Refugee Health Services in Tasmania
Overview and Review Recommendations

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Preface

The Department of Health and Human Services has undertaken a review (the review) of refugee health services in Tasmania. Throughout the review the Department of Health and Human Services has consulted with a broad range of stakeholders including health professionals and communities of a refugee background.

The purpose of this paper is to inform all stakeholders of the findings arising from the review and to identify a number of recommendations and commitments to achieve equitable, co-ordinated, responsive and fiscally responsible health care for a small population with unique and challenging health needs.

Importantly, this review recognised the critical contribution made by many dedicated health care professionals who currently treat and care for refugees in Tasmania. This paper draws on the experience and advice from all stakeholders and provides direction to achieve service outcomes which will understand and encourage local solutions whilst building lasting improvements for the community.
Introduction

Australia's refugee re-settlement program seeks to fulfil its obligations as a signatory to the 1951 United Nations Convention relating to the Status of Refugees and to assist in re-settling people who can no longer live in their country of origin.\(^1\) The Australian Government has primary responsibility for fulfilling this role and providing intensive settlement support to refugees. This is mainly achieved through the Integrated Humanitarian Settlement Strategy, which provides intensive initial settlement support to newly arrived refugees and Special Humanitarian Program entrants. A Settlement Grants Program also exists, which can provide ongoing services and support to refugees and migrants in their first five years of living in Australia. The vast majority of services provided for refugee and migrant communities and individuals are funded by the Australian Government and are provided by the non government sector.

Tasmania plays an active role in the resettlement of refugees from many parts of the world. The Tasmanian Government encourages refugee settlement and this is supported by the Australian Government’s focus on regional and rural settlement of refugees. The Department of Health and Human Services has an ongoing role in the health and wellbeing of those refugees that settle in Tasmania.

In comparison to other migrants, refugees often exhibit a higher proportion of long term physical and psychological problems due to experiences of long-term conflict, dangerous journeys, persecution, repression and possible torture and human rights violations.\(^2\) Added to these difficulties is the effort of adjusting to a totally new environment, culture and language, as well as dealing with issues related to separation and displacement, all of which can result in a high rate of long term medical and psychological conditions that require complex health treatment.\(^3\) It is also important to recognise that refugees come from a diverse range of backgrounds and cultures, and have differing reasons for seeking refuge in Tasmania.\(^4\)

Providing health services to refugees requires an understanding of their history, including the nature and duration of the refugee experience, and how this affects their health needs. It is vitally important for Tasmanian health services to provide an adequate health assessment for refugees on arrival, to manage any long term, complex care requirements and to successfully transition refugees into the mainstream health system in a supportive manner.

It is commonly accepted that good health is not only determined by access to adequate health services. Health status is also largely reliant on other factors such as adequate housing, ongoing employment, family and other social supports.\(^5\) Refugees may experience trouble accessing these fundamental, but significant, building blocks of health and it is important to be aware of such influences when tackling issues around refugee health.

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**Election Commitment 2006**

As part of a 2006 election commitment the State Government provided annual funding of $1 000 000 for the improvement of refugee health services. This money has been acquitted in the establishment and improvement of health services including screening clinics in the north and south, community education and service improvement programs. These services are delivered through a number of areas in the Department of Health and Human Services, including: Population Health, the Royal Hobart Hospital, the Launceston General Hospital and through the funding of non-government organisations.

The aim of the review was to assess the progress of the initiatives developed under the election commitment and seek stakeholder input to inform future service planning. A key element of this assessment was considered to be engagement with Tasmanians of a refugee background to hear their perspectives on the health services delivered to their communities.
Refugee Settlement in Tasmania

Tasmania has a long history of settling refugees. Since 1999 around 2,600 refugees have settled in Tasmania, mainly from African, Middle Eastern and Asian backgrounds. Over this time an average of 2.25 per cent of the total Australian refugee intake has settled in Tasmania, with secondary migration accounting for decreases in long term settlement numbers. Figure one, below, shows an upward trend in the numbers of refugees settling in the Greater Hobart and Northern areas of Tasmania over the last ten years.

