

# Refugee health and wellbeing action plan 2008-2010



# Refugee health and wellbeing action plan 2008-2010: Current and future initiatives

Victorian Department of Human Services

November 2008

## Acknowledgements

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- Department of Human Services Refugee Health and Wellbeing Action Plan Advisory Group
- Department of Human Services programs and regional staff
- Victorian Foundation for Survivors of Torture (Foundation House)
- Victorian Refugee Health Network
- AMES Settlement Services

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## Ministers' foreword

Three years ago, Victoria's first action plan to address the health and wellbeing needs of refugees was launched. Every year since then, around 3500 refugees from refugee camps or countries experiencing war, civil violence or political oppression such as Burma/Myanmar, Sudan, Afghanistan and Iraq have been welcomed into Victoria. While many people from refugee backgrounds have survived traumatic experiences, the vast majority settle well into Australia and embrace their new home. Victoria continues to be enriched by their presence.

The Department of Human Services and our funded organisations have matured rapidly in their capacity to give refugees the best possible chance for successful settlement in Victoria. We are very pleased to present the new *Refugee health and wellbeing action plan 2008-2010*, which builds on the success of work to date.

Highlights include the establishment of additional specialist child and adult refugee clinics across both metropolitan and regional Victoria, operating as partnerships between community health, GPs and specialist hospital services. In addition, we have expanded the successful Refugee Health Nurse Program with an additional three million dollars allocated earlier this year. Part of a distributed and integrated system with local GPs and settlement service providers, the expanded program will now cover seventeen areas across the state, from Morwell in the east, to Shepparton in the north and Warrnambool in the west.

This new action plan recognises that more work is needed to support newly arrived families, and has a special focus on refugee children, young people and their families.

The Victorian Government is determined to play its role in offering protection and support to those most in need around the world. Because of the high level of coordination and collaboration across government, hospital and community-based agencies, Victoria is recognised as a national leader in the area of refugee health and wellbeing. We look forward to continuing this joint effort and congratulate and thank our partners for their work to date.



**HON DANIEL ANDREWS MP**  
Minister for Health




**HON LISA NEVILLE MP**  
Minister for Mental Health  
Minister for Senior Victorians  
Minister for Community Services




**RICHARD WYNNE MP**  
Minister for Housing









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# Section A Background



## Introduction

In 2005, the previous Minister for Health launched Victoria's first refugee health and wellbeing action plan. The plan focused on the often complex needs of people from a refugee background. It was based on the premise that supporting refugees to re-establish their lives in Victoria required the collective effort of the three levels of government as well as local communities and community organisations. The first plan had two broad aims:

- to guide the department and its funded agencies in the development and provision of services for people who are refugees or asylum seekers
- to support refugee communities to positively engage with Victoria's health and community services system.

Since the launch of the first plan, Victoria has received thousands of new humanitarian arrivals, and done much to strengthen the service system to meet their needs. In particular, there have been substantial improvements to the primary health system, with the Refugee Health Nurse Program playing a critical role in supporting the health of refugees, particularly those who are newly arrived. Improved service coordination across the primary and specialist health systems underpins Victoria's response to the needs of refugees.

At the same time, it is increasingly obvious that discrimination and poor access to support can have a significant impact on refugee settlement.

This new action plan builds on the framework of the first plan and extends across the health and human services system. It highlights the key needs of refugees and details how the department and its funded organisations respond to these needs. These responses include statewide programs, regionally-based activity and local innovations. For some issues, and in some places, a specialist service has been developed to respond to the specific needs of refugees. For many issues, improved flexibility and accessibility within an existing service has ensured that newly arrived refugees can experience the same high quality services as the broader Victorian community. Many of these existing services and supports rely on the commitment and goodwill of volunteers at the local level, especially in rural and regional Victoria.

Feedback on the first plan emphasised the value of information resources regarding issues experienced by refugee communities. This action plan contains updated and more extensive resources and information.

### **A note on terminology:**

As with the first action plan, this plan focuses on supporting refugees who are recently arrived, when the need for services is most intense. It also provides information and resources to assist in supporting people who have been settled for a longer period. Obviously, experiences during the first twelve to eighteen months of settlement strongly influence how successful long term settlement will be for individuals and families. The plan also recognises that a range of settlement supports can be required for up to five years or more, by which stage a person may no longer identify as a 'refugee'.

The term 'refugee' is used in the action plan to describe all people from a 'refugee-like' background, unless otherwise specified. This term recognises that as well as humanitarian entrants and asylum seekers (who are seeking protection but have not had their refugee status determined), there are also migrants from current refugee source countries, who arrive through the Family and Skilled Migration streams, who may have experienced persecution and violence.



## Policy and legislative context

The Australian Government has primary responsibility for migration and providing initial settlement support to refugees on arrival in Australia. The Victorian Government's role in refugee settlement is to support refugees to access state-funded mainstream and specialist services, including health and community services that are responsive to their needs in both the short and longer term.

This section sets the policy and legislative context for the provision of state-funded health and community services to refugees in Victoria. For more information, see 'Policy and legislative resources' in Appendix 2.

### Growing Victoria Together

In 2001, the Victorian Government released *Growing Victoria Together* – a social policy statement about the state's priorities and vision for the next 10 years. This vision was refreshed in March 2005 to reflect emerging community needs and concerns. *Growing Victoria Together: A vision for Victoria to 2010 and beyond* commits the Victorian Government to reducing inequality and disadvantage, respecting cultural diversity and improving access to high quality health and community services for all Victorians.

### Beyond Five Million: The Victorian Government's Population Policy

*Beyond Five Million* outlines the Victorian Government's vision for growing our population in an economically, socially and environmentally sustainable manner. The policy identifies strategies to plan for and manage population change. The policy provides a framework to increase migration, encourage family formation, increase regional population growth and respond to the challenges of demographic change. Importantly, the policy clearly outlines the Government's commitment to the acceptance and settlement of refugees into Victoria.

### A Fairer Victoria

Originally launched in 2005, *A Fairer Victoria* is Victoria's key social policy framework aimed at reducing disadvantage and promoting inclusion and participation. The plan sets out actions the government will take to improve access to vital services, reduce barriers to opportunity, strengthen assistance for disadvantaged groups and places and ensure that people get the vital help they need at critical times of their lives.

*A Fairer Victoria* 2008 was launched by the Premier in May 2008 and continues the commitment to strong people and strong communities, investing over \$1 billion across a range of initiatives, including the expansion of the Refugee Health Nurse Program by funding six new nurses in Victoria. *A Fairer Victoria* now focuses on four critical preconditions for economic and social participation: a good start, a high-quality education that leads to a rewarding job, good health and liveable communities.

### Valuing cultural diversity

The *Valuing cultural diversity* policy statement was released in 2002 and outlines the government's core principles for promoting cultural diversity. A predecessor to the Multicultural Victoria Act (see below), the statement outlines four guiding principles for promoting cultural diversity: valuing diversity, reducing inequalities, encouraging participation and promoting the social, cultural and economic benefits of cultural diversity for all Victorians.

### Multicultural Victoria Act 2004

The *Multicultural Victoria Act* 2004 establishes a number of important principles of multiculturalism. The Act enshrines the Victorian Government's commitment to all Victorians. It ensures that all Victorians are treated with equality, fairness and respect and recognises the social, cultural and economic contribution of Victoria's multicultural community.

## Departmental plan 2008-09

The Department of Human Services mission is to 'protect and enhance the health and wellbeing of all Victorians, emphasising vulnerable groups and those most in need'. A key objective of this year's plan is reducing inequality by improving health and wellbeing, particularly for disadvantaged people and communities. One key initiative described in the plan to achieve this objective is the expansion of the Refugee Health Nurse Program.

## *Charter of Human Rights and Responsibilities Act 2006*

The *Charter of Human Rights and Responsibilities Act 2006* sets out freedoms, rights and responsibilities for all people in Victoria. The charter focuses on civil and political rights, and includes the right to freedom of thought, conscience, religion and belief and cultural rights.

## Department of Human Services framework for addressing cultural diversity

The delivery of culturally responsive and equitable services is already a core quality expectation of department programs and funded agencies. In addition to the *Refugee health and wellbeing action plan*, three key department documents support the human services sector:

- *Cultural diversity guide* (2004)
- *Language services policy* (2005)
- *Cultural diversity plan* (2008)

## Whole-of-government activity to support refugees

To respond to the diverse needs of newly settling refugees, Victorian Government departments are working to coordinate responses and develop new activity. The Departments of Human Services, Justice, Education and Early Childhood Development, Planning and Community Development and Innovation, Industry and Regional Development are working together with the Victorian Multicultural Commission as the key partners. Opportunities to provide more responsive and accessible services for new arrivals are being explored. Work will be strongly informed by the understanding that the development of human capital is fundamental to achieving continued positive social and economic outcomes.

## Key developments to support refugees in Victoria

Over the past decade, and particularly during the last five years, Victoria has seen many new developments across health and human services in response to the needs of newly arriving refugee communities, including innovative ways of implementing existing programs, as well as the introduction of specialist refugee health services.

Year	Key Development
1987	The Victorian Foundation for Survivors of Torture (Foundation House) is established to provide torture and trauma counselling and health promotion assistance to newly arrived refugees
1996	Western Region Health Centre in Footscray establishes Victoria's first dedicated refugee health nurse position in collaboration with Foundation House
1997	Refugee Special Needs Dental Program is established to provide priority access to survivors of torture and trauma at seven public dental clinics in high settlement areas, seeing around 300 people each year
1998	The Family and Reproductive Rights Education Program commences in Victoria to support women from countries which practise traditional female circumcision
1998	The <i>Refugee health and general practice handbook</i> was published by Foundation House in collaboration with Western Division of GPs in Melbourne
1999	The Refugee Health and General Practice Development Program commences (an initiative to strengthen the capacity of GPs to work with refugees, supported by GP Divisions, VIDS, VTPU and DHS) based at Foundation House
2000	The first edition of the <i>Caring for refugee patients in general practice: A desk-top guide</i> was published by Foundation House in 2000, which acted as a companion to the 1998 GP handbook.
2001	The Immigrant Health Clinic at the Royal Children's Hospital commences with a multifaceted clinic providing assessment, consultation and research and education capacity
2001	A Refugee Health Service is integrated with the Victorian Infectious Diseases Service at the Royal Melbourne Hospital, providing specialist infectious diseases advice and inpatient and outpatient services, as well as research and education
2001	Asylum Seeker Resource Centre established initially providing a limited health service, food and material aid
2002	Foundation House releases a comprehensive guide to working with clients from refugee backgrounds with the publication of the 1st edition of <i>Promoting refugee health: A handbook for doctors and other health care providers caring for people from refugee backgrounds</i> . This document replaces the 1998 GP handbook. A second edition of the 2000 <i>desk top guide</i> for GPs was also released.
2002	The Refugee and Asylum Seekers Health Network (RASHN) is established as a network of agencies and individuals to improve the health and welfare service response for refugee and asylum seekers in Victoria and providing access to pro bono medical services through clinics in the Yarra and Dandenong areas
2003	Victorian Minister for Health endorses the development of Victoria's first refugee health strategy to be prepared collaboratively by the department and Foundation House to guide the provision of health services for refugees and asylum seekers
2003	Foundation House, in partnership with the Victorian Transcultural Psychiatry Unit, establishes a refugee mental health clinic to support access to psychiatric mental health care
2003	Multicultural Health and Support Service established to work statewide with CALD and refugee communities affected by issues related to HIV, hepatitis C and sexually transmissible infections.
2004	Moonee Valley–Melbourne Primary Care Partnership begins its key work in the area of vitamin D deficiency in dark-skinned and veiled local communities
2005	Minister for Health launches the <i>Victorian Refugee health and wellbeing action plan 2005-08</i>
2005	The Refugee Health Nurse Program is the centre piece of the new action plan. Based on the Western Region Health Centre refugee health service model, the Refugee Health Nurse Program commences with 4.5 EFT nurses placed in nine community health centres in areas of high refugee settlement in metropolitan and regional Victoria



Year	Key Development
2005	Shepparton is established as Victoria's first Regional Humanitarian Settlement Pilot site in partnership with the Commonwealth with the settlement of families from the Democratic Republic of Congo
2005	A Refugee Child Health Clinic is established at Goulburn Valley Community Health Service in Shepparton
2005	The Victorian Government announces that Medicare ineligible asylum seekers in Victoria will be able to access public hospital care, as well as emergency ambulance and community dental services
2006	A vitamin D clinic is established in Footscray through a partnership between the Western Region Health Centre and Royal Children's Hospital
2006	The Refugee Health Nurse Program is expanded to 7.5EFT consolidating the efforts of metropolitan-based nurses to respond to the demand for services from refugee populations
2006	The Commonwealth introduces the Health Assessment for Refugees and other Humanitarian Entrants Medical Benefits Scheme items 714 and 716. Victoria quickly leads the uptake of the new items nationwide
2006	To support the work of refugee health nurses and to extend refugee health expertise, the department funds General Practice Victoria to develop a comprehensive refugee health assessment form which is now used by GPs electronically to complete the requirements of the MBS items
2006	North Central Metropolitan Primary Care Partnership works in collaboration with Northern Division of General Practice, Darebin Community Health and Foundation House to develop an information resource and training for GPs working with refugee patients, such as how to work with interpreters, the role of the refugee health nurse, using the new refugee MBS items and referral and support services for refugee clients
2007	Foundation House releases a 2nd edition of its comprehensive national guide to working with clients from refugee backgrounds, <i>Promoting refugee health: A guide for doctors and other health care providers caring for people from refugee backgrounds</i> . A 3rd edition of the 2000 <i>desk-top guide</i> for GPs is also released nationally.
2007	Foundation House establishes the Victorian Refugee Health Network which brings together key stakeholders to build the capacity and responsiveness of the health and community services system
2007	A refugee paediatric clinic is established in Sunshine. The clinic works as a partnership between ISIS Primary Care and Western Health (Sunshine)
2007	WestBay Alliance and Brimbank-Melton PCP bring together a range of partners including GPs, specialist health services, refugee health nurses, settlement support agencies and other key health providers to develop care pathways, guidelines and referral protocols to improve the delivery of services to newly arrived refugees
2007	Ballarat becomes Victoria's second Regional Humanitarian Settlement Pilot site in partnership with the Commonwealth, with the settlement of newly arrived Togolese families
2007	Barwon Health responds to the needs of newly arrived local refugee communities by establishing a GP referral service for adults and children who are refugees or immigrants as part of its existing Infectious Diseases Clinic in Geelong
2007	A refugee health clinic is established at Dandenong Hospital (Southern Health) through a partnership between the hospital, local GPs and the refugee health nurse at Greater Dandenong Community Health Centre
2008	The asylum seeker clinic in Dandenong is consolidated as part of the Dandenong Refugee Health Service at Dandenong Hospital
2008	The Refugee Health Nurse Program is expanded by an additional \$3 million including funding for additional nursing in 2009 and 2010. The new positions support refugees settling in Latrobe Valley, Geelong, Maroondah, Greater Dandenong and some small rural towns
2008	HealthWest Partnership (a strategic alliance between WestBay Alliance and Brimbank-Melton PCP) is funded to expand its refugee service coordination model to other areas of the state with high refugee settlement

## Humanitarian settlement in Victoria

### Humanitarian settlement

*Refugees fleeing war or persecution are in a very vulnerable situation. They have no protection from their own state – indeed it is often their own government that is threatening to persecute them. If other countries do not let them in, and do not help them once they are in, then they may be condemning them to death – or to an intolerable life in the shadows, without sustenance and without rights (UNHCR September 2007).*

It is expected that governments are responsible for ensuring the basic rights and physical security of their own citizens. When that safety disappears and their own government is unwilling or unable to protect them, people are then considered to be refugees.

The 1951 United Nations convention and protocol relating to the status of refugees to which Australia is a signatory, describes refugees as people who are outside their country of nationality or habitual residence, and have a well-founded fear of persecution because of their race, religion, nationality, membership of a particular social group or political opinion.

The United Nations High Commissioner for Refugees (UNHCR) is mandated to lead international action to protect refugees and resolve refugee problems worldwide. Its primary purpose is to safeguard the rights and well-being of refugees. It strives to ensure that everyone can exercise the right to seek asylum and find safe refuge in another state, with the option to return home voluntarily, integrate locally or to resettle in a third country.

At the end of 2007, there were an estimated 25.1 million ‘people of concern’ to the UNHCR, which included refugees and internally displaced persons. Of that population, the UNHCR estimated that 11.4 million were refugees, up from 9.2 million at the time of the last *Refugee health and wellbeing action plan* in 2005. The UNHCR estimated that the largest source countries for refugees were Afghanistan (3.1 million), Iraq (2.3 million), Columbia (552,000) Sudan (523,000), Somalia (457,000) Burundi (376,000), and the Democratic Republic of the Congo (370,000).

### Commonwealth Humanitarian Program

The Commonwealth Government has primary responsibility for migration and providing initial assistance to refugees on arrival in Australia. Australia's immigration program has two components:

- Migration (non-humanitarian) for skilled and family migrants
- Humanitarian for refugees and others with humanitarian needs.

The Humanitarian Program comprises an ‘offshore component’ for the resettlement in Australia of people overseas, and an ‘onshore component’ for those people already in Australia who arrived on temporary visas or by air or sea with no visa, and who claim Australia's protection (asylum seekers). See Appendix 3 for a description of humanitarian visas and associated eligibility for government-funded services.

The size of Australia's offshore program is influenced by a number of factors. These include:

- an estimate of the number of people likely to be found in need of protection in Australia in accordance with international obligations under the UN Refugees Convention
- assessments of the resettlement needs of refugees overseas by the UNHCR
- the views of individuals and organisations in Australia conveyed during community consultations with the Minister for Immigration and Citizenship
- Australia's capacity to assist.

People selected for entry through the offshore component are granted permanent residence in Australia and are entitled to the same benefits and services as Australian residents, such as Centrelink assistance and Medicare, as well as some additional assistance in the early settlement period.

Each year, the Commonwealth Government accepts around 13,000 refugees through its Humanitarian Program under two main categories – Refugee Program and Special Humanitarian Program. Victoria usually accepts around 3500 entrants each year, exceeding 10,500 through 2005-08.

- **Refugee Program** (visa numbers 200, 201, 203 and 204) – for people who are subject to persecution in their home country and who are in need of resettlement. The majority of applicants considered under this category are identified by the UNHCR and referred by UNHCR to Australia. The Refugee visa category includes ‘refugee’, ‘women at risk’, ‘in-country special humanitarian’ and ‘emergency rescue’ sub-categories.
- **Special Humanitarian Program** (SHP) (visa number 202) – for people outside their home country who are recognised as having a refugee-like experience and have the support of a proposer (sponsor) who is an Australian citizen, permanent resident or eligible New Zealand citizen, or an organisation that is based in Australia. The proposer must support applications for entry under the SHP.

**Table 1: Humanitarian arrivals by visa category, Victoria, 2005-08**

Category	Visa numbers	Numbers of arrivals	% of arrivals
OFFSHORE Refugee category	200, 201, 203, 204	4370	41%
OFFSHORE Special Humanitarian Program	202	5569	53%
ONSHORE humanitarian and refugees	subclass 786, (humanitarian), 785 (TPV) & 866 (PPV)	590	6%
<b>TOTAL humanitarian arrivals</b>		<b>10,529</b>	<b>100%</b>

*Data sourced from the DIAC Settlement Database, July 2008.*

### Humanitarian program 2008-09

For 2008-09, Australia has committed to receiving 13,500 entrants under the Commonwealth Humanitarian Program, which is an increase from 2007-08. 6500 places have been allocated to the Refugee category, and 6500 places have been made available to the Special Humanitarian Program and onshore protection needs (successful asylum seeker claims).

In addition, under the ‘in-country special humanitarian’ sub-category of the refugee visa category, there will be a special allocation of 500 places to assist Iraqis who worked with Australian forces, and their families. In 2007-08, 600 places were set aside for this purpose.

Reflecting the resettlement priorities of the UNHCR, in 2008-09, offshore places will be more or less evenly divided between applicants from the following regions:

- Africa (mainly Sudan, as well as Liberia and Burundi)
- Middle East (mainly Iraq)
- Asia (mainly Afghanistan, Karen and Chin ethnic minorities from Burma/Myanmar and some Nepalese refugees living in Bhutan).





## ASYLUM SEEKER UPDATE

### Abolition of temporary protection and temporary humanitarian visas

In 2008, the Commonwealth Government determined that all applicants for a protection visa who are found to be owed protection under Australia's protection obligations will receive a permanent protection visa (PPV). Temporary humanitarian visas (THVs) currently granted to people outside Australia will also be abolished. There are currently approximately 2000 TPV holders in Australia with applications under consideration for a PPV.

Current and former TPV and THV holders still in Australia will have access to a permanent visa with the same benefits and entitlements of the PPV. Only health, character and security requirements will need to be met for this visa, and there will be no reassessment of protection claims. A link to information on the abolition of TPVs can be found at Appendix 2 under 'Asylum seekers'.

