

Greater Dandenong Community Health Service Refugee Health Nurse Project

An in-depth description of the Refugee Health Nurse
Program position based at the Greater Dandenong
Community Health Service

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February 2008



Foundation House
The Victorian Foundation for Survivors of Torture



Victorian Public Health
Training Scheme



Acknowledgements

The Refugee Health Nurse Project was undertaken by Mary Kelly a Victorian Public Health Training Scheme (VPHTS) Fellow, while on a 14 week placement at the Refugee Health Research Centre from October 2007 to February 2008.

The project was supervised by Professor Sandy Gifford, Director of the Refugee Health Research Centre, La Trobe University and Ms Sue Casey, Health Sector Development Manager, Victorian Foundation for Survivors of Torture (Foundation House).

The project manager would like to thank the project supervisors and the many participants and other key stakeholders who generously gave of their time and shared their years of experiences and expert knowledge. Thanks to Lynn McLauchlan for her permission to undertake the project at Greater Dandenong Community Health Service. Special thanks especially to Sue Willey the refugee health nurse for sharing her nursing role and her kind and generous assistance throughout the project.

Many thanks to staff of the Refugee Health Research Centre, Foundation House and Hayden Brown from the City of Greater Dandenong for assistance in locating data and information on settlers. Many thanks also to the members of the Advisory Group who were generous with their time and for their expertise and advice on the design and conduct of the project and the content of the project report.

ISBN: 978 192 1377 365

This document may be downloaded from the Refugee Health Research Centre website: http://www.latrobe.edu.au/rhrc/rhrc_publications.html#reports

Disclaimer: Information gained in the conduct of this project will be used in other placement project activities including conference presentations and journal articles

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Acronyms

AMES	Adult Migrant Education Services
CDW	Community Development Worker
CHN	Community Health Nurse
CHS	Community Health Service
DIAC	Department of Immigration and Citizenship
ELS	English Language School
FARREP	Family and Reproductive Rights Education Program
GDCHS	Greater Dandenong Community Health Service
GD LGA	Greater Dandenong Local Government Area
GPs	General Practitioners
IHSS	Integrated Humanitarian Settlement Strategy
MCHN	Maternal and Child Health Nurses
LGA	Local Government Area
PCPs	Primary Care Partnerships
RHC	Refugee Health Clinic (Dandenong Hospital)
RHN	Refugee Health Nurse
RHNP	Refugee Health Nurse Program
SCAAB	Springvale Community Aid and Advice Bureau
SH	Southern Health
VFST	Victorian Foundation for Survivors of Torture (Foundation House)
WHISE	Womens' Health in the South East

1. Introduction

1.1 Background to Refugee Health Nurse Program

Over the last five years, more than 57,000 people have arrived in Australia through the Commonwealth's Humanitarian Program migration stream with just over 29 percent (16,698) of the arrivals settling in Victoria (see appendix 1). The humanitarian program includes people arriving under the refugee program and the special humanitarian programs.

People arriving via the humanitarian program have been exposed to traumatic events such as prolonged periods of deprivation, persecution and gross violation of human rights, the loss of loved ones or a perilous escape from their homelands and have generally come from developing and/or war torn countries (for example, Iraq and Bosnia-Herzegovina) with poor or absent health care systems. As a consequence, many arrivals to Australia via the humanitarian stream have higher physical and mental health needs than other migrants and require additional health and social supports to address these needs (Victorian Foundation for Survivors of Torture 2007).

The Victorian Refugee Health Nurse Program (RHNP) is one of a number of initiatives included in a coordinated response to address the health and wellbeing needs of refugee communities by the Victorian Government. These include: the Refugee Minors Program, Primary School Nursing Program in English Language Schools and the Family and Reproductive Rights Education Program (FARREP). The government response is documented in the Department of Human Services Refugee Health and Wellbeing Action Plan 2005-2008 (Department of Human Services 2005), and subsequent progress reports (Department of Human Services 2006; Department of Human Services 2007).