Figure One: Humanitarian Refugee Entrants – Tasmania, 2003-04 to 2009-10 by Statistical Division. Source: DIAC Tasmania (01/11/10)

Demographics

In the period 2000 - 2010, most refugee entrants to Tasmania were from African countries. Figure two illustrates how this trend is changing with data from 2009-2010 showing an increase in refugee entrants from Asia, and a decrease in entrants from Africa.


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6 Department of Immigration and Citizenship Settlement Database, data extracted on 12/10/10. See www.immi.gov.au/media/statistics
Gender of Refugees: In the period 1999 - 2010, there was roughly equal numbers of males and females, 49.6 per cent and 50.4 per cent respectively.\(^7\)

Age Range: Refugees to Tasmania are predominately less than thirty years of age, with more than half being less than twenty years of age.

Family Size: On average the majority of entrants live within a family group of four or less people (67.2 per cent), with 30 per cent of entrants coming to Tasmania on their own. 2008 figures show a change in this demographic, with only 16.2 per cent of entrants arriving on their own, or as not part of a family group.\(^8\)

Settlement Location: Between 2003-04 to 2009-10, the majority of refugees have been settled in the South. There has been no settlement in the North West region since 2004-2005.

As depicted in figure three and four, recent statistics from the Department of Immigration and Citizenship show that while the overall intake has increased for Tasmania, both the longer term trend (2003-04-2009-10), and the most recent statistics (2009-2010) show that settlement has had an average outcome of about 40 per cent and 60 per cent of Humanitarian Entrants being settled in the northern and southern regions (Statistical Divisions) respectively.

It should be noted that these statistics do not take into account migration after settlement.

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Current Service System

All refugee entrants are met or contacted by the Integrated Humanitarian Settlement Strategy organisation on arrival. In the south this service is provided by Centacare and in the north by the Launceston Migrant Resource Centre. The Integrated Humanitarian Settlement Strategy program is funded by the Australian Government, as is the Settlement Grants Program which can provide ongoing services and support to refugees and migrants during their first five years in Australia.

Funding from the 2006 Tasmanian election commitment has assisted the operation of a number of refugee health services in both Hobart and Launceston. These include dedicated health clinics for refugee entrants, Refugee/Migrant Liaison Officers and Bi-Cultural Community Health Programs. These initiatives include:

Health Clinics

- **The Refugee and Humanitarian Arrival Clinic** at the Royal Hobart Hospital: a pilot program commenced in 2002 with a co-ordinated model that streamlined three clinics into a three visit process. This clinic undertakes health screening of refugees and coordinates specialist medical treatment if required.

- **Infectious Diseases Clinic** at the Launceston General Hospital: commenced in February 2007 and provides specialist medical services to clients.

- **Refugee Primary Health Care Clinic** at the Launceston Migrant Resource Centre and run by General Practice North: the Department of Health and Human Services has contributed funds to General Practice North to establish and run a primary care clinic for refugee entrants settling in the Launceston area.

Refugee Health Positions

- **Clinical Nurse Consultant** at the Launceston General Hospital: commenced in November 2007 this position has been key to the development of services, clinics and positions in Launceston as well as policy development for the Launceston General Hospital.

- **Clinical Nurse Consultant** at the Royal Hobart Hospital: commenced in June 2010 and this position manages the Refugee and Humanitarian Arrival Clinic and is working to establish other clinical services, improve data collection, networks and graduate training.

- **Refugee/Migrant Liaison Officers**: these positions provide client liaison, staff training, and work to improve the overall cultural competency of the health system. These positions are based at the Royal Hobart Hospital, the Launceston General Hospital and across the hospitals located in the North West Area Health Service.

- **Multicultural Health Policy Officer**, through Population and Health Priorities: provides statewide policy and departmental support for service and program development at a number of levels.