### Changes to detention arrangements for asylum seekers

In July 2008, the Commonwealth Minister for Immigration and Citizenship announced a series of policy reforms for the conduct of Australia's immigration detention system. Under the reforms, detention in immigration detention centres will only be used as a last resort and for the shortest practicable time. However, the Commonwealth Government will retain mandatory detention as a part of Australia's immigration program, as well as the excision of offshore islands from the migration zone. People who are assessed by the Department of Immigration and Citizenship (DIAC) as posing 'no danger to the community' will be able to remain in the community while their visa status is resolved. Once in detention, a detainee's case will be reviewed by DIAC every three months to ensure that the further detention of the individual is justified. Children will not be detained in an immigration detention centre.

Unauthorised boat arrivals at places excised from the Australian migration zone, which include Christmas Island and Ashmore Reef, will still be subject to mandatory detention for health, identity and security checks. Unauthorised boat arrivals at excised places will continue to be processed on Christmas Island but will now have access to legal assistance and an independent review of unfavourable decisions. A link to a media release on the changes to detention arrangements can be found at Appendix 2 under 'Asylum seekers'.

## Refugee settlement in Victoria

The majority of humanitarian entrants settle in Victoria and New South Wales, accounting for 30 per cent of the total number of entrants each (See Figure 1).

Figure 1: Humanitarian Program intake by state and territory, Australia, 2005-08



Data sourced from the DIAC Settlement Database, July 2008. Total entrants = 36,275

## Country of Birth

### A note on country of birth:

Humanitarian settlement data showing country of birth does not reflect the ethnicity of the significant numbers of new arrivals that were born in countries which host large numbers of refugees (particularly Thailand, Kenya, Egypt and Iran). For example, in 2005-08, refugees born in Thailand were actually Burmese or Burmese ethnic minorities, not Thai. Most humanitarian entrants with Egypt and Kenya as country of birth are Sudanese. Refugee arrivals from Iran are most commonly Iraqi or Afghan. Table 2 below provides more detail on country of birth outside Burma/Myanmar, Sudan, Afghanistan and Iraq. Note that people in this situation are not reflected in country of birth data presented for those four countries.

Table 2: Country of birth for top four ethnicities, Victoria 2005-08

Ethnicity – collated by country	Egypt	India	Iran	Kenya	Malaysia	Thailand	Grand total
Burmese & Burmese ethnic minorities	0	5	-	-	21	750	776
Sudanese groups	171	-	-	145	-	-	316
Afghan	-	-	36	-	-	-	36
Iraqi	-	-	27	-	-	-	
<b>Grand Total</b>	<b>171</b>	<b>5</b>	<b>63</b>	<b>145</b>	<b>21</b>	<b>750</b>	<b>1155</b>

Data sourced from DIAC, July 2008

Due to changing global circumstances, including civil war and violence, the origin of refugees changes over time. Table 3 below shows in recent years, the countries from which Victoria received the highest number of refugees include Burma/Myanmar, Sudan, Afghanistan and Iraq. This pattern applies to both arrivals in rural and metropolitan Victoria. These four countries account for almost 70 per cent of all entrants. In 2005-08, Sudan was the largest group with 21 per cent of humanitarian entrants, followed by Burma/Myanmar with 19 per cent (see note above on country of birth). This contrasts with 2005-06, when Sudan was the largest group and Burma/Myanmar the smallest of the four.

Table 3 shows that over 90 per cent of all entrants from Burma/Myanmar and Sudan came through the Humanitarian Program, with the remainder coming via the Family or Skilled Migration streams. Almost 80 per cent of people from Iraq came through the Humanitarian Program and 65 per cent for people from Afghanistan. Just under four per cent of all arrivals from other countries came through the Humanitarian Program.

**Table 3: Entrants from top four refugee-source countries of birth by migration stream, Victoria, 2005-08**

Country of birth	Humanitarian program	Family Stream	Skilled stream	Grand total
Burma/Myanmar	2023	61	48	2132
Sudan	2262	207	*	2469
Iraq	1442	381	35	1858
Afghanistan	1409	752	*	2161
Other	3393	34,076	54,647	92,116
<b>Total</b>	<b>10,529</b>	<b>35,477</b>	<b>54,730</b>	<b>100,736</b>

Data sourced from the DIAC Settlement Database, July 2008.

\* represents less than 20 entrants; the total numbers are also exclusive of these numbers

Note: see note on country of birth under Figure 1.

The settlement patterns across Victoria of people from the top four countries of birth are presented at Appendix 5.

### Settlement across Victoria

Refugee settlement in Victoria over the past three years has seen some areas experience significant or continued growth in numbers, whilst settlement in other areas of Victoria has diminished. As private rental prices for housing in some locations have grown, the capacity to settle newly arrived refugees in some areas has been affected. This shift has resulted in settlement support agencies finding accommodation for refugees in new areas such as outer metropolitan Melbourne. For example, Wyndham, which experienced the largest growth in refugee numbers out of any local government area during 2005-08, grew by six times the number of people arriving in the previous three years. Another factor influencing where people are settling, including in Wyndham, are communities wishing to consolidate in particular areas.

Of all refugees arriving in metropolitan regions over the three year period from 2005 to 2008:

- 57 per cent settled in North and West Metropolitan Region (5059 entrants)
- 33 per cent settled in Southern Metropolitan Region (2981 entrants)
- 10 per cent settled in Eastern Metropolitan Region (961 entrants).



The top 10 local government areas experiencing the highest refugee settlement in metropolitan and regional Victoria from 2005-08, are presented at Table 4. In metropolitan Melbourne, Greater Dandenong continued to receive the largest number of new arrivals with almost a quarter of all metropolitan arrivals. Brimbank, Wyndham and Hume also received large numbers of settlers, with around 12 per cent of all arrivals each. Other areas that settled significant numbers of refugees over the past three years were Casey, Maroondah, Maribyrnong, Hobsons Bay, Whittlesea and Yarra.

In rural Victoria, 35 per cent of settlement was in Greater Shepparton. A significant number of new arrivals also settled in Greater Geelong with 15 per cent of all rural arrivals. Other areas to receive significant numbers were Mildura, Latrobe Valley, Ballarat and Swan Hill.

In addition to this initial settlement, there is substantial secondary resettlement across Victoria, with people voluntarily moving to other parts of the state following initial settlement. This means that although updated regularly with available address information, this data may under-report the considerable movement of refugees away from their original settlement location. This pattern of resettlement, particularly to rural and regional Victoria, is explored in Action area 2.1.

A list of refugee settlement in 2005-08 across all local government areas in Victoria can be found at Appendix 5.

**Table 4: Refugee settlement in top 10 metropolitan and rural local government areas, Victoria, 2005-08**

Metropolitan LGA	Total no.	Rural LGA	Total no.
Greater Dandenong	2132	Greater Shepparton	360
Brimbank	1060	Greater Geelong	157
Wyndham	1046	Mildura	98
Hume	978	La Trobe	87
Casey	605	Ballarat	84
Maroondah	527	Swan Hill	78
Maribyrnong	515	Mount Alexander	38
Hobsons Bay	378	Warrnambool	27
Whittlesea	274	Colac-Otway	24
Yarra	198	Moira	23
Other	1288	Other	49
<b>Total metropolitan</b>	<b>9001</b>	<b>Total rural</b>	<b>1025</b>

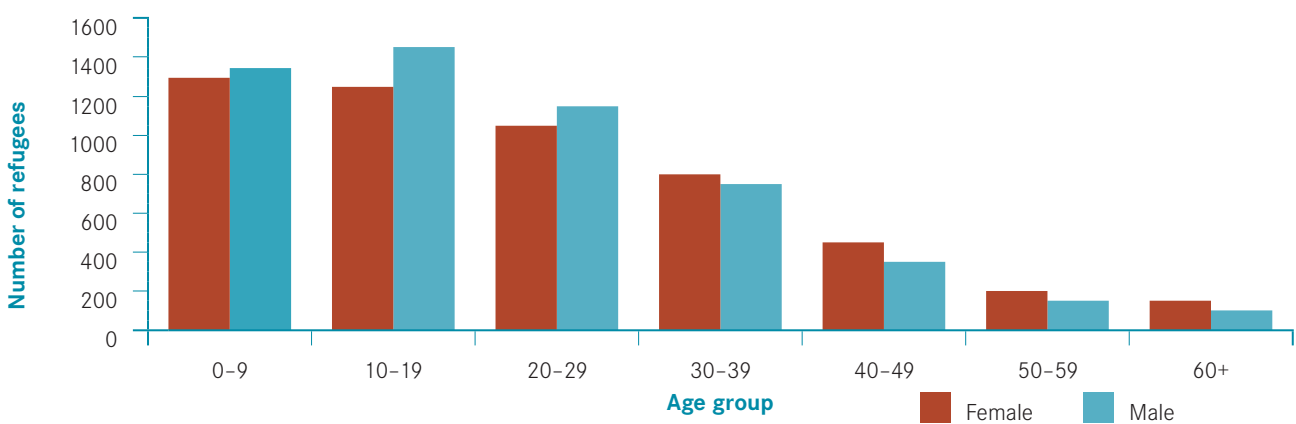
*Data sourced from the DIAC Settlement Database, July 2008.*



## Age and gender

In recent years, refugee settlement has included a high number of young people, with over 50 per cent of arrivals aged under 20 and over 70 per cent under 30 years. Figure 2 shows that between 2005 and 2008, over a quarter of all refugees were aged 0-9 years, a further quarter was aged 10-19 and over 20 per cent were aged 20 to 29 years. Furthermore, in the younger age groups, the numbers of females and males is quite even, however in the smaller 60 years and over age group, the proportion of females becomes greater than the proportion of male entrants, with almost 60 per cent females.

Figure 2: Refugee arrivals by age and gender, Victoria, 2005-08



Data sourced from the DIAC Settlement Database, July 2008.

## Health and wellbeing concerns of refugees

### The impact of the refugee experience on health and wellbeing

Most of Australia's refugees come from circumstances such as refugee camps or marginalisation in urban settings where even the most basic resources and services are scarce, such as safe drinking water, basic health care and education, shelter, safety and adequate food supplies. In many places diseases such as malaria are common yet health care infrastructure is poorly developed or disrupted and unable to provide acute health care, let alone preventative care. Most refugees will have experienced traumatic events such as prolonged periods of deprivation, loss of identity and culture, human rights abuses and the loss of family members<sup>1</sup>.

As a result of these negative experiences, refugees entering Australia have a higher rate of long-term medical and psychological conditions than other migrants, and it is not unusual for new arrivals to have multiple and complex health problems on their arrival in Australia. Most health problems are due largely to physical and psychological trauma, deprivation and prolonged poverty, and poor access to health care prior to arrival. Refugees are also less likely than other migrants to have family and community support in Australia on arrival.

Despite these challenges, in time refugees settle very successfully in Australia which is evidence of their strength and resilience. Most health problems can be addressed through health care and support in the early periods of settlement. Timely care is critical, as successful settlement is more likely once health is restored.

For comprehensive detail on the health and wellbeing of refugees, see *Promoting refugee health. A guide for doctors and other health care providers caring for people from refugee backgrounds* by Foundation House (details in boxed text in Appendix 2).

### Impacts of resettlement on health and wellbeing

The health and wellbeing of refugees is related to their experiences prior to arrival in Australia, and also to the early settlement period, during which people can be exposed to further negative experiences which undermine their wellbeing. Ongoing or prolonged separation from family and friends who are left behind, and the loss of culture, identity and community can lead to profound feelings of anxiety, grief, guilt, frustration and loneliness. Upon arrival, refugees face the challenges of adapting to a new culture and language, having little or no family support and few financial resources and perhaps debt. They are also negotiating new and complex education, income support and health systems.

Women are often the most isolated, and have the most difficulty in accessing English language support. Lower literacy levels can create a significant impediment for women in particular to attaining an optimal level of health and integration into community. Access to language services and English language classes can be a key to addressing isolation. In the early settlement period, refugees can often experience high rates of unemployment, difficulty finding satisfactory accommodation and poverty. Table 5 provides more detail on influences in the settlement environment that may exacerbate trauma.<sup>2</sup>

<sup>1</sup> Victorian Foundation for Survivors of Torture 2007: *Promoting refugee health. A guide for doctors and other health care providers caring for people from refugee backgrounds*: p24. [www.foundationhouse.org.au](http://www.foundationhouse.org.au)

<sup>2</sup> *ibid* p53.



**Table 5: Influences in the settlement environment that may exacerbate trauma**

The settlement environment	Possible resulting psychological conditions
Concern about the safety of friends and relatives facing ongoing conflict and deprivation in countries of origin	<ul style="list-style-type: none"> <li>• Guilt</li> <li>• Anxiety</li> </ul>
Loss of, or separation from, family and friends	<ul style="list-style-type: none"> <li>• Attachment and relationship difficulties</li> <li>• Grief</li> <li>• Depression</li> </ul>
Difficulty in accomplishing the tasks of settlement such as learning a new language	<ul style="list-style-type: none"> <li>• Perceived loss of control</li> <li>• Anxiety</li> <li>• Loss of a sense of purpose, hope and an altered view of the future</li> <li>• Inability to concentrate</li> </ul>
Lack of understanding, discrimination and hostility in the community	<ul style="list-style-type: none"> <li>• Guilt, shame, isolation</li> <li>• Loss of trust</li> </ul>
Minority status in the dominant Australian culture	<ul style="list-style-type: none"> <li>• Loss of meaning, identity, status and a diminished sense of belonging</li> </ul>

## Access to care and its affect on health and wellbeing

Newly arrived refugees can often experience difficulties in accessing health and community services in a timely and effective way. Seeking assistance for often complex and multiple health conditions can be very difficult, especially when numerous tests and appointments at a variety of services are required. This is usually exacerbated by a lack of familiarity with Victoria's service systems. In addition, some refugees may find it difficult to prioritise their health against other settlement tasks such as finding housing and employment and schools for their children. Transport difficulties due to large family size, housing location and lack of knowledge of where services are located and how to get there can be significant barriers to access. Psychological conditions associated with torture and trauma may also affect access to services due to lack of self-care, mistrust and anxiety.

## The need for culturally appropriate assessment and service provision

### Family centred flexible service approaches

In some cultures, it is common for family members, or more broadly community members to be involved in decision making about health care matters and in many refugee communities, support for families and carers is often viewed as indistinguishable from the child or family member's recovery process. It is therefore vital to accommodate a family-based approach in order to strengthen relationships across generations and within families.

Models of practice that require individuals to present themselves to an agency to receive service, such as centre-based appointment systems, can present a considerable barrier to access for many refugee families, who are unfamiliar with Victorian service systems and approaches. It is important to enhance access by considering more family-based, flexible systems for intake, assessment and care and in more familiar community-based settings such as homes, schools and community centres.

The need for a family based approach should not be confused with the important need to use professional interpreters instead of family members.



### **Culturally appropriate assessment and care**

Language and cultural differences further increase the complexity of assessment and service provision. By building partnerships, enhanced communication and an increased level of shared understanding between refugee services, communities and service providers will greatly assist in meeting the challenges which arise. Barriers can impact on the effectiveness and relevance of commonly used assessment and diagnostic tools and be significant barriers to access and accurate assessment. Some parts of an assessment may need to be delayed until trust is developed. Improved cultural awareness will reduce cultural misunderstandings and stereotyping and improve service access and outcomes. It is vital that professional interpreters or bilingual workers are used as part of culturally sensitive assessment and care (see Action area 1.5 for information about language services).



# Section B

## Refugee health and wellbeing action plan



The Department of Human Services funds and directly delivers a range of universal and specialist refugee health and community care services. Most of the services that refugees will access will be mainstream services. In some situations, a specialist service is required to respond to particular needs that refugees may have. The initiatives and programs profiled in this plan focus primarily on refugees or have adapted to be more inclusive of the needs of refugees.

The action plan builds on the existing Framework for the *Refugee health and wellbeing action plan* which includes three strategic priorities to address known factors affecting refugee health. The framework was developed to guide work under the first *Refugee health and wellbeing action plan* in 2005 and has proven to be useful to both the department and its funded agencies for policy making and quality service planning, coordination and evaluation. It is presented here again to guide work over the period of this new action plan 2008-10.

Under the three strategic priorities, the action plan then describes particular issues affecting refugee health and wellbeing that need to be addressed and the actions that the department and its funded agencies will undertake to address them. It also highlights local and innovative activities.

The programs and activities in this action plan will be developed over time as the department and its funded agencies continue to build knowledge and capacity to respond to the diversity of refugee health needs. A mid-cycle progress report will be completed for this action plan against the priorities and service delivery objectives described in this section. The report will include:

- updated data relating to the settlement of refugees in Victoria
- newly identified challenges and opportunities, as well as developments and improvements within the service system, to better respond to the needs of refugees.

### Victorian Refugee Health Network

The Victorian Refugee Health Network, auspiced by Foundation House, was a key partner with the department in developing this new action plan. The network was established in June 2007 with funding from the Department of Human Services, and the Department of Immigration and Citizenship and the Lord Mayor's Fund. The network brings together a wide range of representatives from the health, settlement and community sectors who actively participate in the projects and initiatives of the network. This work builds on the many activities and programs around the state, past and current, to support refugee health and wellbeing. A reference group oversees the work of the network. It comprises representatives from primary, acute and mental health care, general practice, settlement services, asylum seeker agencies and relevant state and commonwealth departments. It works with representatives of refugee communities to identify and address emerging health issues.



In addition to a successful forum that brought together rural health service providers who are working with refugee communities, a number of working groups have been established to address particular health issues. In 2007 working groups were established on initial health assessment and ongoing care; asylum seeker health and oral health.

In 2008 working groups are being established on mental health and wellbeing; sexual and reproductive health; initial health assessment and ongoing care (divided into access to specialist care and GP access and support). In 2009-10, there is a working group planned to consider child and adolescent health and wellbeing.

In mid 2008, the Refugee Health Network launched a new website (see Appendix 2 under 'Other') which provides readily accessible information on services, resources, protocols and training opportunities for health and community services who are working with refugees. The website links service providers and provides updates on news, policy developments, research, reports and other useful websites. It complements the on-line resource *Promoting Refugee Health: A guide for doctors and other health care providers caring for people from refugee backgrounds*.



## Refugee health and wellbeing action plan framework

The Department of Human Services recognises that people from a refugee background will often have specific health and wellbeing needs relating to experiences of prolonged deprivation, dislocation and exposure to violence and conflict. Good physical and mental health is vital for refugees to deal effectively with the challenges of settling in a new country and to participate fully in the economic, social and cultural life of Victoria. Providing services that promote the health and wellbeing of refugees is in the interests of refugee communities and the community at large



### Vision

Refugee communities in Victoria will attain the best possible health and wellbeing



### Strategic priorities

1. Provide timely and accessible services for refugee new arrivals

2. Build the capacity and expertise of mainstream and specialist services and health care practitioners in the area of refugee health care

3. Support and strengthen the ability of individuals, families and refugee communities to improve their health and wellbeing outcomes



### Service delivery objectives

Offer accessible, multiple and complementary entry points to the service system, with a focus on early health assessment and treatment

Provide a range of assessment and treatment options in the specialist and mainstream service system appropriate to the diverse health needs of refugee individuals, families and communities

Enhance coordination between services by promoting the sharing of resources and building skills and expertise

Promote flexibility and responsiveness in service design and delivery to accommodate a diversity of health and wellbeing needs

Build data collection and research capacity to inform service design and delivery

Provide a range of essential services offering practical support, advocacy, awareness raising and information to refugee individuals, families and communities regarding their rights and entitlements within the Victorian health care, housing and community services systems

## Strategic priority 1: Provide timely and accessible services for refugee new arrivals

### Rationale for the strategic priority

The early settlement period is an important time to introduce people to treatment and prevention services as it helps to establish a positive relationship with health care services. Early identification of health problems is vital as untreated illness may have long-term health consequences for the individual and can become more complex and costly to treat over time. Timely health assessment also assists delivery of broader public health objectives for newly arrived communities, such as improved immunisation rates. The complexity of the refugee experience requires that a range of service options be accessible to refugee communities

### Action areas

- 1.1 Supporting early comprehensive assessment, treatment and referral
- 1.2 Better access to oral health care
- 1.3 Diagnosing and managing complex medical conditions
- 1.4 Health and wellbeing of Medicare-ineligible asylum seekers
- 1.5 Better use of language services
- 1.6 Providing housing and homelessness support
- 1.7 Access to specialist mental health support
- 1.8 Responding to alcohol and drug use
- 1.9 Responding to disability in refugee communities
- 1.10 Family violence and sexual assault support
- 1.11 Better services for children and families
- 1.12 Supporting young people

### Action area 1.1: Supporting early comprehensive assessment, treatment and referral

#### Understanding the issues

Access to primary and specialist services can be difficult for refugees, especially new arrivals. However, comprehensive early health assessment and timely treatment and referral are important for refugees for a number of reasons as outlined below.<sup>3</sup>

#### Health assessment for refugees and other humanitarian entrants

- On arrival, entrants often have relatively poor health status and are likely to have had limited access to health care prior to arriving in Australia.
- Some health problems experienced by refugees may have no obvious symptoms but nonetheless may have serious long-term health consequences, such as intestinal parasitic infection, vitamin D deficiency and hepatitis B.
- Early health assessments optimise the opportunity for early intervention, helping to ensure that physical and psychological problems do not become enduring barriers to settlement
- Sensitively administered, a thorough medical examination can contribute to a person's psychological recovery.