The Victorian Refugee Health Nurse Program commenced in September 2005, and by May 2006, 4.5 EFT, of Refugee Health Nurses (RHNs) were employed in eight community health services (CHS). In 2006, the Program was then expanded to 7.5 EFT RHNs located in nine community health services in areas of high refugee settlement across the state. Recurrent funding for the program has grown from \$562,500 in 2005-06 to over \$1 million in 2006-07 (Department of Human Services 2006).

The aims of the RHNP are to:

- Increase refugee access to primary health services by providing culturally appropriate services in Community Health Services (CHS) in areas with high levels of refugee settlement.
- Improve the response of health services to refugees' needs by building agency capacity through contact with refugee communities, liaison with other RHNs, development of expertise, professional development and advocacy with other providers.
- Enable individuals, families and refugee communities to improve their health and wellbeing through health promotion, prevention and developing referral networks and collaborative relationships with general practitioners, social support and orientation programs.

2 Greater Dandenong CHS Refugee Health Nurse Project

The Refugee Health Nurse Program was evaluated in 2007 and found to have had a major impact on improving the primary care sector's refugee health care response. In 2006-07 the program provided services to over 1600 clients, with over 3700 occasions of service (Department of Human Services 2007).

For the philosophy of the RHNP and the role of health services as outlined by the DHS RHNP guidelines see appendix 2. See appendix 5 for further information on the Humanitarian Program and definitions of the terms used throughout this report including 'asylum seeker', 'refugee' and 'refugee like background'.

1.2 Background to the Greater Dandenong Community Health Service Refugee Health Nurse Project

The DHS evaluation provides an overview of the RHNP at a state-wide level. To date only one service model, that of Western Region Health Centre's Refugee Health Model has been documented (2001). The project supervisors wished to further the understanding of the impact of the Refugee Health Nurse Program by a detailed description of another more recently established position. This project coincides with a second evaluation of the Western Region Health Centre's Refugee Health Model that is being undertaken in 2008.

The Refugee Health Nurse Program position located at the Greater Dandenong Community Health Service was chosen for the project because:

- The Greater Dandenong Community Health Service (GDCHS) is located within the City of Greater Dandenong, the local government area (LGA) that receives the largest proportion of newly arrived refugees in Victoria. In the period 1 July 2006-30 June 2007, 24.6 percent of Victorian humanitarian entrants settled in the Greater Dandenong LGA (Department of Immigration and Citizenship 2007).
- The RHN position is full time. It commenced in March 2006.
- The structural uniqueness of the health services in this geographical location due to historical and present governance arrangements under Southern Health.
- The staffing of the RHN position has coincided with the development of a number of refugee specific health services in the Greater Dandenong area, and insights into the contribution of the RHN role to these developments would be useful.

2. Project Aims and Method

2.1 Project aims

The aim of this project was to document in detail the Refugee Health Nurse Program operating from the GDCHS (Springvale site).

The project findings shall:

- inform program planning and evaluation by government and health service staff,
- enable comparison of the differing approaches to the refugee health nurse program positions,
- identify the challenges to the RHNP position at GDCHS,
- identify successful strategies to specific challenges related to the program,
- and highlight outputs and outcomes of the GDCHS RHNP position.

The specific objectives of the project were to describe the following program aspects: objectives, key stakeholders, capacity for change, expected effects, activities, resources, stage of development, context and specific challenges and opportunities.

2.2 Method

A framework for public health program evaluation produced by the American Centre for Disease Control (CDC) was used as a guide to identify the important program components to describe. The framework was also used to assist in choosing the appropriate methods to collect the desired information (Centre for Disease Control and Prevention 1999). A multi-method approach was used to obtain information and inform the report including:

- A brief literature review of the role of the refugee health nurses and community health services, as well as an overview of key refugee health issues.
- An analysis of documents related to the Refugee Health Nurse Program including related policy documents, the GDCHS position description and relevant agency documentation such as guidelines, policies and procedures.
- Semi-structured individual interviews with eighteen key informants from the GDCHS, Southern Health (SH) and relevant community agencies in the GD LGA (December 2007 – January 2008). See appendix 4 for a list of key informants.
- The use of a program logic model to describe a key RHN activity.
- Photographs of key settings / activities.
- The formation of a project advisory group to provide advice on the conduct of the project and the content of the report. See appendix 4 for membership list.

In-depth client consultations with persons from a refugee background were not performed due to the time and resources available for the project.