Other Programs

A number of other programs are provided by government and non-government organisations. This includes, but is not limited to, community education and service provider training from the Bi-cultural Community Health Program (provided by the Australian Red Cross through Population and Health Priorities), and the Transcultural Mental Health Network (provided by the Phoenix Centre, through Mental Health Services). Some funding is used to engage interpreters through brokers.
The Population and Health Priorities Unit of the Department of Health and Human Services plays an important support role in program coordination, policy development and community advocacy for the refugee and wider multicultural community. The Policy Officer, Multicultural Health fulfils this role and represents the Department of Health and Human Services on a number of bodies and has linkages with both the Australian Government and local non-government organisations involved in providing services for people of a refugee background.

Although much attention is focussed on the important on-arrival assessment and care of refugees it must be noted that, as with all Tasmanians, their health needs are ongoing. Ultimately the health system makes an investment in the health of refugees upon their arrival and throughout their time spent in Tasmania. This involves services offered not only by the Department of Health and Human Services but a range of non-government organisations.
Review of health services delivered under the 2006 election commitment

Context

The review of refugee health services was driven by service providers who expressed a desire for more explicit governance around the funding provided under the 2006 election commitment and to identify areas for improvement.

The review was also seen as an opportunity to ensure that the funding provided was delivering the services of most need to the refugee community. Integral to this was engagement with people of a refugee background to hear their perception of the services provided and the issues they face in accessing health services.

Method

The review of Refugee Health Services has been ongoing for up to 18 months. While this has been an extended timeframe, the Department of Health and Human Services has been undertaking an extensive consultation process.

The review comprised three consultation strategies:

- face to face meetings with Departmental and non government organisation service providers in early 2009
- circulation of a discussion paper to Department of Health and Human Services and public stakeholders in mid 2009, and
- direct engagement with refugee communities by the Migrant Resource Centre (South) in mid 2010.

The discussion paper was the first step in engaging stakeholders from both government and non-government organisations across the state. The paper and an invitation to respond was circulated to 64 organisations and individuals. A number of other stakeholders received the paper indirectly via informal organisational networks. A total of 24 responses were received by the Department of Health and Human Services. This feedback noted that the refugee community needs to be involved in regular dialogue to provide information on service strengths and failings.

A refugee community consultation was then undertaken by Migrant Resource Centre (South), participants from Ethiopian, Sudanese, Sierra Leonean, Congolese, Burmese (Chin), Bhutanese and Farsi speaking (from Afghanistan and Iran) communities in Hobart and Launceston took part in focus groups and/or answered questionnaires pertaining to their perceptions of health and illness and their experiences of health service use in Tasmania.

Findings of the consultations

The results of the first two consultation strategies found that services broadly met the needs of the refugee population, albeit with some service gaps, but that there was a need to address inequities around funding allocations between the North and South and capacity for improvements in governance and accountability.
Responses to the discussion paper were received from a broad range of stakeholders, from which emerged five areas of common concern:

1 **Service Delivery**
   1.1 Balance of clinical and primary health care and services across the lifespan, easy entry point, more community-based services
   1.2 Continuity of current services
   1.3 Youth and early intervention
   1.4 Mental Health – increased access and referral pathways to torture and trauma counselling, reduced stigma, support for culturally appropriate resources, social isolation

2 **Self Sufficiency - support to manage their own health and wellbeing**
   2.1 Health information/health literacy, keeping appointments, intensive support
   2.2 Access to bi-cultural workers, cultural liaison, refugee health nurses

3 **Access to Interpreters**
   3.1 Culturally appropriate interpreters
   3.2 Skilled interpreters

4 **Increased Cultural Competency and Accessibility of Services**
   4.1 Culturally aware and responsive staff, increased use of interpreters
   4.2 Greater support for the General Practice sector

5 **Multidisciplinary services that are planned, co-ordinated, responsive, effective and improving**
   5.1 Statewide coordination and governance
   5.2 Regional service development, funding and community input
   5.3 Joint referral pathways and shared protocols
   5.4 State and regional networks for collaboration and communication.
   5.5 Information, research and data sharing
   5.6 A joined up approach that crosses traditional professional and Department of Health and Human Service boundaries

Substantial comment was also made about long term access to vitamin D supplements and an improvement in the availability of medically competent interpreter services.