<sup>3</sup> Victorian Foundation for Survivors of Torture 2007: *Promoting refugee health. A guide for doctors and other health care providers caring for people from refugee backgrounds*: p170. [www.foundationhouse.org.au](http://www.foundationhouse.org.au)

## Key actions

### Priority of access to all community health services

In recognition of refugees' health needs that require early attention after settlement, since February 2008, refugees receive priority access to all community health services under the Primary Health demand management framework. The framework states that:

*Refugees have been identified as having unique and greater health needs than the general population. As a result this client group should be prioritised. Service provision for refugees needs to be culturally appropriate, and provided through interpreters as required. All community health services should identify this population group and provide a culturally appropriate service.*

### Expansion of the Refugee Health Nurse Program

In addition to priority of access to community health services, the Victorian Refugee Health Nurse Program, established in 2005, focuses on the early health assessment of newly arrived refugees, assisting and referring people to other primary and specialist health services. The nurses also work with local general practitioners and community health services to help them better respond to the health and wellbeing needs of refugees.

The program has three aims:

1. increase refugee access to primary health services
2. improve the response of health services to refugees' needs
3. enable individuals, families and refugee communities to improve their health and wellbeing.

In 2008-09, the program received an additional \$3 million over four years to further respond to the health care needs of newly arrived refugees, bringing the total annual program funding to \$4 million. Additional positions in 2009-10 and 2010-11 will be determined based on settlement patterns.

The new funding supports refugee health nursing in Greater Dandenong, Maroondah, Wyndham, Latrobe Valley and Greater Geelong. Additional language services funding will be provided to support the work of these new nurses. Small nursing funding allocations have also been provided for at least three years to selected rural and regional areas with small numbers of refugees to help the service system better respond to the health care needs of newly arriving refugees in Colac, Wonthaggi and Castlemaine.

As of 2008-09 the program operates in the following local government areas.

Local government area	Community health service	Local government area	Community health service
Greater Dandenong	Southern Health – Greater Dandenong CHS	Ballarat	Ballarat CHC
Brimbank	ISIS Primary Care	Maroondah	Eastern Access CH
Maribyrnong	Western Region Health Centre	Greater Geelong	Barwon Health
Moonee Valley/ Melbourne	Doutta Galla CHS	Latrobe Valley	Latrobe CHS
Hume	Dianella CH	Wyndham	ISIS Primary Care
Darebin	Darebin CH	Mount Alexander	Castlemaine & District CHC
Greater Shepparton	Goulburn Valley CHS	Colac-Otway	Colac Area Health
Warrnambool	South West Health Care	Bass Coast	Bass Coast Community Health Service



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### **RESEARCH: The Greater Dandenong Community Health Service Refugee Health Nurse Program**

In 2008, the Greater Dandenong Community Health Service Refugee Health Nurse Program was evaluated by a Victorian Public Health Training Scheme Fellow, on placement with the Refugee Health Research Centre in collaboration with Foundation House.

The project found that the strength of the program was strongly influenced by nursing practice changing from traditional clinical practice, which is often task, individual and disease treatment orientated, to creative, non-traditional nursing practices involving an 'active outreach' model of nursing care to provide services within and outside of the clinic or hospital setting. Support is provided in a range of settings including homes, local schools including English Language Schools, settlement service agencies and GP practices. Ongoing support is also provided to refugee communities to access Dandenong Refugee Health Service at Dandenong Hospital.

See Appendix 2 under 'Other' for a link to the report.

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### **RESEARCH: Evaluation of Western Region Health Centre Refugee Health Service Model**

The statewide Refugee Health Nurse Program is based on the Refugee Health Service Model developed by Western Region Health Centre in Melbourne's west, in 2001. The centre's service model was evaluated in 2001 by the Centre for Culture, Ethnicity and Health. Since that time, the WRHC refugee health service has experienced significant growth with many new refugee health initiatives in place.

A 2008 evaluation by HealthWest Partnership has assessed the development of the WRHC Refugee Health Service Model since 2001, with the aim of ensuring continuing improvement to refugee health service provision at WRHC. The project objectives were to:

- document the current refugee health service model at WRHC, with particular attention to practices and processes
- evaluate the WRHC model through consulting clients, service providers and relevant external agencies and schools, making recommendations that could be used to enhance the model
- report on progress from the recommendations made in the 2001 refugee service evaluation

See Appendix 2 under 'Other' for a link to the report.

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### **Local service coordination**

Local level planning helps ensure that services respond to all those requiring a service, not just those presenting. Currently there are often difficulties for both service providers and refugees negotiating referral and care pathways for refugee health care. Enhanced communication, coordination and referral pathways between local primary care and specialist care providers can improve access for refugee clients, especially for those clients with multiple and complex health care needs. Particular attention is required in areas of Victoria where settlement of refugee communities is quite recent, and settlement planning processes provide an opportunity to proactively consider these issues and develop the necessary agency partnerships.

With the further expansion of the Refugee Health Nurse Program, additional service coordination funding has been provided to a number of Primary Care Partnerships, to strengthen local service networks in new areas of high refugee settlement by establishing coordination and referral pathways between GPs, community health centres, settlement services and specialist health care providers.

In 2008-09, the department funded HealthWest Partnership to extend its existing refugee service coordination model to those areas of Victoria with new refugee health nurses. The project work will support local Primary Care Partnerships to develop and implement local versions of the refugee service coordination model through awareness raising, training in the current model's implementation and orientation for agencies new to refugee service provision.

### **Royal Children's Hospital Immigrant Health Service**

The Immigrant Health Service at Royal Children's Hospital currently runs as a weekly outpatient clinic providing a multifaceted assessment and consultation service for refugee children and young people. With just over 1,000 attendances per year, the clinic paediatricians offer family-centred care with the support of volunteers and onsite interpreters.

The clinic acts as a comprehensive tertiary referral and consultation service for primary care providers and adult and paediatric tertiary health services. Referrals to the clinic are mainly from GPs and other services within the hospital. Families seen are often large, which significantly increases the complexity of a healthcare visit. In families who have not accessed a refugee health assessment by a GP, the clinic will perform a comprehensive health assessment for all children and adolescents, referring adults to appropriate services. The key health issues covered include the family's own concerns, immunisation, hepatitis B screening, tuberculosis screening, vitamin D, parasite screening, nutritional concerns and medical and developmental history. Health assessment, dental assessment, high dose vitamin D, immunisation, pathology, radiology and pharmacy are all available on-site and appointments are coordinated with other specialist services to minimise trips to the hospital for families. A community worker provides phone reminders and attendance rates are a high 80 per cent. Safe prescribing strategies have been developed for use with non-English speaking families.

Staff from the clinic are involved in research, policy development, education and training in paediatric refugee health and have strong links with primary care providers and adult services. Clinical guidelines have been developed (see Appendix 2 under 'Children and young people'). In 2008, an additional clinic for vitamin D dosing is being developed, with a view to finding sustainable, evidence based models of care for populations at risk of low vitamin D with a long term-plan for community based vitamin D initiatives.

### **Refugee Health Service at Royal Melbourne Hospital**

The Refugee Health Service is integrated with the Victorian Infectious Diseases Service (VIDS) at the Royal Melbourne Hospital and was established in 2001. The service consists of a weekly Refugee Health Clinic and statewide referral service for immigrant (and other) patients providing specialist infectious diseases advice and inpatient and outpatient

services. The service has a special focus on tropical infections, HIV/AIDS, hepatitis B and C and tuberculosis. It also has an active research program and professional education role, and strong links with public health.

Attendance at the Refugee Health Clinic has been increasing steadily since 2002. The clinic provides direct treatment of infectious and nutritional diseases and coordinates patient care within the hospital, helping to integrate patients into mainstream services and decrease the inconvenience and confusion experienced by many patients. Hospital volunteers assist in the clinic to help patients find their way to other departments and to interact with pharmacy. High use of onsite interpreters in the clinic has improved doctor-patient relationships and enabled a more holistic approach to specialist care of this group. Many patients require treatment for several conditions and may attend the clinic for a period of months, allowing medical, nursing and other health care professionals to provide a wide range of related services.

By establishing a close working relationship with GPs and clinicians in the community, the Refugee Health Service has been able to improve the standard of patient care and improve knowledge of refugee health issues and management through education, referral and secondary consultation. The 24-hour phone access to VIDS specialists is well used by GPs.

#### **Victorian Refugee Health Network: General practitioners and specialist and hospital-based services**

A working group on health assessment and ongoing care was established by the Victorian Refugee Health Network in 2007. In 2008 the group divided into two working groups, one focusing on GP referrals and engagement and the other looking at specialist and hospital-based services and management of chronic and complex health needs. The working groups are exploring a range of issues including:

- improving referral pathways for refugee clients with complex health needs
- building the capacity of the primary health care sector to better respond to the needs of refugee clients
- building the capacity of hospital-based services in outer metropolitan and rural and regional areas to better respond to the specific health concerns of refugees including:
  - paediatrics
  - communicable diseases and other serious medical conditions
  - follow-up for tuberculosis undertakings.

#### **Uptake of the comprehensive refugee health assessment MBS item numbers**

The Health Assessment for Refugees and other Humanitarian Entrants is a comprehensive post arrival health assessment for refugees. Funded by Medicare under MBS items 714 and 716, Victorian GPs play a critical role in the treatment and care of refugees, accounting for almost 40 per cent of the uptake of the items nationally, undertaking 2,090 assessments (Medicare Australia website at Appendix 2 under 'Other'). This means that overall, around 60 per cent of all new arrivals in Victoria accessed a comprehensive assessment in 2007-08.

#### **Requested Medicare items from July 2007 to June 2008**

MBS Item	State or Territory								Total
	VIC	NSW	SA	QLD	TAS	WA	ACT	NT	
714	2077	1175	1000	539	265	99	96	3	5254
716	13	10	0	4	0	1	0	0	28
Total	2090	1185	1000	543	265	100	96	3	5282
<b>% of national total</b>	<b>39.6%</b>	<b>22.4%</b>	<b>18.9%</b>	<b>10.3%</b>	<b>5.0%</b>	<b>1.9%</b>	<b>1.8%</b>	<b>0.1%</b>	<b>100%</b>

## Local initiatives

### Dandenong Refugee Health Service

A weekly outpatient clinic was established at the Dandenong Hospital by Southern Health in 2007. The Dandenong Refugee Health Service has managed to halve the emergency department admissions of refugees to both the Dandenong and Casey Hospitals over this period. With over 90 per cent attendance, the majority of the patients seen in this time have been from a Sudanese background with an increasing proportion of refugees from Burma/Myanmar reflecting the changing local settlement patterns. The service continues to provide infectious diseases treatment, paediatric care and complex care coordination. The service also has a regular allied health presence and provides culturally-specific education programs in the clinic. It is currently exploring the provision of improved specialist mental health services for refugees in the local community in partnership with the existing Mental Health Nurse Program and primary mental health teams. In 2008, the service is merging and replacing the Dandenong asylum seeker clinic established by the then Refugee and Asylum Seekers Health Network in 2002. The new asylum seekers clinic will provide a range of primary health services in partnership with a local GP.

Much of the success of the clinic to date has been due to the close links with the local refugee communities, the Dandenong-Casey General Practice Association and the refugee health nurse at Greater Dandenong Community Health Service.

### Barwon Health Refugee and Immigrant Health Clinic

In 2007, Barwon Health responded to the needs of newly arrived local refugee and immigrant communities by establishing a 'one-stop' health service as part of its existing Infectious Diseases Clinic in Geelong. The clinic provides comprehensive and streamlined adult and paediatric health care using a family-centred approach.

Refugee health care in the Geelong area has continued to develop over the past couple of years with a number of GPs now conducting comprehensive refugee health assessments. However, Barwon Health determined a need to improve access to specialist care for refugees with complex health problems. The multi-disciplinary clinic accepts referrals from local GPs and other healthcare providers who may not be as experienced with refugee health needs. With strong links with the local community health services and support from agencies such as Diversitat and the Melbourne-based Multicultural Health and Support Service, the hospital-based clinic is creating better pathways for members of local refugee communities to receive assessment and treatment for infectious diseases in regional Victoria.

### Refugee paediatric clinic in Brimbank

Since early 2007, a paediatric service has complemented the existing refugee clinic at the Deer Park campus of ISIS Primary Care. This service is provided in partnership with Western Health (Sunshine), with a Western Health paediatrician attending fortnightly. The paediatrician works closely with refugee health nurses and interpreters. Initially most referrals for the service came through the GPs based at ISIS Primary Care, however increasingly referrals are being taken from local community GPs who have completed a refugee health assessment and identified issues requiring further, specialist involvement. Common presenting issues include those associated with vitamin D deficiency, dietary practices (resulting in conditions such as iron deficiency), parasitic infections, disorders of growth and development, and other general paediatric issues.



## Action area 1.2: Better access to oral health care

### Understanding the issues

*The oral health needs of recently arrived refugees are among the highest in the country, due to poor diet and lack of preventive measures in their countries of origin, compounded in Australia by initial high levels of unemployment, language and cultural differences, and the effects of past torture and trauma. Restoring health, including oral health is part of the healing process for these people (Healthy Mouths Healthy Lives: Australia's National Oral Health Plan 2004–2013).*

Oral health can be complicated by past experiences of trauma to the mouth or teeth before arrival in Australia, or through cultural practices of body modification or traditional healing such as removal or filing of teeth and chewing of betel nut, which may require dental treatment<sup>4</sup>.

It is recognised that there is a growing need for oral health promotion programs and resources targeting newly arrived refugee communities<sup>5</sup>.

See Appendix 2 under 'Oral health care' for references and resources.

### Key action

#### Priority of access for public dental services and refugee special needs dental program

Public dental services are provided at 69 sites across Victoria as well as the Royal Melbourne Dental Hospital. Health care and pensioner concession card holders and their dependants over the age of 18 are eligible for public dental and denture services, as well as children and some young people. Information on public dental services including eligibility criteria and community dental clinic locations is available at Appendix 2 under 'Oral health care'.

<sup>4</sup> Victorian Foundation for Survivors of Torture 2007: *Promoting refugee health. A guide for doctors and other health care providers caring for people from refugee backgrounds*: p87. [www.foundationhouse.org.au](http://www.foundationhouse.org.au)

<sup>5</sup> Davidson N, Skull S, et al. (2006) Holes a plenty: oral health status a major issue for newly arrived refugees in Australia. *Australian Dental Journal* 51(4):306-311.





Refugees who are eligible for public dental services receive priority access to dental services as they do for all community health services.

See the demand management framework which describes community health priority of access for refugees under 'Other' in Appendix 2.

In addition, in 2008-09, the department will provide funding of \$150,000 for Refugee Special Needs Dental Program for refugee clients. The program was established in response to the particular dental health needs of newly arrived refugee communities who may have significant oral health issues. Foundation House administers the program in partnership with clinics at the following community health centres:

Agency	Service site
ISIS Primary Care	St Albans and Wyndham
Doutta Galla CHS	Kensington
Western Region Health Centre	Footscray
Darebin CH	East Preston
Moreland CHS	Brunswick
Plenty Valley CH	Epping
Greater Dandenong CHS	Springvale

The department is currently undertaking a review of public dental health funding. This may result in changes to current funding streams and special programs. A new public dental health funding model is planned to be implemented in 2009-10.

**Victorian Refugee Health Network: Oral health working group**

In 2007, the Victorian Refugee Health Network established an oral health working group to identify and explore a number of key challenges in addressing oral health needs for refugees.

## Action area 1.3: Diagnosing and managing complex medical conditions

### Understanding the issues

A significant number of newly arriving refugees arrive with complex medical conditions that require specialist and sometimes multiple investigations and referral. Refugees may have undergone limited screening under a pre-departure medical screening (PDMS)<sup>6</sup>, however because the screening is not comprehensive, nor operating in all source countries, early post-arrival assessment and care is recommended in accordance with the Australasian Society for Infectious Diseases (ASID) and Communicable Disease Network Australia (CDNA) post-arrival screening guidelines. The Health Assessment for Refugees and other Humanitarian Entrants MBS items 714 and 716 should be used to complete the initial assessment.

Malaria, tuberculosis, complicated parasite infections, significant nutrition and growth issues and rickets are issues that should be diagnosed early and managed by specialist service providers with experience in refugee health care. Refugees also commonly need referral to specialist services such as paediatrics, diabetes, maternity care, treatment for vitamin D deficiency and specialist mental health.

While there have been significant gains in Victoria in the assessment and provision of health services for refugees, access to primary and specialist services continues to be problematic in places, particularly in newer settlement areas in some outer metropolitan and rural and regional areas. The majority of medical practitioners with training or experience in infectious disease detection and management are based in metropolitan teaching hospitals or at GP clinics which see high numbers of newly arrived refugee clients. As a result, prompt identification and management of communicable diseases can present challenges for medical practitioners inexperienced in areas such as tropical medicine.

### Key action

#### Outer metropolitan and rural and regional infectious diseases capacity building initiative

The key objective of this initiative is to strengthen the communicable diseases capacity of health services and local practitioners in outer metropolitan and rural and regional Victoria to ensure the early diagnosis, management and referral for communicable diseases in newly arrived refugee populations. In 2008-09, Royal Melbourne and Royal Children's hospitals will receive one-off funding to establish part-time refugee health fellows as follows:

- The positions will be hosted by the two statewide specialist refugee clinics at Royal Melbourne and Royal Children's hospitals, therefore covering both paediatric and adult care. The positions will increase capacity of existing refugee health and infectious disease clinics at the two hospitals to enable comprehensive assessment and management of refugees for those with more complex health concerns.
- The fellows will provide secondary consultation via telephone services and email support, with the purpose of assisting less experienced practitioners in outer metropolitan and rural and regional Victoria in particular.
- The fellows will facilitate professional development support to GPs and health care providers in the area of refugee health and communicable diseases to build the capacity of practitioners in Victoria.

<sup>6</sup> DIAC 2008 Fact Sheet 67a - Pre-departure Medical Screening (PDMS) [www.immi.gov.au/media/fact-sheets/67a\\_pdms.htm](http://www.immi.gov.au/media/fact-sheets/67a_pdms.htm)

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## RESEARCH: Project to explore models of specialist care for refugee patients

A sentinel site for refugee health is generally understood to include the availability of a key set of health services (both specialist and primary) and expertise in the area of refugee health. In addition to the capacity building initiative described above, to further expand understanding of what that key set of health services and expertise constitutes, in 2008-09, the department will fund a project to explore the various approaches to provision of specialist services to refugee clients, particularly in rural, regional and outer metropolitan areas. The aim of the project will be to determine the most effective model(s) of specialist care as well as identifying possible new models of service delivery. The project will assess known models such as:

- centrally-based specialist immigrant/refugee clinics providing statewide service provision, secondary consultation and research (Royal Children's and Royal Melbourne Hospital clinics).
  - specialist clinics based in areas of state with high refugee settlement (such as existing clinics in Dandenong and Geelong). This approach provides some consolidation and building of local expertise as well as a local service for clients
  - specialist outreach such as paediatricians, ID specialists from RCH, RMH or Western Hospital to CHCs located in areas with high refugee settlement such as WRHC, Darebin and ISIS Primary Care.
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## Action area 1.4: Health and wellbeing of Medicare-ineligible asylum seekers

### Understanding the issues

Australia's Humanitarian Program offers protection to asylum seekers who have entered Australia, either without a visa or as temporary entrants, and who are found to be owed Australia's protection under the United Nations 1951 Convention and 1967 Protocol relating to the Status of Refugees (the Refugees Convention) and relevant Australian laws.

The majority of asylum seekers have arrived in Australia legally and have subsequently applied for protection. Asylum seekers, who are found to be owed Australia's protection, and who satisfy health, character and security requirements, receive a bridging visa upon lodging a Protection Visa application. In most cases, the bridging visa allows the applicant to remain lawfully in the community until the Protection Visa application is finalised. Some bridging visas allow the applicants to work in Australia. Other bridging visas, such as Bridging Visa E, almost never have work rights attached.

Without work rights, Bridging Visa E asylum seekers therefore usually have no income and are also ineligible for Medicare.

It is difficult to know the number of asylum seekers and the extent of unmet demand for services to support health and wellbeing. However it is known that the inability to generate income due to lack of work rights and entitlement to Medicare-funded services, places great strain on the physical and mental health of asylum seekers. There are also significant physical and mental health implications resulting from long-term uncertainty about one's future and fear of forced repatriation or deportation<sup>7</sup>.