3. Context

The Refugee Health Nurse Program position is based at the Springvale site of the Greater Dandenong Community Health Service (GDCHS). The Greater Dandenong Community Health Service is part of a large health service called Southern Health, and is located in the City of Greater Dandenong local government area.

Figure 1 Context of Refugee Health Nurse position (GDCHS).

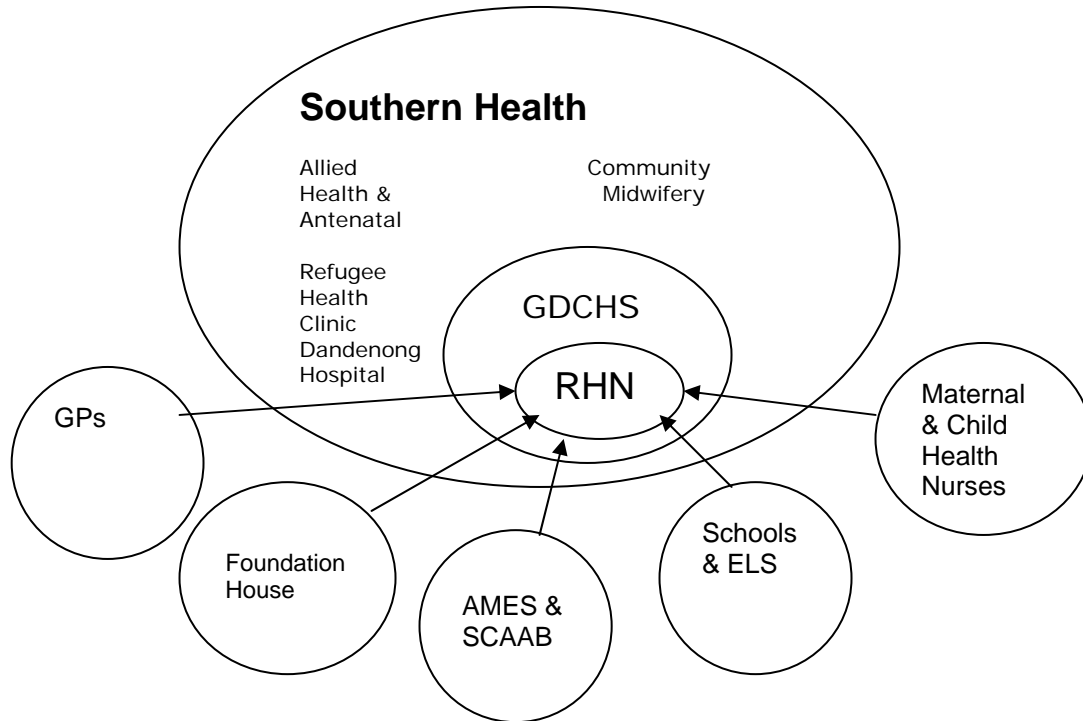


Figure 1 illustrates the context of the refugee health nurse position within Southern Health and the GDCHS. The figure illustrates the major links between the RHN role and various health and other services (internal and external to Southern Health) located within the Greater Dandenong local government area. See acronyms on page ii for list of services.

3.1 City of Greater Dandenong

The City of Greater Dandenong is situated approximately 24 km south-east of the Melbourne central business district and encompasses an area of 129 square kilometres (City of Greater Dandenong 2007).

The City of Dandenong is the most culturally diverse locality in Australia with a population of over 131 000, with fifty six percent of residents born overseas, in over 156 different birthplaces. Fifty one per cent of residents were born in countries where English is not the main language such as Vietnam (9.2%), Cambodia (4.1%), Sri Lanka (3.3%), India (3.3%), China (2.3%), Italy (2.0%), Greece (1.7%), Bosnia (1.8%), Afghanistan (1.5%) and Sudan (1.4%). Over 59 percent of residents speak another language other than English.

The City of Greater Dandenong also has a number of small and emerging communities, consisting of people who have arrived in recent years from refugee

source countries, including residents born in Liberia, Sierra Leone, Congo, Burundi and Burma.

