

REFUGEE HEALTH FACT SHEET

Providing appropriate care for people from refugee and asylum seeking background

Australia is a party to the 1951 UN Convention relating to the Status of Refugees and its 1967 Protocol. Countries that have ratified the Refugee Convention are obliged to protect refugees that are on their territory, in accordance with its terms.

Definitions

Refugee: “A person who is outside their country of nationality, unable or unwilling to return owing to a fear of being persecuted for reasons of race, religion, nationality, membership of a particular social group, or political opinion” (Article 1A, 1951 Convention on the status of Refugees).

Asylum Seeker: “Asylum seekers are people who have sought protection as a refugee, but whose claim for refugee status has not yet been assessed”. (Refugee Council of Australia)

Demographics

In response to changing global circumstances, Australia’s offshore Humanitarian Resettlement Program has provided permanent protection for up to 18,750 people from refugee background per year. In 2021 -22 Australia’s humanitarian program will be set at 13,750 places with an additional 16,500 places allocated over the next 4 years for people from Afghanistan.

Countries of origin vary according to global events and government policy. Around 7% of the national total of humanitarian entrants settles in South Australia, with figures ranging from 700 – 1000 individuals per annum. Greater than 80% of new arrivals have little or no English proficiency.

Pre-Migration experiences, health and psycho social issues

People from refugee and asylum seeking background have often suffered extreme hardship prior to their arrival in Australia. Experiences are associated with conflict or fleeing countries of origin and frequently include deprivation, torture, trauma, persecution and gender-based violence. People will often spend long periods in refugee camps with limited access to preventative and curative health care, poor housing and food insecurity. This results in additional health care needs that require specific health responses post migration.

Specific health issues may include Psychological issues including anxiety, depression and Post Traumatic Stress Disorder, Grief and Loss

- Physical consequences of torture, armed conflict and gender based violence.
- Infectious diseases, blood born viruses and intestinal parasites. (Malaria, schistosomiasis, strongyloidiasis, tuberculosis, Hepatitis B and C)
- Under-immunisation
- Undetected or poorly managed chronic conditions
- Poor dental health
- Nutritional deficiencies (Vitamin D, Iron and B12 deficiency)



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- Paediatric growth and development issues.
- Disability in adults and children – frequently undiagnosed and unmanaged.

Post Migration Stressors

All humanitarian entrants are provided settlement support through the commonwealth funded Humanitarian Settlement Program (HSP) provider in each state. Confirming with clients if they have a settlement support case worker is important and helpful.

It is recommended that all people from a refugee background have a comprehensive health assessment. The SA Refugee Health Service (RHS) provides primary care for most new arrivals with a focus on those with most complex needs. Alternatively clients may be referred to a local general practice for health screening.

Settlement in a new country often brings added stress due to limited social supports and the need to navigate a new system with nil or limited English language. Many clients will have family left behind who still live in precarious and dangerous situations.

Barriers and challenges to health care access

Although all humanitarian visa entrants and most asylum seekers have access to Medicare, people from refugee background face many challenges in accessing health care. These include; language barriers, financial constraints, unfamiliarity with Australian health care services, transport issues and limited health literacy. Health seeking behaviour and attendance may be impacted by a limited trust of health care providers - due to prior experiences of human rights abuse at the hands of authority figures. Large families and households headed by single women are frequently more at risk within the health system. Clients who are on specific visa categories such as the **204 – Woman at Risk Visa** may need additional supports.

Some asylum seekers are ineligible for Medicare and fee waiver arrangements within health jurisdictions may need to be explored.

To understand more about Australia's Refugee and Humanitarian program, including visa category entitlements go to the Department of Home Affairs website

<https://immi.homeaffairs.gov.au/>

Approach to care

All health providers have an opportunity to make a significant difference to the health care experience of refugee background clients by ensuring an empathetic, person centred, culturally responsive and trauma informed approach to care.

A “whole of service” approach to care is very important.

Identifying people of refugee background

- Visa type:
 - Humanitarian visa types: 200, 202, 204,
 - Asylum seekers: Temporary Protection Visa (TPV), Safe Haven Enterprise (SHEV)
 - Others: spousal visa - 309, orphan visa 100
- Country of origin, ethnicity
- Migration story

Key concepts in providing care:

- Explain your role and the range of services available
- Build trust by showing kindness, sensitivity and an interest in client's cultural history and migration story
- Be alert to the possibility of pre migration trauma.
- Ask about the role of culture in relation to health care choices and decisions
- Explain and emphasise confidentiality
- Acknowledge gender sensitivity and preference of health care provider
- Consider clients care within the context of family structures
- **Use interpreters instead of family members or friends**

Clinical Considerations:

- Provide clear information and explanations regarding all procedures
- Use interpreters to ensure informed consent
- Adopt a sensitive approach to history taking and examination
- Apply a 'universal precautions' approach to possible pre and post migration trauma including gender based violence.
- Consider health literacy and cultural factors in the delivery of health care
- Address barriers to ensure safe and quality use of medications
- Consider clients social history including key family supports, settlement stressors and social determinants of health
- Be sensitive and aware of the incidence of Female Genital Mutilation /Cutting (FGM/C)

Administrative considerations

- Record interpreter needs in the clinical record
- Longer appointments are usually required.
- Translated appointment reminders (see resource list)
- Telephone or SMS appointment reminders where practicable

For further information contact

Refugee Health Service
21 Market Street Adelaide
T: T: 82373900
E: health.adminmhs@sa.gov.au
www.sahealth.sa.gov.au



www.ausgoal.gov.au/creative-commons

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