Almost all services funded by the state government are already available to Medicare ineligible asylum seekers. However asylum seekers in some other states and territories currently must pay full cost for services requiring a Commonwealth

<sup>7</sup> Victorian Foundation for Survivors of Torture 2007: *Promoting refugee health. A guide for doctors and other health care providers caring for people from refugee backgrounds*: p163. [www.foundationhouse.org.au](http://www.foundationhouse.org.au)

Medicare card, such as hospital care, ambulance services and public dental services. Further, the lack of access to the Pharmaceutical Benefits Scheme prevents many Medicare ineligible asylum seekers from accessing or continuing prescribed treatment.

Without an independent income to pay rent, asylum seekers are unable to access either public or private housing, so must rely on homelessness support services or good will of community members for accommodation.

The Victorian Government has made transitional housing and homelessness assistance available to asylum seekers, however, where asylum seekers are denied access to income support they experience difficulties in moving on to long-term housing. This has a significant impact in occupying the resources of the homelessness system.

See Appendix 2 for references and resources on the health and wellbeing of asylum seekers.

## Key actions

### Special access arrangements for Victorian public hospital, dental and ambulance services

Special arrangements for provision of Victorian public health services, as well as support from asylum seeker support service providers, have reduced the gap in health care provision for Medicare-ineligible asylum seekers in Victoria.

- Since December 2005 the Victorian Government has provided free access to all hospital services including, pathology, diagnostic, pharmaceutical and other services for Medicare ineligible asylum seekers.
- In 2006 free access was extended to state funded dental and ambulance services. Asylum seekers are eligible to receive emergency and general dental care through the Dental Health Program and access to ambulance services for emergency transport to hospital. Asylum seekers can also access all other state-funded community health services.

#### New information sheet on access to services for Medicare ineligible asylum seekers

In collaboration with the Victorian Refugee Health Network, a new information resource has been released regarding access to services funded by the Department of Human Services for Medicare ineligible asylum seekers in Victoria. The information sheet provides detail about access to the following services:

- hospitals
- ambulance services in emergency situations
- community health services
- dental health services
- immunisation
- Disability Aids and Equipment Program

See Appendix 2 under 'Asylum seekers' for a link to the new resource.

### Access to aids and equipment now extended to asylum seekers

The Victorian Aids and Equipment Program provides people with permanent or long-term disabilities with subsidised aids, equipment and home modifications to enhance their safety and independence, reduce their reliance on carers and prevent premature admission to institutional care or high cost services. The program is available for permanent residents of Victoria. Eligibility for the program has now been extended to enable special access to Medicare-ineligible asylum seekers.



### Office of Housing support to asylum seekers

The Network of Asylum Seeker Agencies (NASAVic) was allocated \$51,450 of Housing Establishment Funds in 2007-08 administered by HomeGround to assist asylum seekers through one-off grants to access the private rental market, crisis accommodation or to maintain private rental through payment of rent arrears.

### Victorian Refugee Health Network: Asylum seeker working group

In 2007, the Victorian Refugee Health Network established a working group focussing on health issues affecting asylum seekers. It brought together services and community agencies working with asylum seekers to identify key issues and gaps in healthcare provision in order to improve access and care. A key concern of the group was the number of asylum seekers living in the community, often for extended periods, without access to Medicare or an equivalent safety net such as the General Health Program of the Asylum Seeker Assistance Scheme. In collaboration with the Department of Human Services, the working group prepared a resource to promote and further assist with understanding of special entitlements to services for Medicare ineligible asylum seekers in Victoria (see box above).

## Local initiatives

### Dandenong Refugee Health Service: New clinic for asylum seekers

In mid 2008, the Dandenong Refugee Health Service at Dandenong Hospital (Southern Health) established a clinic on Monday afternoons to provide services to Medicare ineligible asylum seekers in partnership with a local GP specifically employed by Southern Health. Paediatric, infectious disease, general medicine and consultant psychiatric services are also available. This clinic is merging with and replacing the Refugee and Asylum Seekers Health Network clinic established in Dandenong in 2002.

#### Asylum seeker case study

Mr S is an asylum seeker from Sri Lanka who suffered long-term persecution and fears for his safety if his request for asylum is denied and he is returned to Sri Lanka. Mr S's mental health is beginning to suffer as a consequence of the long-term uncertainty regarding his future. Although his physical health was quite good, he fell heavily and seriously injured his leg. Concerned passers-by called an ambulance and he was admitted to hospital.

Though Mr S's proficiency in English is enough for most day-to-day interactions, the shock and unfamiliarity of the hospital and medical terminology meant he needed an interpreter to help him understand the consent process and treatment he was about to receive. A stay of two nights was required; during which time Mr S was referred to the social work department when a nurse realised he didn't have stable accommodation or anyone to care for him post discharge. The social worker took an interpreter along for the first consultation.

The social worker then liaised with the hospital finance department to ensure it adhered to Victorian Government policy on treatment for asylum seekers. The finance department checked with the Red Cross Asylum Seeker Assistance Service (ASAS) to see if Mr S was a client, in which case his account would be paid under that service. However, Mr S was not an ASAS client so the finance department confirmed all expenses associated with his medical care would be waived by the hospital.

With Mr S's permission, the social worker contacted the Asylum Seeker Resource Centre (ASRC) who drafted the necessary letter confirming Mr S's asylum seeker status. As per Victorian Government policy, the ambulance fee was waived and medication provided at no cost from the hospital pharmacy. When discharging Mr S, the nurse, using a telephone interpreter, explained the dosage and what steps to take if the wound became infected. The ASRC volunteer GP provided follow-up care for Mr S post discharge and the ASRC also assisted him with some short-term accommodation and his basic material needs.



## Action area 1.5: Better use of language services

### Understanding the issues

#### Availability of language services in new and emerging languages

Language services are critical for people who speak limited or no English so they can make informed decisions about their own lives and health. However service provision in new and emerging community languages can be difficult due to the inevitable delay between the arrival of new communities in Australia and the accreditation of suitably skilled and trained people from those communities as interpreters and translators. In addition, specific skills and language are required for interpreting health information. Another issue is that if a language is new to Australia, there may not be Australian testing available in those languages.

As well as a lack of accredited interpreters in some languages, the use of interpreters can be complicated if clients are unwilling to use interpreters from their own community due to perceived confidentiality and privacy concerns. There may also be concerns related to past experiences of torture and trauma, requiring interpreters of a particular gender or from a community not seen as linked with the perpetrators of the torture or trauma. Some practitioners may be reluctant to use interpreters, as interpreting makes service provision more time consuming. In some instances the specialist nature of services, such as in specialist hospital care, sexual assault, mental health and parenting services, require a sophisticated understanding of both the service system and related terminology.

### Key actions

#### Department of Human Services language services policy

In 2005, the department released a language services policy to inform the use of interpreting and translating services by the department and its funded agencies. The policy helps identify if and when a professional interpreter is necessary. The policy also explains the legal risk to agencies that do not provide or ensure appropriate access to language services. It also outlines the requirements necessary to enable people who speak little or no English to access professional language services when making significant life decisions and where essential information is being communicated. For example, language services must be used to gain consent and family members under 18 years must not be used as interpreters.

The department is committed to continuing to assist agencies and its own staff to adhere to the principles outlined in the *Language services policy*. Funding is provided in a range of ways including direct allocations of funding to some larger users of language services, access to language service credit lines, unit price language service funding and pay-as-you-go arrangements with a range of language service providers. Training is provided to both departmental and agency staff on when and how to use language services. Some of this training is provided under contracts with the department and some by organisations such as the Centre for Culture, Ethnicity and Health and the Victorian Transcultural Psychiatry Unit. Regions also provide support for targeted language services training to local staff and agencies.

### **Interpreting and translating in emerging languages**

- In 2007, the department funded the Royal Women's and St Vincent's hospitals for a 12-month language services project. The project aimed to improve patient outcomes through improving interpreting skills, building up contextual medical knowledge and broadening understanding of professional and ethical behaviour for health interpreters in rare and emerging languages not yet accredited through the National Accreditation Authority for Translators and Interpreters (NAATI). The five day training course has now concluded, as well as a subsequent six-month performance appraisal process. An evaluation report has been produced and will be made available online for all health services. Unaccredited interpreters, have acquired a basic knowledge and understanding of:
  - the NAATI code of ethics of the interpreting and translating profession
  - interpreting skills and strategies
  - ethical dilemmas and conflicts of interest
  - the structure and function of the Victorian hospital and health care systems
  - hospital in-patients, out-patients and emergency department settings
  - anatomy and the most commonly encountered medical contexts
  - the importance of accurate terminology.
- In response to issues about the availability and number of interpreters providing services in new and emerging languages, the Victorian Multicultural Commission (VMC) will continue its program of working with training providers to develop and implement interpreting and translating short courses and offer incentives such as interpreting scholarships to students to complete interpreting studies. The department, along with VMC, will encourage training providers to implement minimum standards and focus on confidentiality and privacy issues, and expectations in a professional work environment.

## Action area 1.6: Providing housing and homelessness support

### Understanding the issues

A number of housing issues which affect refugees also affect the broader population, including a lack of affordable housing and increasing rent. However, particular issues are magnified for refugees, such as:

- lack of housing of a size to accommodate large families, leading to stress and overcrowding
- lack of knowledge of tenancy, housing and homelessness support systems in Victoria
- attempts to enter the private rental market frustrated by factors including discrimination and a reluctance by landlords to rent properties to large families and those relying on Centrelink benefits
- newly arrived refugees often have significant support needs and require case management and assistance to help them secure appropriate affordable housing options.

### Key actions

#### Building larger housing stock

The Office of Housing recognises the growing demand from large families such as from the Horn of Africa and Sudan for larger public housing homes. The government has increased the number of public housing dwellings with four or more bedrooms by 46 per cent since 1999 across Victoria in recognition of changing needs within the community, including the arrival of large refugee families. In the 2007-08 State Budget, an additional \$510 million was committed to improve and grow social housing and invest in homelessness assistance. Added to existing commitments, it means more than 4,000 new dwellings will be bought or acquired for low-income Victorians over four years.

These new homes will help ensure Victoria's housing stock better caters for changing demand. For example, the major redevelopment of the Carlton public housing estate will deliver a number of social housing units to cater for the needs of larger families.

#### Homelessness assistance program guidelines requirements

Homelessness assistance program guidelines require that housing and support services develop linkages and protocols with migrant resource centres and other culturally-specific support services to ensure assistance to refugees and asylum seekers is appropriate to their needs and within available resources.

### Local initiatives

#### Flemington Community Capacity Building Project

Flemington high-rise housing estate has a high number of residents from refugee source countries. A capacity building project is underway, and is auspiced by the Moonee Valley City Council. It is a partnership between the Council, the Department of Planning and Community Development and the Department of Human Services. The project aims to improve the health and wellbeing of the community residing on the estate by improving coordination of activities, increasing resident participation and social inclusion and focusing key services and activities to address issues and needs of the diverse community.



## Action area 1.7: Access to specialist mental health support

### Understanding the issues

There is a large body of evidence demonstrating that people who have experienced torture and traumatic events associated with the refugee experience show psychological disorders and symptoms at a higher rate than the general population. The most common disorders are post-traumatic stress disorder, depression and anxiety. Across all age groups, vulnerability to poor mental health is a result of a number of risk factors which include ongoing separation from family members, resettlement stresses, social disadvantage and discrimination. All these risk factors need to be considered when designing mental health promotion and early intervention strategies and require assessment when implementing interventions, including crisis response<sup>8</sup>.

It is often difficult for refugees to seek mental health services in the early phase of their settlement, and they will often only make contact with primary health or community and specialist mental health services when their mental health problems have become severe and often complicated by a range of unaddressed physical health and social problems. Emotional and behavioural problems amongst children and adolescents are likely to go unrecognised unless they reach a severe level.

Service providers report generally poor mental health literacy and lack of familiarity of mental health service systems among newly arrived refugee populations, including a lack of understanding of basic rights and principles regarding consent and confidentiality. Other barriers to access and receipt of treatment are unfamiliarity with treatment options, different understandings of causes and treatment of mental health problems, stigma and language. Provision of treatment should take into account the possible involvement of doctors in torture and the use of forced medication during imprisonment.

Building capacity to promote mental health amongst the refugee population, enabling better access and providing best practice interventions require workforce competencies in cross-cultural communication, knowledge of trauma effects across all life stages and a bio-psychosocial framework for assessment and treatment.

See *Promoting refugee health: A guide for doctors and other health care providers caring for people from refugee backgrounds* at Appendix 2 for more information on the mental health of refugees.

### Key actions

#### Victorian mental health reform strategy

The Victoria Government is taking action on generational reform of the mental health system. A consultation paper *Because mental health matters* was released earlier in the year, which outlines a new vision for mental health and wellbeing in Victoria, based on prevention, early intervention, recovery and social inclusion. This identifies refugees as a particularly at risk group of developing mental health problems.

The reform strategy builds on the initiatives of the *Cultural diversity plan for Victoria's specialist mental health services* which continues to drive improvement of the overall cultural competency of specialist mental health services. The strategy also seeks to build the capacity of other mental health service providers and to create more effective delivery partnerships with services in other sectors. Recognising the need to improve the mental health outcomes for refugees and their families, the paper outlines priorities including:

<sup>8</sup> Victorian Foundation for Survivors of Torture 2007: *Promoting refugee health. A guide for doctors and other health care providers caring for people from refugee backgrounds*. [www.foundationhouse.org.au](http://www.foundationhouse.org.au)

- supporting the primary health care system to work more effectively with refugees and recognise the signs of poor mental health in refugees at an earlier stage
- supporting activities to raise awareness and literacy of mental illness in the refugee community and encouraging refugees to seek appropriate help in the earlier stages of mental illness
- enhancing the capacity of specialist refugee agencies to support children, young people and adults at risk of developing mental health problems and those with high prevalence disorders
- improving the cultural competency of specialist mental health services
- addressing unmet need for language services in the specialist mental health service system and strengthening training initiatives that encourage the use of language services in mental health settings.

#### **Child and youth service redesign demonstration projects**

The Victorian Government has funded two four year demonstration projects (one metropolitan and one rural) aimed at improving the way mental health care is provided for children and young people aged 0-25 years. These projects represent an early start to the whole-of-government Mental Health Reform Strategy currently under development and will model how a coalition of providers can plan and deliver an earlier, better integrated and more comprehensive service response to children and young people at risk of or experiencing mental health problems and disorders. At the time of writing, the Department of Human Services was planning the demonstration projects, to be established in 2008-09 and funded until 2011-2012.

The demonstration projects offer the opportunity to systematically recognise and respond to problems earlier for an increased number of children and young people with a broader range of mental health problems, including those who have other difficulties such as drug and alcohol problems. Within this broader service reform context is a particular focus on those who are vulnerable, including refugee children, young people and families, many of whom are not well-engaged through current service arrangements. The projects will therefore build on and reform existing prevention and early intervention initiatives, such as the youth early psychosis services, to ensure quality responses.

Strengthening recovery-focused care through a closer alliance between clinical and non-clinical support services to address whole-of-life circumstances will be a key focus.

#### **Victorian Foundation for Survivors of Torture**

The Refugee Mental Health clinic at the Victorian Foundation for Survivors of Torture (Foundation House) was established in 2003 to provide specialist care for refugees with torture and trauma related mental health problems, such as post-traumatic stress disorder, anxiety and depression. Services are now provided from Foundation House's Brunswick and Dandenong offices. In 2007-08, there were 224 active clients, up from 69 clients in 2003-04.

Foundation House also works to improve the skills and competency of mental health services providing treatment and care to refugees and asylum seekers and receives direct referral for both adults and children who have experienced torture, persecution or war-related trauma prior to their arrival in Australia.

#### **Victorian Refugee Health Network: Mental health working group**

In late 2008, a refugee mental health working group was established as part of the work of the Victorian Refugee Health Network. The 2006 introduction of the *Better Access to Psychiatrists, Psychologists and GPs through the Medicare Benefits Schedule (MBS)* presented a number of opportunities to enhance access to mental health services for refugees. The network recognises the need to build capacity in the broader primary and specialist mental health field to work effectively with refugees and asylum seeker clients. This may include development of more specialist training

opportunities in counselling, work with professional bodies and associations, and input into final year and postgraduate masters for relevant qualifications. The other key issues that will be considered by the working group are:

- access to specialist mental health services and child and adolescent mental health services (CAMS)
- substance abuse issues, including access to services and the need for culturally appropriate treatment models
- limited access to free interpreting for all but medical practitioners under the MBS
- mental health promotion

## Local initiatives

### South West Area Mental Health Service – Bilingual case management program

The service in Melbourne's west has employed a case manager from a Horn of Africa background since March 2007 to work with clients in their preferred language. The initiative is part of the Bilingual Case Management Program operated in conjunction with the Victorian Transcultural Psychiatry Unit (VTPU). The focus of this position is divided between individual clinical work and community development and education activities.

Using a family-centred approach where possible, the following services are provided:

- specialist case management of clients from the Horn of Africa and also general case management to clients of the Werribee Mercy Mental Health Program
- participation in the Community Treatment Program to ensure the delivery of a multi-disciplined model of mental health care
- providing direct clinical work, joint case management and secondary consultation to staff in the program and also outside the program
- providing family education and support staff training on cultural issues and a broader role in community delivery
- supporting mental health literacy and wellbeing among local African communities, including community knowledge of mental health conditions and available support services
- improving the cultural sensitivity of mental health care for African clients.

### Brimbank community mental health for refugees project

The *Refugee mental health in Brimbank* project, due for completion in February 2009, was funded by the North and West Metropolitan Region to meet the following objectives:

- to promote access to mental health services for refugee communities in the City of Brimbank in Melbourne's west. Due to local settlement patterns, the focus is on people from South Sudan.
- to develop a model of culturally responsive service delivery which responds to the specific needs of refugee communities.

The project is led by Norwood Association and involves a range of partners including the department's regional office, local refugee community organisations, Brimbank City Council, Foundation House, ADEC and ISIS Primary Care. The project seeks to build relationships with local refugee communities to better understand community mental health needs and cultural values related to mental health, in order to develop more appropriate service responses.

## Action area 1.8: Responding to alcohol and drug use

### Understanding the issues

Past history of torture, trauma and loss, and experiences related to settlement and disadvantage appear to be important risk factors for placing refugees at increased risk of substance misuse. Drugs may be used to suppress pain due to past terror, torture and trauma, or to calm anxiety and grief associated with past refugee experiences. Stresses associated with settlement can lead to feelings of isolation and depression. As well as substances such as cannabis, heroin and alcohol, some communities chew certain nuts and leaves such as betel nut and 'Khat/Qat' leaves which may interact adversely with other drugs<sup>9</sup>.

Feedback from services suggests that alcohol and drug issues typically emerge later during settlement, and more work is necessary to understand patterns of alcohol and drug use within refugee communities. Further, research confirms that refugees are sometimes not accessing the support services they require due to a range of factors including lack of knowledge of drug-related services<sup>10</sup>. *Restoring the balance – Victoria's alcohol action plan 2008–2013* identifies barriers to service as:

- poor understanding of how to access services
- lack of awareness of the risk and harms associated with alcohol misuse, particularly among some recent refugee and migrant groups
- perceptions of cultural insensitivity within the alcohol and other drug treatment system.

See Appendix 2 for more information about refugees and alcohol and other drugs.

### Key actions

#### Provision of translated information

As part of the *Restoring the balance – Victoria's alcohol action plan 2008–2013*, the Department of Human Services will provide information to engage at-risk CALD groups and raise community awareness about alcohol-related risks and harm and link clients into existing treatment services. Culturally appropriate health promotion leaflets will be translated into a number of community languages and distributed to a range of ethno-specific organisations and alcohol treatment services. At-risk communities will be identified as part of the project.

#### Quality framework

*Shaping the Future*, the new quality framework for alcohol and other drug treatment services, specifically requires that the department-funded alcohol and other drug services are developed and delivered in a respectful and sensitive manner with regard for different cultural backgrounds, diverse ages and stages in life and different family circumstances. This might, for example, require the development of agency-based policies regarding the use of language services, or increased use of family-based counselling.

<sup>9</sup> Victorian Foundation for Survivors of Torture 2007: *Promoting refugee health. A guide for doctors and other health care providers caring for people from refugee backgrounds*. p86 [www.foundationhouse.org.au](http://www.foundationhouse.org.au)

<sup>10</sup> Druginfo Clearinghouse. *Drug prevention with refugee communities*. Fact sheet 4.16. June 2006

[www.druginfo.adf.org.au/druginfo/fact\\_sheets/refugee\\_prev\\_factsheets/drug\\_prevention\\_with\\_refugee\\_communities.html](http://www.druginfo.adf.org.au/druginfo/fact_sheets/refugee_prev_factsheets/drug_prevention_with_refugee_communities.html)



### Workforce and community training

Feedback from service providers emphasises that experiences of shame, stigma and discrimination are barriers preventing refugees seeking assistance from drug and alcohol support services. Preventative information, in community languages and in other non-written formats such as DVDs, can also help create a better understanding of the risk and harms associated with alcohol and drug misuse and how to access services.