The City of Greater Dandenong has significant levels of social disadvantage including low levels of educational attainment compared to the rest of metropolitan Melbourne, a high proportion of the workforce in trade or manual labour jobs and low levels in professional or managerial positions (City of Greater Dandenong 2006). The residents of Greater Dandenong have higher levels than the residents of metropolitan Melbourne for the following indicators: severe or profound disability (6 percent compared to metropolitan Melbourne's 4 percent); unemployment (9 percent compared to metropolitan Melbourne's 5 percent); government or community agency housing rentals and crime offences. Lower levels of unpaid voluntary work and weekly incomes (the lowest level in Melbourne for 35-44 year olds) also occur in the Greater Dandenong locality than for metropolitan Melbourne (City of Greater Dandenong 2007).

3.2 Southern Health

Southern Health is the largest health service in Melbourne. The service provides comprehensive primary, secondary and tertiary health services to over 750,000 people in the south-eastern suburbs of metropolitan Melbourne, about 20 percent of metropolitan Melbourne. The service also has a significant regional and state-wide referral role.

Southern Health provides services from a number of major hospital sites and a range of primary care and mental health sites (Southern Health 2007b). The services include:

- Hospitals: Casey, Monash Medical Centre-Clayton & Moorabbin sites, and Dandenong hospital.
- The Kingston Centre, Cranbourne Integrated Care Centre and Parkdale Community Rehabilitation.
- Cardinia-Casey and Greater Dandenong Community Health Services.

Southern Health's catchment area includes not only the City of Greater Dandenong but also the Cities of Cardinia, Kingston, Casey and Monash. Southern Health employs over 11,000 people (Southern Health 2007b).

3.3 Greater Dandenong Community Health Service-Springvale

The Greater Dandenong Community Health Service consists of five sites located in Dandenong, Springvale and Kingston. Services are predominately provided to people who live, work or study within the old municipal boundaries of the Dandenong area, including the City of Greater Dandenong and the Westall and South Springvale areas of the City of Kingston (Southern Health 2005). Unlike many of Melbourne's community health services, the Greater Dandenong Community Health Service is under the governance of Southern Health and is not a stand alone community health agency governed by its own board. The Greater Dandenong Community Health Service joined the Southern Health Care Network in 1997 and has been part of this service, now known as Southern Health since that time.

The Greater Dandenong Community Health Service is currently part of the Continuing Care Division of Southern Health. The Greater Dandenong Community Health Service has recently been through a realignment process, with services now closely aligned with those of Cardinia-Casey Community Health Services. See chart

6 Greater Dandenong CHS Refugee Health Nurse Project

1 (on page 10) for the current Cardinia-Casey and Greater Dandenong Community Health Services organizational chart.

The RHN is part of the Screening and Clinical Care Program of the Greater Dandenong Community Health Service. The RHN reports to the Program Manager of the Screening and Clinical Care Program and receives clinical supervision on a 1-2 monthly basis from Foundation House staff in Dandenong.

The Greater Dandenong Community Health Service supports the principles and philosophy of a social model of health. Multidisciplinary staff teams provide integrated health promotion and clinical services for child and family, women's and men's, youth, aged, disability and support programs.

The Springvale site of the Greater Dandenong Community Health Service began in 1985, with the aim of improving the health and wellbeing of persons in the City of Greater Dandenong, and the Westall and South Springvale areas within the City of Kingston (Southern Health 2005).

The Springvale site currently provides a range of services including: counselling, dental, podiatry, occupational therapy, a range of health promotion services, drug and alcohol, midwifery and nursing services, physiotherapy, speech pathology, youth and rehabilitation services (Southern Health).

3.4 Dandenong Hospital

Dandenong Hospital is one of Melbourne's major acute metropolitan hospitals providing a range of services to the residents of the City of Greater Dandenong and surrounding district. The hospital has approximately 520 beds and provides a number of general and specialist services and facilities including intensive care, cardiac care, rehabilitation and aged services, pathology and radiology, a maternity unit and special care nursery, children's services, allied health services and psychiatric facilities (Southern Health 2007a).

