hapori, has been piloted in New Zealand (MBIE, 2017). Auckland region local boards' adoption of the standards and activities of the Welcoming Communities programme would enhance relationships with refugee background communities

# **Settlement support**

- Extend resettlement support for the first two years post settlement or longer. Red Cross Refugee Services provide support for newcomers for the first six months to a year including social work services, volunteers who orient families to New Zealand systems and services and assistance with finding employment.
- Provide settlement support for families who choose to return to Auckland from other regions.
- Provide settlement support for convention refugees (former asylum seekers) and family reunification members

### **Digital access**

- Design government services which are people-centric, prioritising the needs of the people who use the services including those who are non-English speaking and are not digitally literate
- Provide ongoing learning opportunities for former refugees with the aim of increasing basic digital literacy and confidence, and include ongoing 'helpdesk' type support.
- Ensure free interpreting services are available to people who need it to ensure they can successfully interact with government agencies, fully understand information and make informed decisions.

# **Empowering women**

- Provide more free driving instruction and driver licensing support for former refugees, with gender-matched instructors available for women
- Increase access to free wi-fi and digital devices for those in low-income households and social housing tenants.
- Provide free training and online support services particularly for women from refugee backgrounds.

# Navigation, advocacy and interagency collaboration

- Ensure professionals are available to support former refugee families to navigate through health, education, income support, housing and social service systems, and to advocate for them.
- Increase the number of cross-cultural workers and social workers in services to build capacity and capability to meet the unique needs of families in their care.