To improve responsiveness to the needs of CALD communities, the department has funded a training program delivered by Turning Point Alcohol and Drug Centre since 2006 to support workers in CALD communities to improve their knowledge of substance abuse issues, so they can better identify problems related to alcohol and other drugs and refer people to appropriate services. This training program also seeks to increase the understanding and skills of alcohol and other drugs workers and agencies to improve the way they respond to the needs of CALD communities. The training program includes information on refugees and the issues they face.

In June 2006, the DrugInfo Clearinghouse released a 'prevention suite' on the theme of 'newly arrived refugees and prevention'. This 'suite' was funded by the Premier's Drug Prevention Council and extended an earlier 'suite' in 2003 about drug and alcohol prevention issues for communities characterised by cultural and linguistic diversity. The 2006 suite comprises a status report about prevention, newly arrived refugees and substance misuse, a literature overview, and a reading and resource list. See Appendix 2 under 'Drug and alcohol' for this suite of information.

### Local initiatives

#### Municipal Drug Strategy focussing on refugees in the south east

The City of Greater Dandenong was funded under the Municipal Drug Strategy in 2006 to implement a 'train the trainer' modular program designed to facilitate engagement, discussion and awareness of parents from different cultures.

The training program, *Parenting Across Cultures*, was devised by USA-based Dr Marilyn Steele, the founder of the Violence Prevention Training Program. The program aims to reduce drug and alcohol related harm and strengthen local community capacity to prevent harm using a cultural framework to help parents to raise children to lead violence-free, healthy lifestyles. Six broad communities identified as newly arrived or vulnerable were selected and included parents from Afghan and Sudanese backgrounds. The violence prevention-intervention training program, for parents with children between three and 18 years, focussed on parenting techniques, reducing drug and alcohol use, depression, domestic violence, child abuse and violence in the community. It consisted of a parenting facilitator training and community programs.

The program has been evaluated and another round of training programs will commence in 2008 using parent facilitators trained in the first stage of the program.

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### RESEARCH: Research into patterns of alcohol and drug use among refugee young people

Recognising the need for research to better understand patterns of alcohol and drug use, the Department of Human Services in partnership with the Department of Justice and Corrections Victoria has been funded by the Victorian Law Enforcement Drug Fund to undertake a research project that will focus on alcohol and drug use among young refugees.

The project aims to identify the patterns of alcohol and drug use among young refugees in the Southern Metropolitan Region, supervised on community dispositions by Community Correctional Services. The project will inform the development of responsive services for young refugees.

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## Action area 1.9: Responding to disability in refugee communities

### Understanding the issues

There are different cultural beliefs about, and responses to, disability. Some cultures link disability with religious beliefs or the spirit world. Others see it as a special gift or calling of their faith. In many refugee source countries, there are very limited services for people with a disability and as a result awareness of the existence and role of services for people with a disability may be quite different to that for other Victorians<sup>11</sup>.

In addition, refugee experiences of torture and trauma can also lead to permanent physical, sensory and intellectual disability or acquired brain injury.

Children from a refugee background may be affected by any combination of biological, environmental, social and environmental factors, including the effects of malnutrition, exposure to communicable diseases, prematurity, stress and trauma and lack of schooling. These factors may impair a child's growth and general development and in some cases this impairment may result in long-standing disability<sup>12</sup>.

At a practitioner level, understanding these factors is important, particularly in the disability assessment process which would involve understanding the following:

- developmental history
- medical, health and trauma history
- personal and family history, including issues associated with resettlement
- cultural context and the different cultural expectations and practices.

Conducting assessments that do not include a consideration of all these factors may lead to inaccurate conclusions in the area of learning difficulties and understanding support needs.

See *Promoting Refugee Health. A guide for doctors and other health care providers caring for people from refugee backgrounds* in box at Appendix 2 for information about refugees and disability.

### Key actions

#### Disability refugee forums and knowledge sharing

A statewide forum to strengthen links between refugee and disability services will be held in 2008-09 to improve access to and provision of information, referral, and support for people with a disability from refugee communities. The forums will involve disability workers and key stakeholders from a range of agencies providing refugee support. The department will coordinate and support the forum.

In addition to the forums, there will be improved opportunities for information exchange between disability workers and refugee workers. The new initiative will build on existing internet and electronic resources to ensure that disability information and refugee information are readily available to both sectors, using methods such as shared websites and subscription-based e-newsletters.

<sup>11</sup> Victorian Foundation for Survivors of Torture 2007: *Promoting refugee health. A guide for doctors and other health care providers caring for people from refugee backgrounds*. p162. [www.foundationhouse.org.au](http://www.foundationhouse.org.au)

<sup>12</sup> *Ibid.*





### **Supporting and strengthening the ability of refugee communities to access disability support**

In 2008-09, in consultation with key refugee stakeholders, region-specific translated information targeted to refugee populations covering key information about disability and disability support services will be developed.

### **Disability employment and training initiative for refugee communities**

In 2008-09, the department will develop stronger links between refugee settlement and support agencies and existing employment and training programs, with the aim of encouraging refugees to consider training and employment in the disability services sector. This initiative aims to identify and address potential barriers to employment and volunteering and increase awareness within refugee groups of the variety of careers and career pathways and volunteering opportunities which exist in the disability sector and the training and scholarship opportunities which lead to those pathways.

## **Local initiatives**

### **Better access to disability services for refugee communities in Southern Metropolitan Region**

With a large, newly arrived refugee population, the Southern Metropolitan Region recognised a need to inform disability service providers of emerging community needs and improve access to services. As part of the region's *CALD plan for disability services*, in 2008-09, the region will focus on four communities, including people from Afghanistan and Sudan to:

- understand community experiences of disability and need for assistance
- strengthen partnerships between community organisations, the department and disability service providers
- raise awareness within communities of the purpose and availability of disability services.

## Action area 1.10: Family violence and sexual assault support

### Understanding the issues

Immigrant women experiencing sexual assault and family violence are a vulnerable group, and this is particularly the case for refugee women. Rape and other forms of sexual torture are commonly perpetrated by persecutory regimes against women, children and men. Women who have experienced sexual assault face particular concerns since they often face rejection by partners, other family members and even their communities. With a lack of family and community support, an unsatisfactory relationship may be considered better than having no one at all. Women and men may be unaware of Australian laws prohibiting family violence, sexual assault and rape in marriage which can be compounded by cultural pressures to stay together. Further, cultural differences, the inability to speak English and a lack of knowledge of available legal, housing, income and family violence and sexual assault services and supports makes it very difficult for a woman to leave a violent partner<sup>13</sup>.

It is vital to engage men and women to understand the causes and impacts of sexual assault, domestic violence and family breakdown on all family members. However, currently behaviour change programs and other family violence support services are not generally available to men with low-English proficiency. Newly arrived communities also need to be supported and educated about the law.

Isolation is a means of imposing control over vulnerable people therefore culturally appropriate social support options are needed for women experiencing isolation and domestic violence and rape in marriage or other forms of sexual assault.

Adolescent refugees sometimes struggle with unfamiliar cultural norms. It is important for young people and their families to explicitly understand what constitutes healthy sexual and intimate relationships in the new culture despite what may be assumed on the basis of popular culture.

See *Promoting Refugee Health. A guide for doctors and other health care providers caring for people from refugee backgrounds* in box at Appendix 2 for more information about sexual assault and family violence.

### Key actions

#### Sexual Assault Workforce Development Project

The Centres Against Sexual Assault (CASA) Forum Incorporated, with CASA House as the lead agency, is partnering with RMIT University and the Australian Centre for the Study of Sexual Assault (ACSSA) to implement, manage and monitor the Statewide Sexual Assault Workforce Development project. The project has been funded for three years by the department and is overseen by a project reference group consisting of CASA representatives, ACSSA, the department and RMIT University. The training will support the delivery of high quality services to adults, children and young people from refugee and CALD backgrounds who are survivors of sexual assault in Victoria. An advanced training module is under development for delivery in 2009. In consultation with Foundation House, the refugee module will cover aspects such as:

- the distinctive psychological conditions associated with torture and refugee trauma
- conducting comprehensive assessments of survivors of torture and trauma
- cross cultural considerations
- strategies and approaches for dealing with effects and presenting issues
- counsellor responses to clients and counsellor debriefing
- working with interpreters.

<sup>13</sup> Victorian Foundation for Survivors of Torture 2007: *Promoting refugee health. A guide for doctors and other health care providers caring for people from refugee backgrounds*: p162. [www.foundationhouse.org.au](http://www.foundationhouse.org.au)



## Action area 1.11: Better services for children and families

### Understanding the issues

*The successful integration of the children into the new community is often the key to integrating the whole family* (Broadbent, Cacciattolo and Carpenter 2007)

In many countries, children are considered to be under the protection of the family and community, not the government. Coupled with sometimes unsuitable mainstream service responses, a fear of authority and lack of understanding by the community of the child protection process, orders and underpinning principles, some refugee families are reluctant to engage with child protection and family services support.

Feedback from service providers and community representatives stress that there is a general lack of knowledge regarding the availability, role and purpose of services such as parenting support services, family services, child protection and family violence services. There is also lack of understanding of Australian law in regards to children and the family, punishment and discipline.

### Key actions

#### **Family strengthening for newly arrived communities: A working group to advise the Minister for Community Services**

A working group will be established with membership from child protection, family services, family violence and key stakeholders including agencies and community peak body representatives to explore responses to the following broad issues:

- the need for agencies and child protection staff to better understand the needs of refugee families and to identify service responses to better meet those needs, such as using a family-centred approach, culturally appropriate placement and use of language services
- the need for newly arrived communities to better understand the child protection, family services and family violence service systems, including Australian laws and cultural expectations and the role and purpose of available supports.

#### **Child First: improving access to support for newly arrived families**

The *Evidence guide for registered community services* under the *Children, Youth and Families Act 2005* requires that Child FIRST, family services and out-of-home care, community services organisations registered under the Act comply with the following standard:

*The CSO creates a welcoming, safe and accessible environment, which promotes the inclusion of children, youth and families.*

The standard is about ensuring:

- flexible service delivery that caters for children, youth and their families
- the service environment is safe, responsive to each child, youth or family's cultural or Aboriginal background and encourages children, youth, families and carers to actively engage and seek support

*The Strategic framework for family services* promotes a stronger focus on cultural responsiveness and meeting the needs of vulnerable children, young people and their families from culturally diverse communities. It indicates that Child FIRST and family services catchment planning should collaborate with CALD service providers and other key sectors' responses to improve the availability and delivery of culturally appropriate interventions and services.

### Best interests case practice model

Released by the department in 2007, the *Best interests case practice model* provides a foundation for working with children, young people and families. It aims to reflect the new case practice directions arising from the *Children, Youth and Families Act 2005* and the *Child Wellbeing and Safety Act 2005*. Designed to inform and support professional practice in family services, child protection and placement and support services, the model aims to achieve successful outcomes for children and their families. In Victoria, the 'Every child every chance' reforms have refocused the child and family services system to enable early intervention and prevention responses to vulnerable children and families.

Effective practice requires good working relationships between services, working in partnership with the family wherever possible with the child's best interests at the centre. The *Best interests case practice model* is based on sound professional judgement, a professional culture that is committed to reflective practice and respectful partnership with the family and other service providers.

The model highlights that an understanding of the impact of past trauma is important for practitioners working with refugee and some migrant communities. It is important that interventions respect this broad understanding and practitioners view child and family needs holistically and as interrelated, not in isolation. It is also important that practitioners seek from the family, *their* definition of who should be involved in particular assessments, interventions, and planning activities, rather than practitioners making assumptions about, who is 'family' or who forms 'community' for this child and family.

The approaches described in the *Best interests case practice model* will be incorporated into induction and ongoing professional development for family services, child protection and placement and support practitioners.

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### RESEARCH: Status report on the health and wellbeing of refugee children and young

Funding of \$100,000 was allocated by Department of Education and Early Childhood Development to develop a status report on the health and wellbeing of Victorian refugee children and young people aged 0 to 18 years. The report, due to be completed by late 2008, will constitute a foundation document for future work, providing historic context and trends. The report will improve the Victorian Government's understanding of refugee children, young people and their families by:

- providing a status report on the five domains of health, safety, development, learning and wellbeing, and an overview of the issues impacting on health and wellbeing
  - identifying gaps in existing community support services and identifying nationally and internationally recognised best policy and practice and innovative models
  - identifying priority areas for future research.
  - A budget of \$114,000 has been allocated for further work to be guided by the status report.
- 

### Local initiatives

#### Community engagement strategy in Melbourne's South East

In 2008, Southern Metropolitan Region and South East Family Services Child FIRST engaged in discussions with the Sudanese Community Action Network on community members' perceptions of the child protection system. Strategies to support community members involved with child protection are being explored, including the better engagement of community elders.



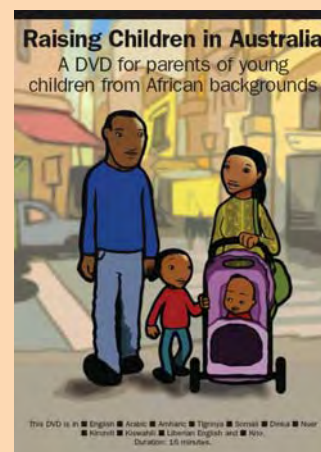
## Raising Children in Australia: A resource kit for working with parents from African backgrounds and a DVD for parents

[www.foundationhouse.org.au](http://www.foundationhouse.org.au)

In 2007, Foundation House produced a Commonwealth funded DVD exploring the opportunities and challenges of raising children in a different culture and provides information on child development, discipline, child protection and services for parents and their young children. It aims to enhance parenting knowledge, capacity and confidence of raising children in Australia.

The guide explores ways for service providers to enhance their capacity in the provision of culturally responsive services and:

- provides information on cultural and country background of refugee source countries in Africa
- explores the refugee experience as well as the challenges and opportunities of settlement
- examines key issues identified by parents and service providers regarding raising children in the Australian context and
- provides information on Australian services to support families and children as well as links to relevant national and international resources.



## Action area 1.12: Supporting young people

### Understanding the issues

*The refugee experience can strengthen qualities such as resilience and resourcefulness, adaptability, a strong commitment to the family and the value of community, and a strong desire to achieve educationally. Newly arrived young people often have broad international knowledge, multilingual skills and awareness of many cultures and communities. If well supported in the transition period, refugee young people have demonstrated their strong capacity to be able to rebuild their lives, achieve their goals and contribute dynamically to the broader Australian community<sup>14</sup> (Oliff and Mohammed 2007)*

In addition to the challenges that families face when settling, such as finding accommodation, children and young people have their own settlement stresses such as making new friends, adapting to a new youth culture, getting used to a new school system, or even participating in formal schooling for the first time. This means that young people need to balance influences and expectations of the new society with the values of their parents and community. Roles within the family are often dramatically altered after settling in Australia, which can create generational conflict and parents sometimes fear 'losing' their children to the new culture<sup>15</sup>.

There are real risks for refugee young people who do not access the family or formal support they need for experiencing social exclusion and disconnection, which may lead to issues such as family breakdown, homelessness, crime, alcohol and drug use, and other social problems.

There is therefore a need to increase access to support services for young people and their families, as well as assisting young people to engage with mainstream community activities and youth-led initiatives which will strengthen social inclusion. See Appendix 2 under 'Children and young people' for more information.

### Key actions

#### Refugee Minor Program

The Refugee Minor Program assists 'unaccompanied' young people and children up to the age of 18 years to settle into life in their new communities through a casework-based approach. All clients are referred by DIAC. The program provides direct services to clients (and their relatives or carers) to develop key settlement competencies whilst also establishing and maintaining partnerships with other key agencies in the community. Client numbers vary, but the program in Victoria supports approximately 300 clients at any one time. Almost half of current clients are Sudanese, followed by Burmese, and smaller numbers of young people from Afghanistan, Liberia, Ethiopia and Iraq. Key partners for the Refugee Minor Program in the management of each case have been AMES Integrated Humanitarian Settlement Strategy, Foundation House, youth justice and child protection areas of the department, Centre for Multicultural Youth Issues, Department of Education and Early Childhood Development, local migrant resource centres, multicultural policy and tertiary learning institutions such as La Trobe, Monash and Melbourne universities.

<sup>14</sup> Oliff and Mohammed F, Settling in: *How do refugee young people fair within Australia's settlement system?* Centre for Multicultural Youth Issues, March 2007 (unpublished). [www.cmyi.net.au/uploads/downloads/cmyi/pdfs/Issues\\_Resources/MigrationAction\\_SettingIn\\_090307.pdf](http://www.cmyi.net.au/uploads/downloads/cmyi/pdfs/Issues_Resources/MigrationAction_SettingIn_090307.pdf)

<sup>15</sup> Victorian Foundation for Survivors of Torture 2007: *Promoting refugee health. A guide for doctors and other health care providers caring for people from refugee backgrounds.* p67. [www.foundationhouse.org.au](http://www.foundationhouse.org.au)



To provide support for increasing numbers of children and young refugee minors settling in rural and regional areas, the program has entered into sub-contractual arrangements with local providers in Warrnambool, Morwell and Shepparton. The program is responsible for case-planning and support to agencies which implement the case plans and undertake day-to-day case management.

- **Refugee Minor Program partnership with Youth Justice:** In 2007, the program employed a staff member from a Sudanese background to assist newly arriving Sudanese young people. The worker assists across the Refugee Minor Program and Youth Justice in the Southern Metropolitan Region, undertaking roles such as providing advice and secondary consultation, home visiting, case assessments and planning.
- **Refugee Minor Program partnership with local MRC:** In July 2007, with funding from the Commonwealth Department of Immigration and Citizenship, the South East Region MRC in partnership with the Refugee Minor Program, began a pilot program aimed at introducing 'family decision making' as a tool for working with unaccompanied humanitarian minor clients and their families. The program aimed to ensure that the young Refugee Minor Program client, family and relevant culturally specific community members are engaged and involved in decisions relating to the young person's circumstances. The pilot also aims to involve community leaders, and build a rapport with the Sudanese community generally. The funding has recently been extended for a further twelve months to extend the service to refugee clients from other backgrounds.

### **Refugee Minor Program – new protocol with settlement services and the Department of Immigration and Citizenship**

A new collaborative protocol has been developed for Victoria between the department, DIAC and AMES Settlement regarding working with mutual clients. It outlines procedures and roles with the aim of improving the contact that unaccompanied humanitarian minors (UHMs) have with DIAC, the Refugee Minor Program and IHSS service providers in the early stages of settlement in Victoria. It aims to maximise benefits for the minor and avoid duplication of services to ensure the needs of the minor are coordinated. There is a commitment to joint planning and case coordination at the earliest possible point. The protocol outlines:

- referral processes
- joint introductory visits
- roles and responsibilities
- an information kit and referral form.

### **Support for at-risk young people by Foundation House**

The Victoria Foundation for Survivors of Torture currently receives over \$190,000 per annum under the Innovative Health Services for Homeless Youth (IHSHY) program. IHSHY is a Commonwealth-State cost-shared program for community organisations to implement innovative health services for homeless and otherwise at-risk young people.

This funding supports the work of Foundation House in providing assistance to refugee young people experiencing dislocation and facing barriers to successful settlement in Australia. The workers provide tailored group work programs that address the specific needs of refugee young people who arrive in Australia without their parents. The focus is on establishing trust and safety, meeting settlement challenges, juggling two cultures, intergenerational conflict and grief and loss.

The workers also seek to improve access by young refugees to mainstream health services by working closely with refugee health nurses, refugee health clinics, allied health and medical practitioners and the provision of training and professional development.



### Youth justice

VICSEG are funded by Youth Services and Youth Justice to work with young Horn of African people who are in contact with, or at risk of entering, the youth justice system. This is achieved through mentoring activities, mediation between young people and police, recreation programs, community education and other services such as youth groups.

### Strengthening outcomes: Refugee students in government schools

In recognition of the importance of assisting schools to meet the highly specialised education and personal support needs of this group of students, the Department of Education and Early Childhood Development has developed *Strengthening outcomes – Refugee students in government schools*. It provides useful contextual information for schools welcoming refugee students for the first time and is a source of useful support material for other schools and organisations providing support and services to refugees.



## Strategic priority 2: Build the capacity and expertise of mainstream and specialist services and health care practitioners in the area of refugee health care

### Rationale for the strategic priority

Working effectively with refugee clients requires coordination, information, resources and networking opportunities to deliver high quality health services. The provision of sensitive and responsive services encourages people to more readily engage with the health care system.