3.5 Refugee Health Clinic

The Refugee Health Clinic at Dandenong Hospital was established to target the unmet refugee health needs in the Greater Dandenong area and to improve the tertiary specialist support for general practitioners providing services to refugees. The clinic commenced in March 2007 and was officially launched on World Refugee Day in June 2007 at one of two forums on refugee health organised by the Dandenong Casey General Practice Association.

The clinic runs weekly on Monday afternoons in Dandenong Hospital's Outpatients Department with about 13 consultations per clinic. Clinics usually have 4 new patients and about 6 to 7 persons returning for review. About 2 to 3 persons per clinic are children. The clinic provides specific medical care including diagnostic assessments, the formation of management plans and reviews of return patients.

Referrals are only received from GPs and are screened by the clinic's Director and Clinical Dean, Dr. Andrew Block, with pre-assessment investigations recommended to GPs if required. The clinic is staffed by:

- paediatric, infectious disease and general medical staff,
- an outpatient clinic nurse,
- community liaison officer (Sudanese),
- and the refugee health nurse.

Refugee Health Clinic related activities performed by the RHN are explained in Chapter 5.

Refugee Health Nurse Sue Willey and Community Liaison Officer Chris Yugusuk (below) and Dandenong Hospital.



3.6 Other services and service issues

Other health services in the Greater Dandenong area relevant to the work of the GDCHS RHN are briefly described below.

- Infectious diseases outpatient clinics at Monash Medical Centre Clayton. The clinics include one clinic for mycobacterial infections including tuberculosis and another for all other infections including HIV. The clinic does not cover routine venereology.
- Specialist paediatric outpatient clinics at Monash Medical Centre Clayton. The clinics include developmental disabilities, gastroenterology, metabolic bone disease, renal, spina bifida, surgical/nephrology, medical and rheumatology clinics.
- Maternity and maternal and child health services. See section 5.4.3 for further information.
- Family and Reproductive Rights Education Program (FARREP) staff provide services at GDCHS Dandenong & Springvale sites, Monash Medical Centre and Dandenong Hospital.
- Refugee Dental Clinic at the GDCHS Springvale site.

Unlike many other community health services in areas of high illness burden and high numbers of persons from refugee backgrounds such as Dianella, ISIS, North Yarra, Western Region and North Richmond, the Greater Dandenong Community Health Service does not provide generic general practitioner services. A limited number of medical services are provided as part of the GDCHS, including a Well Women's Clinic and Drug and Alcohol services at the Springvale site and the Asylum Seeker Clinic based at the Dandenong site.

It was put forward by a number of services that the perceived isolation of general practitioners in the Dandenong area in comparison to general practitioners working from community health services in other communities with high refugee populations may increase the importance of the role of the RHN in general and in linking people to a range of allied health and community services.

8 Greater Dandenong CHS Refugee Health Nurse Project

Another challenge for the RHN related to the availability of health services in the Greater Dandenong area is the small number of generic community health nurse resources available. Limited community health nurse resources in the area, limits the referral pathways for the RHN clients who may have ongoing nursing case management and care coordination needs. Limited referral pathways are an issue for concern, when one considers the large number of refugee clients moving into the area on an annual basis.

There are a number of nurses co-located at GDCHS, working closely together. The nurses work with specific populations and are accountable to their agencies. GDCHS does employ a part-time generic community health nurse at its Springvale site, with the nurse providing a 'Well Women's Support Service' offering screening, sexual health education and other preventative services.

Other nurses located at the GDCHS include: the Community Midwifery Service midwives, who concentrate on antenatal and postnatal issues and are employees of Southern Health under the Women's and Children's Program, and a community health nurse who works with persons at risk of homelessness and is employed by the Royal District Nursing Service's Homeless Persons Program.

A recent report following client journeys through the primary health care system in the Greater Dandenong area conducted by the South East Healthy Communities Partnership documented a number of barriers to integrated and coordinated care in the Greater Dandenong region for people with complex and chronic problems (Hawke and Wright 2007). The barriers have significant implications for the refugee client group who often experience chronic and/or complex health conditions and are issues the RHN works to improve on a daily basis between clients and health and other support systems.

