

Asylum Seeker Health

May 2018

Information sheet 3



Important information for health providers about the changes to Status Resolution Support Services (SRSS)

This information sheet aims to provide greater clarity to health service providers about the changes to SRSS and the roles health services may be asked to play in assessing clients' capacity to work. SRSS is the program that supports vulnerable migrants who are waiting for decisions on a visa application, including people seeking asylum.

What changes have been made to SRSS?

A new SRSS model commenced on the 1 May 2018. Over the coming months SRSS recipients will be notified about how this may impact them. Refugee Council of Australia (RCOA) has produced information to help people understand the changes to SRSS (available here: <https://www.refugeecouncil.org.au/getting-help/information-guidance/changes-to-srss/>). Please note that this information is only guidance and each client's situation and access to SRSS may be different. The Department of Home Affairs are yet to release any public information on their website about the changes.

In summary the SRSS program will be reduced in size and support will be tailored to meet individual needs, so some people may receive case work support but not income support, others may receive torture and trauma counselling but not income support.

Who will be eligible for SRSS and how will this be decided?

The two services contracted to provide SRSS in Victoria, Life Without Barriers and AMES Australia,* will be providing advice to the Department of Home Affairs over the coming months about circumstances that impede clients' ability to gain employment and engage in the Status Resolution process. The Department of Home Affairs have nominated four categories of 'vulnerabilities' they will consider:

- Does your client have serious physical health issues (that prevent them from working)? (e.g. terminal or chronic illness, serious disability or cognitive impairment)
- Does the individual have a current mental health condition? Is treatment current and ongoing?
- Does your client have children under school age (eg less than 6 years old) or are they currently pregnant with complications, or a primary carer for someone with a significant vulnerability, or aged over 70 years?
- Is your client currently managing a crisis situation? Eg, domestic violence, house fire/flood, or other type of emergency

People who are not deemed to be vulnerable will be exited from the SRSS program. Those who are identified as being vulnerable by the SRSS providers will be reviewed by the Department of Home Affairs as to whether they are still eligible for SRSS support.

When will the assessments take place?

SRSS vulnerability assessments will be occurring over the coming months, the first group of clients to be assessed will be adult males and females who arrived alone and are receiving Band 6 support. These assessments will be submitted to the Department of Home Affairs by 7 May 2018. Subsequently other groups of SRSS recipients will be reviewed, including families with children, and people on Band 5 support.

* The Australian Red Cross will not be providing SRSS after 30 June 2018.

The role of health providers in supporting the SRSS vulnerability assessment

Some SRSS recipients will have a stronger relationship with their health provider than with their SRSS provider and they may be receiving treatment that their SRSS provider is not aware of. Health providers who are working with people receiving SRSS therefore have a role in providing an outline of current physical and/or mental health issues, care requirements, medications, immediate stressors and barriers to achieving employment. Suggested steps for health services include:

- a) **Identify** if you are seeing clients who receive SRSS
- b) **Review** these existing clients to identify barriers to employment arising from one of the above four categories of vulnerability
- c) **Gain informed consent** from the client to share information with the SRSS provider and in turn their contractor the Department of Home Affairs.
- d) **Write** a brief letter about the history of health services provided, the ongoing care a person is receiving, medications, care responsibilities, immediate stressors and a brief description of the impediment to work (for advice about preparing letters for people seeking asylum see: http://refugeehealthnetwork.org.au/wp-content/uploads/Information-sheet_2015_October_Asylum-seeker-health_health-information-1.pdf)
- e) **Provide a copy** of the letter to the client and to the SRSS provider
- f) **Respond** to any enquiries from SRSS providers and the Department of Home Affairs (with consent from client)

Applying for SRSS

People seeking asylum who are vulnerable and are not receiving SRSS may apply by completing an application form together with a SRSS provider. The application form may be found here:

<https://www.homeaffairs.gov.au/forms/documents/1455.pdf>

Disclaimer: This information has been compiled by the Victorian Refugee Health Network for healthcare practitioners. Every effort has been made to confirm the accuracy of the information (last updated May 2018) but please advise if any amendments are required by contacting info@refugeehealthnetwork.org.au or the Victorian Refugee Health Network, 03 9389 8900.