### Action areas

- 2.1 Rural and regional settlement planning
- 2.2 Building the capacity of Department of Human Services staff

### Action area 2.1: Rural and regional settlement planning

#### Understanding the issues

In recent years the Australian Government, in partnership with state and local governments and key local stakeholders, has sought to increase refugee settlement in regional areas by increasing the number of entrants referred to established areas such as Geelong. Through Regional Humanitarian Settlement Pilots, it has also identified regional centres that have the capacity to successfully settle refugees such as Shepparton and Ballarat (see box below). Currently around 10 per cent of settlement of newly arriving refugees is in rural and regional Victoria, settling in 21 out of 47 rural local government areas in 2005-08 (see Table 7).

In addition, refugees voluntarily relocate to rural and regional Victoria from other regional areas or from metropolitan Melbourne. Access to affordable housing, employment opportunities, and lifestyle choices are factors influencing those moving to regional areas. People may also want to be closer to friends or family who have already relocated.

More dispersed settlement to outer metropolitan, rural and regional areas of Victoria can increase refugees' isolation from other people with their own culture and language. Health and support agencies may be less aware or accessible to the needs of newly arriving refugees.

#### Regional Humanitarian Settlement Pilots

A major review of settlement services for migrants and humanitarian entrants was conducted by DIAC (then the Department of Immigration and Multicultural and Indigenous Affairs) in 2003 (see report at Appendix 2 under 'Rural and regional settlement'). The report recommended that, where appropriate, unlinked refugees arriving in Australia be directed to parts of regional Australia in order to address the demand for less skilled labour in regional economies and to assist refugees to achieve early employment. The strategy aimed to help build sustainable regional communities.

DIAC subsequently developed criteria to guide selection of new regional settlement locations in consultations with state and territory governments. The criteria included commitment from all levels of government, availability of appropriate mainstream and specialist services, appropriate employment opportunities, and a welcoming environment.

In 2005, Shepparton, in the Goulburn Valley, was successfully established as Victoria's first Regional Humanitarian Settlement Pilot site. Ballarat began as a second pilot site in 2007. Updates on the Shepparton and Ballarat Regional Humanitarian Settlement Pilots can be found at Appendix 8.

### Key actions

#### Local settlement planning committees in rural and regional Victoria

The Commonwealth Integrated Humanitarian Settlement Strategy (IHSS) provides case management and community guides to support refugees for six months after arrival in Australia. However, when refugees then resettle in other parts



of Victoria, formal initial settlement support may no longer be available, despite needing support and orientation to a new community and local services. Stepping into that gap are services funded through the Commonwealth Settlement Grants Program, members of local settlement planning committees (LSPCs) and local volunteer groups, which together provide coordination and assistance to refugees new to a rural or regional town.

LSPCs are particularly active in rural and regional Victoria and work to assist the settlement and resettlement of refugees and other migrants. LSPCs currently cover regions including Goulburn Valley, Albury-Wodonga, Ballarat, Castlemaine, Mount Alexander, Latrobe Valley, Bass Coast, Colac-Otway, Geelong, Mildura, Swan Hill and Warrnambool. Membership typically includes local agencies and community groups, local government and often representatives from state government departments such as Education and Early Childhood Development, Human Services and Victoria Police and Commonwealth departments such as DIAC and Centrelink.

Many LSPCs have formed sub-committees to dedicate attention to the range of specific needs and issues of new settlers, including the need for employment and housing (including both renting and buying), health services, the need for language services and learning English, childcare, schooling and transport. The LSPCs and their sub-committees aim to coordinate and build the capacity of the local service system and community to respond to the needs of both refugees new to Australia or new to the town. Through a focussed working group approach, active planning and coordination are possible, as well as opportunities for joint service provision, coordinated transport and appointment attendance, knowledge and problem sharing.

#### **The role of community support and volunteers in rural and regional secondary settlement**

*Community acceptance requires the transfer of knowledge and understanding as a two-way process. Its foundations are based on relationships and associations... Studies have found that a friendly and understanding attitude is one of the major factors in promoting health in the successful settlement of refugees (Campbell 2007 at Appendix 2 under 'Rural and regional settlement').*

Volunteer groups, such as the Friends and Tutors Network in Castlemaine, are being found to be key links between local services and newly arrived refugees or people resettling from other parts of the state. Volunteers provide a personal point of contact for refugees and assist in orienting refugees, particularly in the absence of IHSS community guides. Some volunteer groups are faith-based and some are volunteers trained and supported by agencies such as local migrant resource centres. Volunteers assist with tasks such as driving lessons or homework and school assistance, computer training, banking, finding appropriate accommodation and linking in with local sports clubs.

#### **Victorian Refugee Health Network: focus on rural and regional settlement and resettlement**

The network partners believe there are many opportunities for refugees in rural areas however there are particular issues facing regional health service providers in developing appropriate services and other supports. Reflecting different settlement patterns, regional areas are at various stages of development and face varying challenges in responding to the needs of new arrivals. To support continued service development in rural areas, the Victorian Refugee Health Network links rural and regional health service providers to:

- identify common issues of concern
- share experience and resources
- consider how rural services can be supported to better respond to the needs of refugees.

A successful roundtable discussion was conducted in 2008 focussing on rural and regional settlement. The roundtables will be held annually to progress work in this area.



## Action area 2.2: Building the capacity of Department of Human Services staff

### Understanding the issues

The Department of Human Services currently provides a range of direct care services, such as disability client services, housing officers, youth justice support and child protection services. Program and service advisors in regions provide advice and support to funded agencies around service provision as well as monitoring performance and responses to vulnerable communities. The department acknowledges that responsiveness to the health and wellbeing needs of Victoria's refugee communities is an essential part of its core business, whether it be direct care, program advice to agencies, service planning or policy development.

### Key actions

#### Understanding 'the refugee experience' training

Since October 2006, Foundation House has trained departmental staff across the state including program and service advisors and direct care staff from juvenile justice, child protection, specialist children's services, young women's and young men's secure welfare, disability services, office of housing, statewide disability forensic services and primary school nursing. At June 2008, over 270 staff across the state had received training. The training sessions focus on:

- understanding the refugee experience and its impact on individuals, families and communities
- Australia's Humanitarian Program and recent refugee settlement patterns in Victoria
- the traumatic experiences of refugees and identification of possible survivors of torture and trauma
- health and wellbeing issues particular to refugees
- relevant services and referral processes for refugee survivors.

### Local initiatives

#### Southern Metropolitan Region initiative for housing primary and complex care staff

In 2008, the region ran an interactive workshop for its staff to learn more about the experiences and needs of refugee communities settling in the south, and what service responses are available or needed. The session provided an opportunity for staff to network with key local refugee service providers such as the New Hope Foundation, Springvale Community Aid and Advice Bureau and Foundation House. The workshop presented three scenarios for the group to jointly explore to increase understanding of the issues and discuss positive engagement and intervention approaches.

#### Sudanese employment in Southern Metropolitan Region

The Southern Metropolitan Region has employed three young people from Sudanese backgrounds to increase the diversity of its workforce, and provide career pathways for local young people. Case workers from Sudanese backgrounds are already employed with the region. Two trainees have been employed as Victorian Government Youth Employment Scheme (YES) Trainees. The new trainees will work in the corporate services areas for twelve to eighteen months to gain experience in a number of areas including finance, IT, human resources and business services. One young person employed for six months on a short term contract, also works across corporate services. The region is committed to finding employment opportunities to foster a more diverse workforce, which will aid local community understanding of how government works and provide better connections with local community needs.



### **Grampians Region professional development initiative**

In 2008, the Grampians Region plans to deliver professional development activities for departmental direct care staff, as well as funded agencies within the region, with the aim of:

- improving the responsiveness of the service system to meet the needs of refugees
- increasing skills and knowledge of internal and external practitioners providing services for refugees, with a particular emphasis on responding to the needs of people who have experienced torture and trauma
- enhancing understanding of available specialist services for refugees and referral processes
- enhancing cross-cultural communication skills to enable practitioners to operate successfully in a linguistically and culturally diverse environment.

## Strategic priority 3: Support and strengthen the ability of individuals, families and refugee communities to improve their health and wellbeing outcomes

### Rationale for the strategic priority

Good health is vital to cope with the demands of settlement. Information, advocacy and practical support assists people to manage the demands of living in a new community and culture. Importantly, the way services are delivered can support refugees to be part of their new society. By being welcoming and inclusive, health and human services play an important role in building the aspirations and capabilities of their clients. In turn, this strengthens the connections between refugee individuals, families and communities and existing services and supports.

### Action areas

- 3.1 Addressing vitamin D deficiency
- 3.2 Catch-up immunisation for refugees
- 3.3 Access to pharmaceuticals
- 3.4 Sexual and reproductive health
- 3.5 Social support for frail aged refugees
- 3.6 Health promotion literacy

### Action area 3.1: Addressing vitamin D deficiency

#### Understanding the issues

A very high proportion of recently arrived refugees from Africa is being found to be vitamin D deficient. This includes both adults and the babies and infants of vitamin D deficient mothers. Vitamin D deficiency in children can result in rickets, a condition characterised by bony deformity due to inadequate mineralisation of growing bone. Low levels of vitamin D in adults may lead to softening of the bone due to defective bone mineralisation. This condition is known as osteomalacia and can cause bone and joint pain as well as muscle and bone weakness with associated fractures.<sup>16, 17, 18</sup>

People with naturally very dark skin require considerably more sun exposure than people with fairer skin to produce adequate levels of vitamin D as the pigment in dark skin reduces UV absorption.<sup>19</sup> Covering the skin for religious or cultural reasons, having frail skin or spending a lot of time indoors also increases the risk of vitamin D deficiency.<sup>20</sup> Older and infirm people who have difficulty accessing the outdoors are especially at risk of developing osteomalacia due to vitamin D deficiency.

Long term use of oral vitamin D supplements is usually required to treat moderate to severe deficiency and is the only effective treatment for people with dark skin. Use of low-dose daily vitamin D supplements is both expensive and tedious to administer, particularly for large families. High dosage vitamin D supplementation is more effective in treating deficiency and can be administered less frequently. This form of vitamin D is not currently a registered drug in Australia and can only be prescribed with special authorisation through a limited number of outlets.

See Appendix 2 for references and resources on vitamin D deficiency in refugee communities.

<sup>16</sup> Megadose/ high dosage therapy for vitamin D deficiency [www.mja.com.au/public/issues/183\\_01\\_040705/ebe10337\\_fm.html](http://www.mja.com.au/public/issues/183_01_040705/ebe10337_fm.html)

<sup>17</sup> Position statement: Australian and New Zealand Bone and Mineral Society, Osteoporosis Australian, The Australasian College of Dermatologists and the Cancer Council of Australia [www.cancer.org.au/File/PolicyPublications/PSRisksBenefitsSunExposure03May07.pdf](http://www.cancer.org.au/File/PolicyPublications/PSRisksBenefitsSunExposure03May07.pdf)

<sup>18</sup> Victorian Foundation for Survivors of Torture 2007: *Promoting refugee health. A guide for doctors and other health care providers caring for people from refugee backgrounds.* [www.foundationhouse.org.au](http://www.foundationhouse.org.au)

<sup>19</sup> SunSmart message about UV radiation and vitamin D for people with very dark skin [www.sunsmart.com.au/downloads/resources/info\\_sheets/uv\\_vitamin\\_d\\_dark\\_skin.pdf](http://www.sunsmart.com.au/downloads/resources/info_sheets/uv_vitamin_d_dark_skin.pdf)

<sup>20</sup> Osteoporosis Australia website – recommendations on vitamin D, calcium and osteoporosis [www.osteoporosis.org.au/files/internal/oa\\_calcvitd\\_consumer.pdf](http://www.osteoporosis.org.au/files/internal/oa_calcvitd_consumer.pdf)



## Key actions

### A coordinated response to vitamin D deficiency in Victoria

The Department of Human Services is collaborating with a range of key stakeholders to develop a more coordinated response to vitamin D deficiency in Victoria, with three key priorities:

1. improving access to high dosage vitamin D supplements
  2. ensuring clear and consistent health promotion messages
  3. managing sun exposure and the built environment:
1. **High dosage vitamin D supplements working group:** The cost and availability of vitamin D supplementation is a major barrier to achieving acceptable vitamin D levels within at-risk population groups. This working group has progressed access to high dosage vitamin D:
    - Melbourne Health Human Research Ethics Committee has authorised over 60 private and local community health centre (CHC) GPs to locally prescribe imported high dosage vitamin D tablets in partnership with Western Health.
    - To increase affordability, the department is subsidising supplements that will be taken monthly. Partner community pharmacies are dispensing supplements locally.
    - To increase accessibility, the group is working to bring about the registration of high dose vitamin D in Australia.
  2. **Health promotion messages working group:** Currently there are mixed messages about sun exposure levels, cost and need for supplementation, barriers to compliance and testing and duration of dosing required in various at-risk groups and the general community. Principally building on existing work by the Moonee Valley-Melbourne Primary Care Partnership and the Cancer Council of Victoria (SunSmart), this working group is developing clear messages tailored for use by the department, GPs and other health care providers, peak bodies including SunSmart and at-risk population groups to ensure consistency and accuracy.
  3. **Sun exposure and the built environment working group:** This working group is looking to progress work by Moonee Valley-Melbourne PCP around the creation or identification of private, safe spaces for sun exposure by at-risk groups such as those people living in high rise public housing or in residential aged care.

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### RESEARCH: Vitamin D health messages for health professionals project

In 2008, the department has funded Western Health to undertake a project in collaboration with the 'health promotion messages' and 'high dose vitamin D supplements' working groups. The project aims to further develop consistent, evidence-based information on vitamin D that will be readily understandable and accessible to health care professional groups. At risk groups will be a particular focus of the information, including specific information for treating people with dark skin.

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### RESEARCH: Vitamin D and bone health promotion project

A Royal Children's Hospital Immigrant Health Service physician, in partnership with the Murdoch Children's Institute, received a public health research grant of \$106,210 to develop an understanding of the health literacy of recently arrived Africans from a refugee background in Victoria with a focus on vitamin D and bone health. The project will produce a tool for measuring health literacy in this population, a summary report, feedback to African community groups and other stakeholders, translated health promotion materials and a strategy for effective, accessible and sustainable vitamin D supplementation. The project is due to be completed by late 2008.

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## Local initiatives

### Vitamin D clinic in Maribyrnong

In 2006, the Western Region Health Centre, in partnership with the Royal Children's Hospital, established a vitamin D clinic in Footscray to better respond to patients presenting with vitamin D deficiency. A paediatrician is employed as a private practitioner by WRHC and attends on a weekly basis to provide a bulk-billed service with the support of one of the centre's refugee health nurses. The paediatrician, linked to the Royal Children's Hospital, can dispense the high dose vitamin D solution used by the hospital's pharmacy free of charge. The clinic runs for a full day per week in response to high demand.

## Action area 3.2: Catch-up immunisation for refugees

### Understanding the issues

Vaccine preventable diseases are endemic or epidemic in countries of origin of most refugee families. Refugees are generally considered to be more susceptible to contracting vaccine preventable disease after arriving in Australia as they are commonly large families in poor health and with inadequate immunisation (or arriving with a vaccine preventable disease). People are also highly susceptible to exposure to vaccine preventable diseases as they travel back and forth from Australia to visit family in countries of origin or transit<sup>21</sup>.

For individual and public health protection, children and adults arriving in Victoria require catch-up immunisation in line with the National Immunisation Program Schedule<sup>22</sup> (see Appendix 2 under 'Immunisation'). Key factors to consider include:

- newly arrived refugee and migrant children will usually require catch-up immunisation and opportunities such as commencing school or attending English language schools/centres should be utilised
- refugees often do not have immunisation records and are unsure of immunisation history
- research suggests that instead of testing for evidence of past immunisations, it is more effective to undertake catch-up immunisation as scheduled if there are no adequate records.

### Key actions

#### Refugee catch-up immunisation program

Through a temporary funding arrangement with the Commonwealth Government, adult refugees can currently be given free vaccines for catch-up immunisations such as diphtheria, tetanus, pertussis, poliomyelitis (all ages), measles, mumps, rubella (if born from 1966 onwards) and Human Papillomavirus (females aged 13-26 until 30 June 2009). The Department of Human Services has updated the list of free vaccines and their indication for use to reflect the new refugee catch-up immunisation program. People of a refugee background continue to receive scheduled vaccines as detailed in the indications for use column (see Appendix 2 under 'Immunisation'). All children, including school-aged children can receive free childhood vaccines as a catch-up. Vaccines such as hepatitis B, meningococcal C and chickenpox must meet age eligibility criteria as indicated in Appendix 2.

<sup>21</sup> Victorian Foundation for Survivors of Torture 2007: *Promoting refugee health. A guide for doctors and other health care providers caring for people from refugee backgrounds*. p148. [www.foundationhouse.org.au](http://www.foundationhouse.org.au)

<sup>22</sup> Australian immunisation handbook 9th edition, 2008, Department of Health and Ageing. National Health and Medical Research Council [www.immunise.health.gov.au/internet/immunise/publishing.nsf/Content/Handbook-home](http://www.immunise.health.gov.au/internet/immunise/publishing.nsf/Content/Handbook-home)



The Commonwealth Government has requested that state immunisation programs provide data on the numbers of each vaccine distributed to refugees. All vaccines that have or will be used for refugees must be ordered from the Department of Human Services using a refugee vaccine order form (Appendix 2).

Victoria is working collaboratively with the Commonwealth to identify a sustainable funding source for refugee catch-up immunisation.

### Local initiatives

#### Refugee immunisation project

Western Region Health Centre (WRHC), the City of Maribyrnong and Western English Language School (WELS) refugee immunisation project was first funded in 2006-07 to address inadequate immunisation coverage amongst many of the children attending WELS. A number of barriers to children receiving immunisation were identified such as poor coordination and communication amongst service providers, securing parental consent, and lack of immunisation records.

Funded by Public Health Branch and North and West Metropolitan Region, in 2008 the project developed a memorandum of understanding (MOU) to clarify each partner's expectations, commitments and responsibilities in the provision of immunisation at WELS. Key expected outcomes of the MOU include:

- a regular immunisation service provided to WELS students
- follow-up of students who require further immunisation once they leave WELS to attend mainstream schools
- improved coordination of immunisation processes
- a workable, collaborative and mutually beneficial partnership between Council, WRHC and WELS.



## Action area 3.3: Access to pharmaceuticals

### Understanding the issues

There is a need for greater access to pharmaceuticals for refugees for three reasons:

1. Around one third of the pharmaceuticals required by recent arrivals are not on the Pharmaceutical Benefits Scheme (PBS). Getting new medications listed on the PBS takes months, often years.
2. Even when the medicines are on the PBS, so many prescriptions can be required by large families that until the PBS safety net is reached, the co-payment is a significant financial burden to the family as well as being an obstacle to compliance with prescribed treatment.
3. The problem of non-compliance is further exacerbated by refugee families' difficulty in paying for the number of over-the-counter medications required to address their health needs.

This non-compliance with prescribed treatment has implications for population as well as individual health and prevents successful settlement due to prolonged ill health.

The State Government is continuing to work with the Commonwealth to improve access to medications for newly arrived refugees.

## Action area 3.4: Sexual and reproductive health

### Understanding the issues

Many young refugees arrive in Australia with limited knowledge of sexual and reproductive health and can experience adverse health outcomes such as unwanted pregnancies or sexually transmissible infections. In some countries the age of consent is different, and Australian practices and laws concerning sexual health may be unfamiliar, such as laws prohibiting female circumcision. This lack of knowledge makes it difficult for young people to negotiate new social and cultural norms. Some key barriers to learning about sexual health are lack of opportunity to attend educational programs, cultural attitudes that designate sex as an inappropriate topic of conversation and the shame and stigma associated with sex which further limits capacity to discuss sexual health issues.<sup>23</sup>

See Appendix 2 for resources on the sexual and reproductive health concerns of refugees.

### Key actions

#### Prevention of female genital mutilation

The practice of female genital mutilation (FGM) is common in parts of Africa, Asia and in some Middle Eastern countries. In Victoria, some refugees will be from countries or regions in which FGM is practiced. The Family and Reproductive Rights Education Program (FARREP) aims to work with both refugee and non-refugee communities that practice FGM in order to:

- increase access to primary health services
- improve the physical and emotional health and wellbeing of women, young girls and their families
- encourage the health system to be more responsive to their needs.

The Royal Women's Hospital has comprehensive resources on FGM, including the newly developed health education manual funded by the department (see Appendix 2 under 'Sexual and reproductive health').

#### Africans in regional Victoria sexual health project

The Multicultural Health and Support Service (MHSS) at North Richmond Community Health Centre has been funded to provide education and support regarding blood borne viruses and sexual health for recently arrived communities in regional Victoria, with a focus on African communities. The project is a partnership with Centre for Culture, Ethnicity and Health, the Department of Human Services, the Victorian Multicultural Commission, Victorian Equal Opportunity and Human Rights Commission, and local community organisations and service providers in Geelong, Colac and Ballarat and in 2008, Latrobe Valley.