The findings particularly relevant to the context in which the refugee nurse operates were:

- People with chronic and complex problems were found not to be using locally based health education, health promotion, early intervention or self management programs and services due to a lack of knowledge of the services (by both clients and service providers).
- High need clients without case managers had difficulty with negotiating the service and accessing and receiving the services they needed.
- Agency representatives were not always working collaboratively with high need clients as evidenced by a lack of comprehensive discharge planning from acute services (and referrals to primary health care agencies) and ongoing care planning.
- Relationships between support focused services and health services need to be improved if client needs are to be met.
- The health agencies' procedures and protocols are often unsupportive of clients with disabilities or who are disadvantaged.

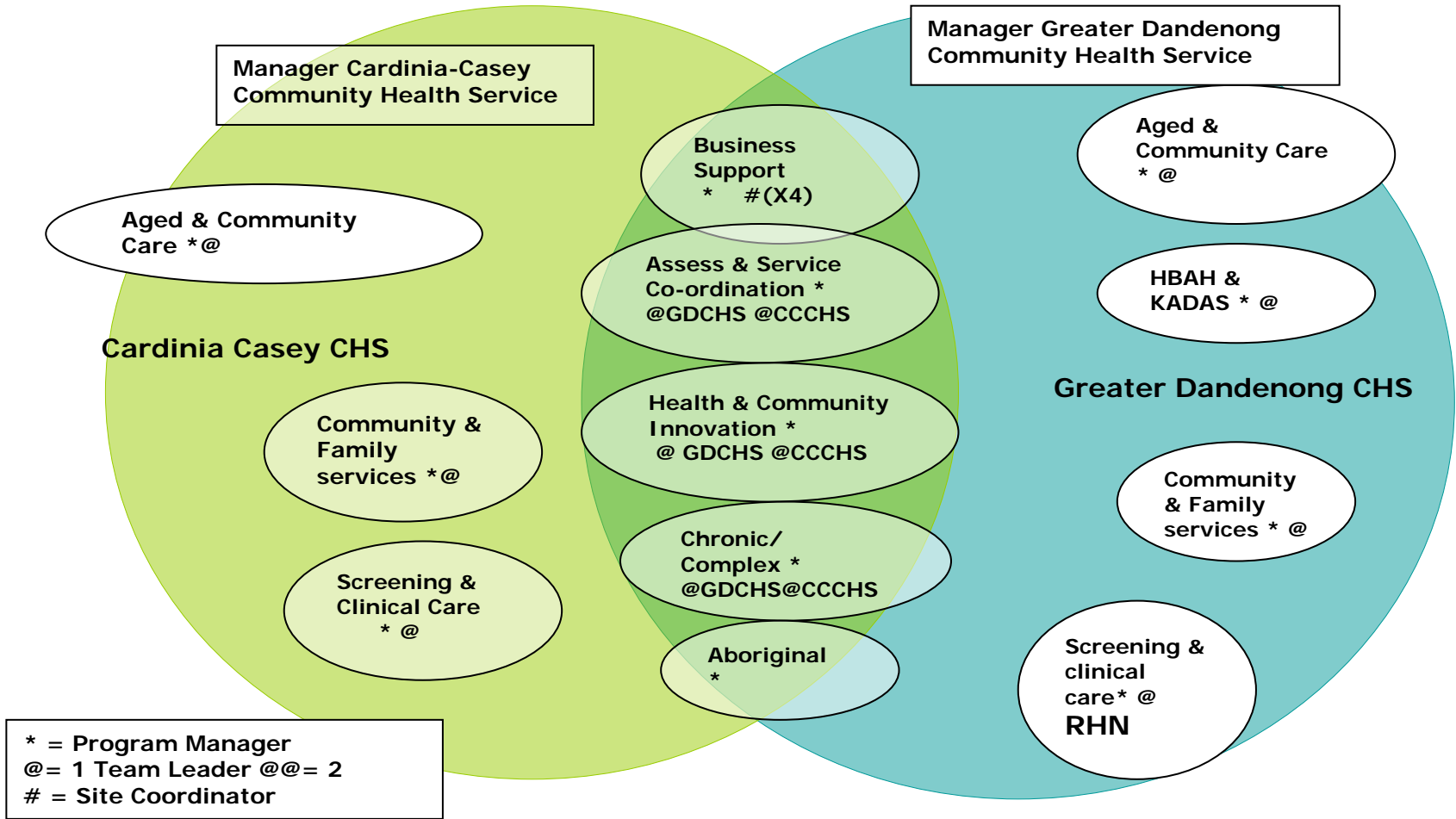
3.7 Key stakeholders

The key stakeholders associated with the GDCHS Refugee Health Nurse Program position are:

- *Clients*: individuals, families and communities from a refugee background,
- *Health services and organisations*:
 - General Practitioners
 - Southern Health:
 - GDCHS: Asylum Seeker Clinic, Dental, Allied Health.