The community consultation undertaken on behalf of the Department of Health and Human Services by the Migrant Resource Centre (Southern Tasmania) provides a valuable insight into the complexity of issues impacting on the health and wellbeing of Tasmanians of a refugee background. This consultation made a number of recommendations, which can be summarised into seven themes:

1 **Coordination of refugee services on a single site**

2 **Intensive support and health education needs: especially beyond the initial six months provided through the Department of Immigration and Citizenship’s Humanitarian Support Strategy**

3 **Develop a more culturally aware and responsive workforce**
More culturally appropriate and skilled interpreters
Support for cultural resources for the maintenance of mental health
Support for future research
Tangible outcomes from this consultation process

It must be noted that many of the findings of the review consultations are beyond the scope or intent of the refugee health budget, as committed in 2006. Many are also outside of the remit of the Department of Health and Human Services. However, the Department of Health and Human Services is committed to working collaboratively with its partners in the Government and non-government sectors to improve services for Tasmanians of a refugee background.
Review Recommendations and Commitment

Tasmanians of a refugee background have a number of unique health needs. The challenge now is to draw upon the strengths of existing models of care and to ensure that any future directions taken ensure comprehensive, evidence based and equitable access. The strategic directions of the Department of Health and Human Services provide a basis for such future planning. This requires a focus on:

- effective governance
- equitable allocation of resources and strong financial management
- improved access to general practice services
- a culturally competent workforce
- increased community health literacy and service competence, and
- increased links across all stakeholders, especially with the Australian Government.

As a result, the Department of Health and Human Services commits to the following actions:

1. To allocate the refugee health budget to all stakeholders equitably and ensure strong accountability and governance through the financial management practices of the Department of Health and Human Services. A review of the budget allocations will be undertaken in three years.

2. To provide the findings of the review to General Practice Tasmania to promote discussion on the issues raised.

3. To seek to improve relationships and raise issues arising from the review in appropriate forums and to the relevant external agencies.

4. To appoint a fixed term Refugee Health Project Officer to the Population and Health Priorities Unit of the Department of Health and Human Services to progress a number of initiatives related to refugee health. This role will focus on the following priorities:

   - explore options for further statewide collaboration and discussion of issues related to refugee health
   - undertake work to improve the health literacy of Tasmanians of a refugee background
   - undertake work to further develop the cultural competence of the Department of Health and Human Service’s workforce
   - investigate further work and options to improve the adequacy of and access to interpreter services (this may simply involve greater education and awareness of the options available), and
   - promote the maintenance of a dialogue with the refugee community through the Migrant Resource Centres and other appropriate channels.

The recommendations of this review seek to use available funds in a more equitable and effective manner. The priorities identified by the review will be addressed through the range of current services and the four recommendations described above. Attachment one illustrates how this will be achieved with the range of programs and resources available under the refugee health budget.

By putting resources where they are needed and increasing the health literacy of the refugee community, it is envisioned that 2006 election commitment for refugee health services will be used for what it was originally intended; to improve the health of Tasmanians of a refugee background and assist them to access services independently and become an active member of the community.
### Needs Identified Through Consultation

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<thead>
<tr>
<th>Needs Identified Through Consultation</th>
<th>Early Intervention Program – Phoenix Centre</th>
<th>Tasmanian Transcultural Mental Health Network – Phoenix Centre</th>
<th>Bicultural Community Health Program – Red Cross</th>
<th>Refugee / Migrant Liaison Officers – Area Health Services</th>
<th>Northern Tasmanian Area Health</th>
<th>Southern Tasmanian Area Health</th>
<th>North West Area Health Service</th>
<th>Refugee Health Project Officer</th>
<th>Multicultural Policy Officer</th>
<th>Policy Information and Commissioning</th>
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