The aim of the project is to assist communities to better understand communicable diseases, Australian societal norms and laws, risks of sexually transmissible infections in Australia, what local support services are available, and how they can be accessed. The community-based programs also allow parents to discuss cross-cultural issues and how they may impact upon their families. Another aspect of the initiative is the training provided to local health and settlement services around culturally sensitive assessment and service provision.

#### Hip Hop for Health

The Hip Hop for Health Program (HHHP), run by the Multicultural Health and Support Service, is in its second year. The program aims to increase the knowledge of blood borne viruses (BBV) and sexually transmissible infections (STI)

<sup>23</sup> Victorian Foundation for Survivors of Torture 2007: Promoting refugee health. *A guide for doctors and other health care providers caring for people from refugee backgrounds*. [www.foundationhouse.org.au](http://www.foundationhouse.org.au)



and promote preventative behaviours amongst target populations through the provision of interactive workshops that utilise the principles of both peer education (communicated through hip hop) and adult learning. HHP currently targets African and Arabic-speaking young people who are recent arrivals in Australia. Participants include young people from the Sudanese, Somali, Eritrean, Ethiopian, Iraqi and Afghani communities. The young people are typically disconnected from the school and health and welfare service systems and have limited access and exposure to information about BBV and STIs.

### **Whole-School Sexuality Education**

The Departments of Human Services and Education and Early Childhood Development are undertaking a joint project to implement sexuality education under the 'Whole-school model', within Victorian schools. This joint project has made significant advances in the delivery of sexuality education within Victorian primary and secondary schools. Teaching of sexuality education is now compulsory in all public schools within Victoria. The major emphasis has been on ensuring sexuality education is ongoing in schools and integrated across all year levels. Under this model the needs of all students, including refugee students, are being determined in order to guide teaching that meets all students' needs.

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### **RESEARCH: Refugee young people sexual health information project**

The Refugee Health Research Centre is a partnership between Latrobe University and Foundation House. The centre received a department public health research grant of \$98,462 in 2007 to investigate how youth from a refugee background access, interpret and use sexual health information. The five primary aims of the study were to:

1. identify how refugee youth find out about sexual health and illness
2. identify how refugee youth understand and interpret the information they receive around sexual health risk and protection
3. describe how refugee youth use sexual health information
4. examine the enablers and barriers to the implementation of sexual health information
5. develop recommendations for strategies to promote sexual health literacy and sexual health among young people with refugee backgrounds.

The findings highlight young people's knowledge, attitudes, behaviours and experiences in relation to sexual and reproductive health issues, with a particular focus on HIV/AIDS, sexually transmissible infections, contraception, unplanned pregnancy, initiation of sexual relationships, sources of information, and use of health services. The study highlights specific issues and needs of refugee youth, in relation to a background of forced migration and displacement and to the post-migration context in Australia. It also indicates that a range of other factors including gender, socio-cultural frameworks and socio-economic status influence the ways in which newly arrived refugee young people learn about sex, their experience of relationships and sexual activity, and their attitudes towards risk and protective behaviours.

The report will be available in late 2008.

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### **Victorian Refugee Health Network: Sexual and reproductive health working group**

In early 2009, the Victorian Refugee Health Network will establish a working group to address some significant issues for refugee communities in relation to sexual and reproductive health. These include:

- poor physical health impacting on reproductive health
- cross-cultural issues
- conditions associated with trauma and torture
- access to relevant health information and health promotion
- issues for young people negotiating differing social values.

## Action area 3.5: Social support for frail aged refugees

### Understanding the issues

In 2005-08, 587 people aged 50 years and over settled in Victoria. Almost 54 per cent were female. In the 60 years and over group, the proportion of females grows to almost 59 per cent. While these numbers are small compared to other migrant groups and to refugees from other age groups, the needs of this group are significant. For recently arrived older refugees, the experiences of forced displacement, torture and trauma, are layered on top of the challenges of growing old in a new country and trying to access employment and learn a new language at an older age.

In 2005, the Refugee Health Research Centre completed a report describing Victoria's ageing refugee population and exploring their needs for, and access to, community health and support services. *A profile of Victorian Seniors from Refugee Backgrounds: Health and wellbeing needs and access to aged care health and support services* identified a range of issues affecting the health and wellbeing of many refugee seniors. These include:

- social isolation
- mental health vulnerability
- the expectation of family care
- cultural barriers to using aged care services
- lack of knowledge of services
- fear of using services
- lack of ethno-specific services.

### Key actions

#### **Social support for refugee communities in the North and West Metropolitan Region who are frail aged or have disabilities**

Planned activity groups (PAGs) are funded through the Home and Community Care (HACC) Program and target frail older people and people with disabilities. PAGs provide a planned program of activities directed at enhancing the skills required for daily living and providing physical, intellectual, emotional and social stimulation. Recognising that there are numerous physical and mental health benefits to participating in health promoting activities and being socially connected, the groups also provide opportunities for social interaction as well as respite and support for carers.

The North and West Metropolitan Region has a history of supporting small and emerging refugee communities to provide PAGs for frail aged and people with disabilities within their communities. The following organisations are currently funded in the region:

- The Horn of Africa Senior Women's Program provides programs in Maribyrnong and Melbourne for older women from Eritrea, Ethiopia, Somalia and Northern and Southern Sudan.
- Migrant Resource Centre North West Region currently provides programs for people from Bosnia, East Timor and the Horn of Africa (men's group) in Maribyrnong and Brimbank. The agency is funded to respond flexibly to newly settling groups.
- The Victorian Multiethnic Slavic Welfare Association offers groups in Darebin, Melbourne and Maribyrnong for people from Bosnia, Serbia and Croatia. A women's group is held in North Melbourne.
- Serbian Social Services and Support runs programs for the Serbian community in Brimbank.



- Victorian Arabic Social Services runs groups for Iraqis in Hume and Darebin.
- Banyule Community Health Service runs a group for people from Somalia.

#### **Addressing the HACC service needs of small and emerging communities**

The MRC North West Region and Spectrum MRC are funded for three years by HACC to support people from small and emerging communities who are frail aged or have a disability, to access the broader HACC service system. The project is funded until June 2011.

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#### **RESEARCH: Caring for older survivors of genocide and mass trauma**

Partly funded by the department, this project addresses the lack of empirical knowledge needed to prepare the Victorian aged care workforce to care for older survivors from a range of diverse cultures and backgrounds. The two-year project focuses on two communities: Jewish Holocaust survivors and aged survivors of the Cambodian genocide.

Phase one of the project has developed and piloted a number of survey instruments for managers of aged care services, staff, survivors and their family members, including

- surveying aged care managers
- holding focus groups with aged care staff
- running community consultations with peak bodies and service provider agencies
- interviewing survivors and carers.

A number of themes have emerged for which analysis is underway. Phase two of the project will involve the development of a training and best practice program, trial and evaluation of the program and dissemination of the findings and project outputs.

The project is expected to be completed by the end of 2009.

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## Action area 3.6: Health literacy

### Understanding the issues

Health literacy refers to the range of skills needed for a person to obtain, process, and understand basic oral and written health information to make critical decisions in health-related matters. Health literacy is affected by a range of factors including a person's education and social and cultural background and is also affected by the communication skills of the person and the health practitioner.<sup>24</sup>

### Key actions

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#### **RESEARCH: A new approach to health literacy and health promotion project**

In 2007, the Murdoch Children's Research Institute received a public health research grant of \$130,390 to document international best practice on culturally competent health literacy within a health promotion context. Working closely with African communities, this study focused on the social practices of health literacy from a community perspective and explored the impact and potential benefits of a new approach. The outcomes of this research will contribute to and inform culturally competent health literacy and health promotion strategies for African communities. The study was completed in July 2008.

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<sup>24</sup> Green, *Health literacy: Terminology and trends in making and communicating health related information*, Health Issues 2007, Number 92 [www.healthissuescentre.org.au/documents/detail.chtml?filename\\_num=204909](http://www.healthissuescentre.org.au/documents/detail.chtml?filename_num=204909)



# Section C Appendices



## Appendix 1: Abbreviations and acronyms

ACSSA	Australian Centre for the Study of Sexual Assault	N&WMR	North and West Metropolitan Region (of Department of Human Services)
AMES	Adult Multicultural Education Service	PAG	Planned activity group (HACC Program)
AMHS	Area mental health service	PBS	Pharmaceutical Benefits Scheme
ASAS	Red Cross Asylum Seeker Assistance Service	PCP	Primary care partnership
ASRC	Asylum Seeker Resource Centre	PDMS	Pre-departure medical screening
CALD	Culturally and linguistically diverse/diversity	PPV	Permanent protection visa
CASA	Centre Against Sexual Assault	RASHN	Refugee and Asylum Seekers Health Network
CHC	Community health centre (community health service)	RCH	Royal Children's Hospital
CSO	Community service organisation	RHNP	Refugee Health Nurse Program
DHS	Victorian Department of Human Services	RHRC	Refugee Health Research Centre
DEECD	Victorian Department of Education and Early Childhood Development	RMH	Royal Melbourne Hospital
DIAC	Commonwealth Department of Immigration and Citizenship (formerly DIMIA)	RMP	Refugee Minor Program
DPCD	Victorian Department of Planning and Community Development	SAAP	Supported Accommodation Assistance Program
ELS	English language school	SGP	Settlement Grants Program
FARREP	Family and Reproductive Rights Education Program	SHP	Special Humanitarian Program
FGM	Female genital mutilation	SMR	Southern Metropolitan Region (of Department of Human Services)
GP	General practitioner	THM	Transitional housing management
HACC	Home and Community Care Program	THV	Temporary humanitarian visa
IHSHY	Innovative health services for homeless youth	TIS	Commonwealth Translating and Interpreting Service
IHSS	Integrated Humanitarian Settlement Strategy	TPV	Temporary protection visa
LGA	Local government area	UHM	Unaccompanied Humanitarian Minor
LSPC	Local settlement planning committee	UN	United Nations
MBS	Medical Benefits Scheme	UNHCR	United Nations High Commissioner for Refugees
MHSS	Multicultural Health and Support Service (North Richmond CHC)	VFST	Victorian Foundation for Survivors of Torture (Foundation House)
MRC	Migrant resource centre	VIDS	Victorian Infectious Diseases Service (Royal Melbourne Hospital)
NAATI	National Accreditation Authority for Translators and Interpreters	VMC	Victorian Multicultural Commission
NASAVic	Network of Asylum Seeker Agencies	VSPC	Victorian Settlement Planning Committee
NISS	National Integrated Settlement Strategy	VTPU	Victorian Transcultural Psychiatry Unit
		WRHC	Western Region Health Centre

## Appendix 2: Key references and resources

### Promoting refugee health: A guide for doctors and other health care providers caring for people from refugee backgrounds

The key resource to guide professionals caring for refugees in Victoria is the 2007 guide by the Victorian Foundation for Survivors of Torture (Foundation House).

The comprehensive guide covers:

- cross-cultural communication
- trauma and torture experiences
- specific health concerns of adults, children and adolescents
- approaches to refugee health assessment including the refugee MBS item
- consultation and management
- strategies to support service access
- health entitlements and settlement support
- web links for country profiles, refugee health websites
- service directories for each state and territory.



*Promoting refugee health:  
A guide for doctors and other  
health care providers caring for  
people from refugee backgrounds.*  
[www.foundationhouse.com.au](http://www.foundationhouse.com.au)

### Policy and legislative resources

- Growing Victoria Together: A vision for Victoria to 2010 and beyond [www.dpc.vic.gov.au](http://www.dpc.vic.gov.au)
- Valuing Cultural Diversity and Multicultural Victoria Act 2004 [www.multicultural.vic.gov.au](http://www.multicultural.vic.gov.au)
- Department of Human Services Departmental Plan 2008-09 [www.dhs.vic.gov.au/dhsplan](http://www.dhs.vic.gov.au/dhsplan)
- Charter of Human Rights and Responsibilities Act 2006 [www.justice.vic.gov.au/humanrights](http://www.justice.vic.gov.au/humanrights)
- Department of Human Services Cultural diversity guide (2004) [www.dhs.vic.gov.au/multicultural](http://www.dhs.vic.gov.au/multicultural)
- Department of Human Services Language services policy (2005) [www.dhs.vic.gov.au/multicultural](http://www.dhs.vic.gov.au/multicultural)
- Department of Human Services Cultural diversity plan (2008) [www.dhs.vic.gov.au/multicultural](http://www.dhs.vic.gov.au/multicultural)
- Overview of the Commonwealth Humanitarian Program [www.immi.gov.au/refugee/migrating/index.htm](http://www.immi.gov.au/refugee/migrating/index.htm)

### Asylum seekers

- Special access arrangements for Victorian public hospital, dental and ambulance services [www.health.vic.gov.au/hospitalcirculars/circ05/circ2705.htm](http://www.health.vic.gov.au/hospitalcirculars/circ05/circ2705.htm)
- A resource to promote and assist further with understanding special entitlements to services for Medicare ineligible asylum seekers in Victoria [www.dhs.vic.gov.au/multicultural/html/refugee\\_action.htm](http://www.dhs.vic.gov.au/multicultural/html/refugee_action.htm)
- Information on the abolition of temporary protection visas (TPVs) [www.immi.gov.au/refugee/tpv\\_thv/index.htm](http://www.immi.gov.au/refugee/tpv_thv/index.htm).
- Changes to detention arrangements for asylum seekers [www.minister.immi.gov.au/media/media-releases/2008/ce08072.htm](http://www.minister.immi.gov.au/media/media-releases/2008/ce08072.htm)



- Table produced by DIAC to detail visas and service access arrangements in Victoria  
[www.immi.gov.au/media/publications/settle/entitlements.htm](http://www.immi.gov.au/media/publications/settle/entitlements.htm)
- Access to aids and equipment now extended to asylum seekers  
[www.dhs.vic.gov.au/\\_\\_data/assets/pdf\\_file/0005/171419/aep\\_programguidelines\\_pdf\\_110408.pdf](http://www.dhs.vic.gov.au/__data/assets/pdf_file/0005/171419/aep_programguidelines_pdf_110408.pdf)

## Vitamin D

- SunSmart message about UV radiation and vitamin D for people with very dark skin  
[www.sunsmart.com.au/downloads/resources/info\\_sheets/uv\\_vitamin\\_d\\_dark\\_skin.pdf](http://www.sunsmart.com.au/downloads/resources/info_sheets/uv_vitamin_d_dark_skin.pdf)
- Position statement: Australian and New Zealand Bone and Mineral Society, Osteoporosis Australian, The Australasian College of Dermatologists and the Cancer Council of Australia  
[www.cancer.org.au/File/PolicyPublications/PSRisksBenefitsSunExposure03May07.pdf](http://www.cancer.org.au/File/PolicyPublications/PSRisksBenefitsSunExposure03May07.pdf)
- Osteoporosis Australia website – recommendations on vitamin D, calcium and osteoporosis  
[www.osteoporosis.org.au/osteo\\_downloads.php](http://www.osteoporosis.org.au/osteo_downloads.php)
- Megadose/high dosage therapy for vitamin D deficiency  
[www.mja.com.au/public/issues/183\\_01\\_040705/ebe10337\\_fm.html](http://www.mja.com.au/public/issues/183_01_040705/ebe10337_fm.html)

## Catch-up immunisation

- National Health and Medical Research Council, 2008, Australian immunisation handbook 9th edition, Department of Health and Ageing. [www.immunise.health.gov.au/internet/immunise/publishing.nsf/Content/Handbook-home](http://www.immunise.health.gov.au/internet/immunise/publishing.nsf/Content/Handbook-home)
- Department of Human Services refugee vaccine order form [www.health.vic.gov.au/immunisation/general/forms](http://www.health.vic.gov.au/immunisation/general/forms)
- Department of Human Services list of free vaccines and their indication for use reflecting the refugee catch-up immunisation program [www.health.vic.gov.au/immunisation/factsheets/free\\_vaccines](http://www.health.vic.gov.au/immunisation/factsheets/free_vaccines)

## Oral health care

- Dentistry in Victoria website, including details on eligibility for public dental services  
[www.health.vic.gov.au/dentistry/clients/dental\\_system.htm](http://www.health.vic.gov.au/dentistry/clients/dental_system.htm)
- Davidson N, Skull S, et al. 2006, 'Holes a plenty: oral health status a major issue for newly arrived refugees in Australia', *Australian Dental Journal* vol 51, no 4, pp 306-311  
[www.ada.org.au/App\\_CmsLib/Media/Lib/0612/M43664\\_v1\\_633020322972052500.pdf](http://www.ada.org.au/App_CmsLib/Media/Lib/0612/M43664_v1_633020322972052500.pdf)
- Fact sheets on the dental health of refugees produced by the NSW Refugee Health Service for both community workers and dental professionals [www.swsahs.nsw.gov.au/areaser/refugeehs/resources\\_factsheets.asp](http://www.swsahs.nsw.gov.au/areaser/refugeehs/resources_factsheets.asp)

## Drug and alcohol

- DrugInfo Clearinghouse Newly arrived refugees and drug prevention suite June 2006  
[www.druginfo.adf.org.au/newsletter.asp?ContainerID=newly\\_arrived\\_refugees](http://www.druginfo.adf.org.au/newsletter.asp?ContainerID=newly_arrived_refugees)

## Sexual and reproductive health

- The Royal Women's Hospital has comprehensive resources, including the newly developed health education manual available at [www.thewomens.org.au/FARREPAchievements](http://www.thewomens.org.au/FARREPAchievements)
- Refugee young people sexual health information project by the Refugee Health Research Centre available in late 2008 at [www.latrobe.edu.au/rhrc/rhrc\\_publications.html](http://www.latrobe.edu.au/rhrc/rhrc_publications.html)



## Children and young people

- Royal Children's Hospital Immigrant Health Service. Clinical guidelines are available at [www.rch.org.au/immigranthealth/index.cfm?doc\\_id=10575](http://www.rch.org.au/immigranthealth/index.cfm?doc_id=10575))
- Foundation House 2007 *Raising Children in Australia. A resource kit for working with parents from African backgrounds* and a DVD for parents [www.foundationhouse.org.au/resources/publications\\_and\\_resources.htm](http://www.foundationhouse.org.au/resources/publications_and_resources.htm)
- Strengthening outcomes. Refugee students in government schools [www.eduweb.vic.gov.au/edulibrary/public/teachlearn/student/StrengtheningOutcomes-rpt-v1.pdf](http://www.eduweb.vic.gov.au/edulibrary/public/teachlearn/student/StrengtheningOutcomes-rpt-v1.pdf)
- Victorian Foundation for Survivors of Torture 2000 *A guide to working with young people who are refugees. Strategies for providing individual counselling and group work* [www.foundationhouse.com.au/resources/publications\\_and\\_resources.htm](http://www.foundationhouse.com.au/resources/publications_and_resources.htm)
- Oliff and Mohammed F 2007 *Settling in: How do refugee young people fair within Australia's settlement system?* Centre for Multicultural Youth Issues (unpublished).
- Refugee Minor Program, DIAC Fact sheet 69: *Caring for unaccompanied minors*, Department of Immigration and Citizenship [www.immi.gov.au/media/fact-sheets/69unaccompanied.htm](http://www.immi.gov.au/media/fact-sheets/69unaccompanied.htm)

## Frail aged refugees

- Refugee Health Research Centre report: *A profile of Victorian Seniors from Refugee Backgrounds: Health and wellbeing needs and access to aged care health and support services* can be found at [www.latrobe.edu.au/rhrc/documents/seniors1.pdf](http://www.latrobe.edu.au/rhrc/documents/seniors1.pdf)

## Language services

- Department of Human Services language services policy can be accessed at: [www.dhs.vic.gov.au/multicultural/html/langservices.htm](http://www.dhs.vic.gov.au/multicultural/html/langservices.htm)
- The National Accreditation Authority for Translators and Interpreters (NAATI) [www.naati.com.au/an-index.html](http://www.naati.com.au/an-index.html)
- Large language service providers operating in Victoria include organisations such as:
  - Oncall Interpreters and Translators Agency [www.oncallinterpreters.com](http://www.oncallinterpreters.com)
  - VITS LanguageLink [www.vits.com.au](http://www.vits.com.au)
  - Translating and Interpreting Service (TIS) [www.immi.gov.au/living-in-australia/help-with-english/help\\_with\\_translating/index.htm](http://www.immi.gov.au/living-in-australia/help-with-english/help_with_translating/index.htm)
  - All Graduates Interpreting and Translating [www.allgraduates.com.au](http://www.allgraduates.com.au)

## Health literacy

- Green, 'Health literacy: Terminology and trends in making and communicating health related information', Health Issues 2007, Number 92 [www.healthissuescentre.org.au/documents/detail.chtml?filename\\_num=204909](http://www.healthissuescentre.org.au/documents/detail.chtml?filename_num=204909)
- Murdoch Children's Research Institute. *A new approach to health literacy and health promotion* project will be available in 2008.

## Rural and regional settlement

- McDonald B, Gifford S, Webster K, Wiseman J, Casey, S 2008 *Refugee Resettlement in Regional and Rural Victoria: Impacts and Policy Issues*, VicHealth, Melbourne [www.vichealth.vic.gov.au/mentalhealthreports/#cs\\_1487](http://www.vichealth.vic.gov.au/mentalhealthreports/#cs_1487)

- Campbell D 2007 *Regional settlement of refugees: Implications for policing, refugee entrants and host communities*, Tasmanian Institute of Law Enforcement Studies, University of Tasmania. Briefing Paper No. 3. [www.utas.edu.au/tiles/publications\\_and\\_reports/briefing\\_papers/TILES\\_Briefing\\_March\\_07.pdf](http://www.utas.edu.au/tiles/publications_and_reports/briefing_papers/TILES_Briefing_March_07.pdf)
- DIAC 2007, *Fact sheet 97: humanitarian settlement in regional Australia*, at 6 November 2008 [www.immi.gov.au/media/fact-sheets/97humanitarian\\_settlement.htm](http://www.immi.gov.au/media/fact-sheets/97humanitarian_settlement.htm)
- DIMIA 2003, *Report of the review of settlement services for migrants and humanitarian entrants*, Department Immigration and Multicultural and Indigenous Affairs, Canberra [www.immi.gov.au/living-in-australia/delivering-assistance/government-programs/settlement-policy/review-settlement-services.htm](http://www.immi.gov.au/living-in-australia/delivering-assistance/government-programs/settlement-policy/review-settlement-services.htm)
- A 2007 evaluation of the Shepparton pilot can be accessed at: Piper, M 2006, Evaluation of Shepparton regional settlement pilot: draft report to DIMIA, Margaret Piper and Associates. [www.immi.gov.au/living-in-australia/delivering-assistance/government-programs/settlement-planning/\\_pdf/shepparton\\_pilot.pdf](http://www.immi.gov.au/living-in-australia/delivering-assistance/government-programs/settlement-planning/_pdf/shepparton_pilot.pdf)
- DIAC 2007 *Regional settlement in Australia: Research into the settlement experience of humanitarian entrants in regional Australia* [www.immi.gov.au/living-in-australia/delivering-assistance/government-programs/settlement-planning/\\_pdf/evaluation-regional-settlement-australia.pdf](http://www.immi.gov.au/living-in-australia/delivering-assistance/government-programs/settlement-planning/_pdf/evaluation-regional-settlement-australia.pdf)

## Other

- Victorian Refugee Health Network website: A range of information and resources on refugee health [www.refugeehealthnetwork.org.au](http://www.refugeehealthnetwork.org.au).
- Refugee Health Service at Royal Melbourne Hospital [www.mh.org.au/Royal\\_Melbourne\\_Hospital/www/353/1001127/displayarticle/1001685.html](http://www.mh.org.au/Royal_Melbourne_Hospital/www/353/1001127/displayarticle/1001685.html) and [www.internationalhealth.unimelb.edu.au](http://www.internationalhealth.unimelb.edu.au)
- Medicare Australia website [www.medicareaustralia.gov.au/statistics/mbs\\_item.shtml](http://www.medicareaustralia.gov.au/statistics/mbs_item.shtml)
- Pre-departure Medical Screening DIAC 2008 Fact Sheet 67a – Pre-departure Medical Screening (PDMS) [www.immi.gov.au/media/fact-sheets/67a\\_pdms.htm](http://www.immi.gov.au/media/fact-sheets/67a_pdms.htm)
- Kelly M 2008 *Greater Dandenong Community Health Nurse Project: an in-depth description of the Refugee Health Nurse Program position based at the Greater Dandenong Community Health Service*. Refugee Health Research Centre: La Trobe University and Foundation House [www.latrobe.edu.au/rhrc/rhrc\\_publications.html](http://www.latrobe.edu.au/rhrc/rhrc_publications.html)
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- Western Region Health Centre. Refugee health service model evaluation 2008. [www.wrhc.com.au/images/Refugee\\_Health\\_2008.pdf](http://www.wrhc.com.au/images/Refugee_Health_2008.pdf)

## Commonwealth Government support for Humanitarian Program entrants

- Integrated Humanitarian Settlement Strategy (IHSS) [www.immi.gov.au/media/fact-sheets/66ihss.htm](http://www.immi.gov.au/media/fact-sheets/66ihss.htm)
- Settlement Grants Program (SGP) [www.immi.gov.au/media/fact-sheets/92funding.htm](http://www.immi.gov.au/media/fact-sheets/92funding.htm)
- DIAC settlement database can be accessed at [www.immi.gov.au/living-in-australia/delivering-assistance/settlement-reporting-facility/index.htm](http://www.immi.gov.au/living-in-australia/delivering-assistance/settlement-reporting-facility/index.htm)
- Community profiles can be accessed at [www.immi.gov.au/living-in-australia/delivering-assistance/government-programs/settlement-planning/community-profiles.htm](http://www.immi.gov.au/living-in-australia/delivering-assistance/government-programs/settlement-planning/community-profiles.htm)

## Appendix 3: Commonwealth and state government entitlement by Humanitarian visa category

The visa a person holds determines their entitlement to the range of government-funded services, particularly Commonwealth-funded entitlements. People selected for entry through the offshore component of the Humanitarian Program are granted permanent residence in Australia and are entitled to the same benefits and services as Australian residents, such as Centrelink assistance and Medicare, as well as some additional assistance in the early settlement period.

However, almost all people who apply onshore through the Humanitarian Program and receive a Bridging visa E are Medicare ineligible and are not entitled to a range of benefits including Centrelink and settlement support services. However, regardless of visa status, people entering through any component of the Humanitarian Program are entitled to almost all state government services and support. Under special arrangements in Victoria, Medicare ineligible asylum seekers can also access public hospital, emergency ambulance and community dental services.

**Table 6: Commonwealth entitlement by Humanitarian visa category, Victoria, July 2008**

Entitlement	Humanitarian entrants - Refugees	Humanitarian entrants - Special Humanitarian Program	Community-based asylum seekers*
Visa subclass	200 (refugee) 201 (In-Country Special Humanitarian) 203 (Emergency Rescue)	202 (Global Special Humanitarian)	Bridging visa E
Airfares to Australia	Yes	No	No
Income support through Centrelink	Yes	Yes	No
Health care card and Pharmaceutical Benefits Scheme	Yes	Yes	No
Medicare	Yes	Yes	No, but under special arrangements in Victoria, have access to public hospital, community dental and emergency ambulance services**
Work rights and job search assistance	Yes	Yes	No
IHSS settlement support	Yes	Yes	No
English language classes - adults	Yes	Yes	No
English language classes - children	Yes	Yes	Yes
State primary and secondary school	Yes	Yes	Yes
Tertiary and higher education	Yes	Yes	Yes under special arrangements at a couple of Victorian universities, otherwise full fees charged
Commonwealth interpreting and translating services (TIS)	Yes	Yes	No
On-arrival accommodation services	Yes	No	No
Sponsoring relatives and Australian citizenship (family reunion)	Yes	Yes	No
Department of Human Services-funded services	Yes	Yes	Yes**

\* Most community-based asylum seekers receive either a Bridging visa A or E

\*\* Asylum seekers denied access to Centrelink benefits are unable to pay rent and cannot access long-term housing, but are provided access to homelessness assistance and emergency housing programs. See Action area 1.4 on Medicare ineligible asylum seekers for more information.

## Appendix 4: Commonwealth Government support for Humanitarian Program entrants

### National Integrated Settlement Strategy (NISS)

Commonwealth settlement services provided by government and community organisations across Australia are coordinated through the National Integrated Settlement Strategy (NISS) - a planning framework which aims to link and improve the services available to migrants and refugees in Australia at local, regional, state and territory and national levels. The framework:

- clarifies who is responsible for providing services
- encourages agencies to coordinate delivery of services
- targets resources to avoid gaps and duplication
- achieves better outcomes for migrants and refugees by targeting services and making them more accessible to clients.

The NISS focuses on encouraging mainstream agencies to consider the needs of migrants and refugees when planning their services. A key component of the NISS is the work of state and territory settlement planning committees. In Victoria, this committee is called the Victorian Settlement Planning Committee (VSPC).

### Victorian Settlement Planning Committees

The VSPC is a partnership of federal, state and local government agencies and community organisations that plans for the effective delivery of settlement services in Victoria. The Department of Human Services is a member of the VSPC. The department supports the VSPC to explore issues affecting new arrivals, service planning and assisting in state responses to humanitarian crises.

The collaborative work of the VSPC focuses on the initial settlement needs of those who have recently arrived in Victoria. However, the VSPC also recognises that settlement is an ongoing process and that certain groups may have additional needs in years to come, such as women, youth, older persons and refugees - particularly survivors of trauma and torture.

### Integrated Humanitarian Settlement Strategy (IHSS)

The Integrated Humanitarian Settlement Strategy (IHSS) is a national settlement program funded by DIAC and works with state-funded services to deliver support to meet the needs of newly arrived refugees in a coordinated way. IHSS services are generally provided for around six months, but may be extended for particularly vulnerable cases to up to 12 months. Asylum seekers are not eligible for IHSS support (see Action area 1.4 for more information on asylum seekers).

*Note: Special Humanitarian Program entrants rely on their proposers for some support, so unless there are special circumstances, SHP entrants are not met at the airport, do not have on arrival accommodation and orientation arranged and are not eligible for the assistance of a community guide.*





### **The Victorian AMES Settlement Consortium**

In Victoria there is consortium of agencies led by the Adult Multicultural Education Services (AMES) providing IHSS services to newly arrived refugees.

- Case coordination, information and referral including Victorian community guides (AMES Settlement and Springvale Community Aid and Advice Bureau)
- Accommodation services (AMES Settlement, Redback Settlement Services and Brotherhood of St. Laurence)
- On arrival reception, orientation and assistance (Redback Settlement Services)
- Short term torture and trauma counselling services (Foundation House).

*Note: In rural and regional Victoria, some IHSS services are sub-contracted to local providers.*

### **Other sources of Commonwealth support for Humanitarian Program entrants**

While IHSS support is provided to refugees for six to 12 months, in the medium term, entrants have access to settlement support by community-based organisations, including ethno-specific agencies, migrant resource centres and local governments funded through the Settlement Grants Program (SGP). The SGP is targeted to meet the settlement needs of recently arrived humanitarian migrants and family stream migrants, as well as dependants of skilled migrants in rural or regional areas, with low levels of English proficiency.

## Appendix 5: Local government area by initial humanitarian settlement

Table 7: Local government area by initial humanitarian settlement, Victoria 2005-2008

Local government area	Number of humanitarian settlers 2002-05	Number of humanitarian settlers 2005-08	Local government area	Number of humanitarian settlers 2002-05	Number of humanitarian settlers 2005-08
Ballarat	40	84	Maroondah	170	527
Banyule	87	49	Melbourne	122	87
Bass Coast	9	13	Melton	25	36
Baw Baw	11	-	Mildura	-	98
Bayside	19	16	Mitchell	4	1
Boroondara	49	33	Moira	22	23
Brimbank	1596	1060	Monash	166	68
Cardinia	5	7	Moonee Valley	316	126
Campaspe	11	-	Moreland	289	195
Casey	769	605	Mornington Peninsula	7	3
Central Goldfields	-	3	Mount Alexander	-	38
Colac-Otway	27	24	Nillumbik	1	1
Darebin	459	168	Port Phillip	48	24
Frankston	-	58	Queenscliffe	1	3
Gannawarra	3	-	South Gippsland	1	1
Glen Eira	49	29	Southern Grampians	-	1
Greater Bendigo	-	17	Stonnington	24	18
Greater Dandenong	2566	2132	Strathbogie	1	-
Greater Geelong	184	157	Surf Coast	1	2
Greater Shepparton	153	360	Swan Hill	37	78
Hindmarsh	1	1	Wangaratta	-	4
Hobsons Bay	231	378	Warrnambool	27	27
Hume	1149	978	Wellington	1	-
Kingston	133	89	Whitehorse	221	141
Knox	167	55	Whittlesea	363	274
Latrobe	18	87	Wodonga	-	3
Loddon	35	-	Wyndham	162	1046
Manningham	97	16	Yarra	269	198
Maribymong	718	515	Yarra Ranges	29	69
<b>TOTAL</b>				<b>10,940</b>	<b>10,529</b>

Data sourced from DIAC, July 2008

Note: In addition to the initial settlement described above, there is substantial secondary resettlement across Victoria, with people voluntarily moving to other parts of the state following initial settlement. This means that although updated regularly with available address information, this data may under-report the considerable movement of refugees away from their original settlement location.

## Appendix 6: Refugee intake in top 10 Victorian local government areas by top four countries of birth, 2005-08

During the three-year period 2005-08, refugees settled in 53 out of the 79 local government areas in Victoria. The largest settlements of people from Burma/Myanmar were in Wyndham, Maroondah, Hobsons Bay, Maribyrnong and Greater Dandenong. Sudanese people mainly settled in Greater Dandenong, Brimbank and Casey. People from Afghanistan mainly settled in Melbourne's southeast in Greater Dandenong and Casey, as well as Greater Shepparton. People from Iraq mainly settled in Melbourne's north in Hume and Whittlesea.

**Table 8: Refugee settlement in top 10 local government areas by top four countries of birth, Victoria, 2005-08**

LGA	Burma/ Myanmar	Sudan	Afghanistan	Iraq	All other refugee-source countries	% of arrivals
Greater Dandenong	198	622	643	50	619	17%
Brimbank	89	510	27	38	396	11%
Wyndham	555	56	0	*	421	11%
Hume	*	*	*	859	99	3%
Casey	*	143	299	26	131	4%
Maroondah	376	28	0	*	122	3%
Maribyrnong	233	79	0	*	193	5%
Hobsons Bay	255	30	0	*	87	2%
Greater Shepparton	0	49	143	45	123	3%
Whittlesea	*	52	*	111	100	3%
All other Victorian LGAs	198	626	190	227	1413	38%
TOTAL	1904	2195	1302	1356	3704	100%

Data sourced from DIAC, July 2008

\* This figure includes 47 refugees with an unknown LGA

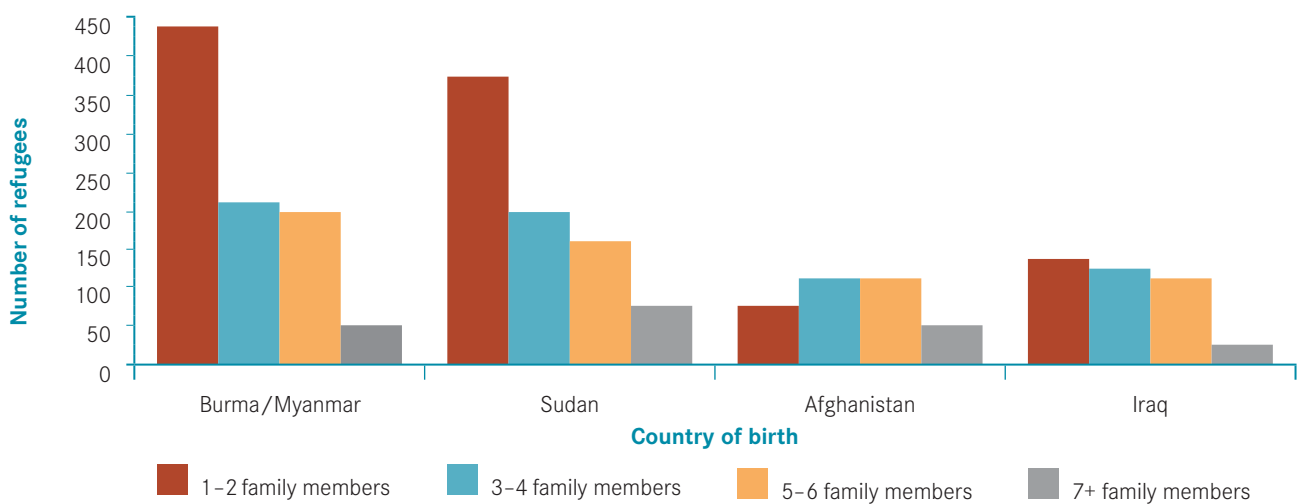
\*\* This figure includes 503 refugees with an unknown LGA

Note: In addition to the initial settlement described above, there is substantial secondary resettlement across Victoria, with people voluntarily moving to other parts of the state following initial settlement. This means that although updated regularly with available address information, this data may under-report the considerable movement of refugees away from their original settlement location.

## Appendix 7: Refugee intake by family size, 2005-08

Family size varied across the top four refugee source countries of birth during 2005-08. Families of seven or more members were most common within arrivals from Afghanistan, with 15 per cent of all families from Afghanistan having seven or more members. Burma/Myanmar and Iraq had the smallest proportion of large families. Families of just one or two people were most common for Burma/Myanmar and Sudan, with 49 and 45 per cent respectively.

**Figure 3: Refugee entrants in Victoria for the top four countries of birth by family size, 2005-08**



Data sourced from the DIAC Settlement Database, July 2008.

Note: see note on country of birth under Figure 1.



## Appendix 8: Regional Humanitarian Settlement Pilots

### Goulburn Valley Regional Humanitarian Settlement Pilot

In 2004, the City of Greater Shepparton was identified as Victoria's first Regional Humanitarian Settlement Pilot site for the direct settlement of people from the Democratic Republic of Congo. Since that time, extensive secondary and internal migration has continued, particularly with people from Sudanese and Afghan backgrounds.

The Goulburn Valley LSPC was established, including a health sub-committee which has used a continuous quality improvement approach for improving systems and processes for better access to health services for new arrivals. In particular the committee has focussed on prioritising initial comprehensive health assessments, provision of catch-up health care including immunisations, and access to dental services for all refugee children. The committee is addressing the ongoing need to provide support and supervision for clinical and non-clinical staff working with refugee families. A peer-led model is ensuring better communication and shared understanding of the differing roles and responsibilities of staff.

From its experiences, the committee developed a capacity checklist to assist other rural regions identify improvement priorities so they can respond effectively to increasing numbers of new arrivals to their communities (see Appendix 9). There is a major service coordination project underway in 2008 to document health care pathways for newly arrived refugees in the local setting.

A link to the 2007 evaluation of the Shepparton pilot can be accessed at Appendix 8 under 'Rural and regional settlement'.

### Ballarat Regional Humanitarian Settlement Pilot

In May 2007, Ballarat was established as Victoria's second Settlement Pilot site. The first Togolese families arrived in Ballarat in May 2007 and now 13 families are residing in Ballarat. There have also been significant numbers of Sudanese people internally migrating to Ballarat.

The Central Highlands Regional SPC played a major role in the coordination of activities prior to and following the arrival of the Togolese families. A health sub-committee has been working on a variety of service system and workforce development activities. Recognising that access to GPs and other health professionals is often difficult in a rural setting, work was undertaken by SPC partners to secure a number of GPs willing to support additional clients, as well as facilitating the delivery of professional development activities related to working with refugees and survivors of torture.

The newly arrived families were assisted closely by the refugee health nurse at the community health centre, and have accessed key services such as health screening through the health service, the Victorian Eye Care Service and other clinical services for the treatment of malaria, vitamin D deficiency, catch-up immunisation and oral health care.

AMES IHSS has been working closely with Ballarat Regional Multicultural Centre to enable the provision of settlement support services. The IHSS case coordinator has played a key role in providing orientation to many services and to the local community. The case coordinator and the refugee health nurse have developed a strong and effective working relationship, providing coordinated access to health services, including treatment for infectious diseases and basic health screening.

In collaboration with the Grampians Region, a language education working group has improved service provision for new arrivals through better communication and the use of language services in the local health service system. In 2008, DIAC commissioned an evaluation of the Ballarat settlement pilot. A report is expected in late 2008.

## Appendix 9: Goulburn Valley refugee health access capacity checklist

### Criteria



1. Bulk billing GP(s) in community health and private GP(s) prepared to bulk-bill refugee clients	
2. Capacity to provide health assessments for potentially large families within (ideally) 72 hours of arrival	
3. GP(s) with a consistent approach to health assessment and trained in the use of standard assessment protocol	
4. Local pathology provider with: <ul style="list-style-type: none"> <li>• same day turn-around</li> <li>• capacity for block bookings for potentially large families</li> </ul>	
5. Systems in place to enable prompt access to medical history/pathology results for hospital emergency departments	
6. Hospital emergency department has agreed protocols for management of acute malaria	
7. Pharmacy access at short notice to anti-malaria and other medication	
8. Pharmacy access to translated medication information and/or interpreters for medication instructions	
9. Access to TB physician for review of health undertakings	
10. Access to S100 prescribers – HIV/HCV	
11. Refugee Health Nurse Program	
12. IHSS provider is orientated to the health service system and knows how to navigate services on behalf of clients	
13. IHSS has clearly defined protocols for referral to health and community services	
14. Links to other refugee health and support programs	