- Outpatients Clinic: Dandenong Hospital: Refugee Health Clinic.
Clayton: Infectious Diseases, Paediatrics and the TB Clinic.
- Maternity services especially Springvale Community Midwifery Service.
- Refugee Dental Service
- Pathology, Diagnostic Imaging, Monash Heart & Pharmacy.
- M&CHN, Dandenong Casey General Practice Association (formerly Dandenong Division of General Practice)
- Victorian Foundation for Survivors of Torture (Foundation House).
- *Educational services*: schools especially Noble Park English Language School and Adult Multicultural Education Services (AMES).
- *Settlement services*: AMES Settlement and Springvale Community Aid and Advice Bureau (SCAAB), South Eastern Migrant Resource Centre
- *Department of Human Services*: Southern Metropolitan Region, Diversity Unit (Social Policy Branch) and Primary Health Care Branch.

**Chart 1. Organisational Chart Cardinia-Casey & Greater Dandenong
Community Health Services**



4. Needs and Resources

4.1 Identified need

Nature and magnitude of the need

The RHNP aims to meet the specific health needs and health concerns of persons from a refugee background including humanitarian entrants and asylum seekers. Persons from a refugee background have a number of factors affecting their health including experiences in their countries of origin and asylum and other experiences in their settlement environments (Victorian Foundation for Survivors of Torture 2007).

Major health concerns may include one or more of the following: mental health and psychosocial issues; nutritional deficiencies; intestinal parasitic diseases; infectious diseases; injuries sustained in the course of torture; chronic diseases; childhood development issues; dental; visual; hearing; immunisation and women's health issues (The Victorian Foundation for Survivors and Torture 2004).

These needs will not be outlined in this report in detail as these have been well documented elsewhere. See 'Promoting refugee health: a guide for doctors and other health providers caring for people from refugee backgrounds' (Victorian Foundation for Survivors of Torture 2007), 'Towards a health strategy for refugees and asylum seekers in Victoria' (The Victorian Foundation for Survivors and Torture 2004) and the DHS 'Refugee health and wellbeing action plan: current and future initiatives 2005-2008' (Department of Human Services 2005).

Target population

The GDCHS RHNP position target population is newly arrived people from a refugee background living in the City of Greater Dandenong.

The nurse aims to work with those 'most in need' from the target population, with no specific age group or gender being targeted. Services are sometimes provided by the RHN to people in need of particular assistance who reside in areas of metropolitan Melbourne outside of the City of Greater Dandenong, including people in local government areas close to the City of Dandenong such as the City of Casey and the City of Monash. Services are occasionally provided to people who have moved from the Greater Dandenong local government area but are still in need of assistance. This is not an uncommon situation as newly arrived people are often highly mobile.

Due to the RHN's involvement in the Refugee Health Clinic (RHC) at Dandenong Hospital, assistance is also provided to people from a refugee background who have moved from or live outside of the Greater Dandenong local government area and are attending the refugee health clinic. This includes occasional assistance to asylum seekers.

People from 'refugee backgrounds' in Greater Dandenong LGA

The precise numbers of persons from refugee backgrounds living in Greater Dandenong LGA is unknown as this type of information is difficult to identify through census data. Settlement data provides information on where persons first settled or intend to settle with some updating if people happen to change address through Medicare. Arrival data does not necessarily equate to actual population numbers, as new arrivals may move out of the LGA soon after settlement. Other persons within

the target population may also be moving into the LGA and not be captured by initial settlement arrival data.

Table 1 Settlers in Greater Dandenong LGA by category (humanitarian, family, skilled & other) in Greater Dandenong LGA 2002-03 to 2006-07.

Category	2002/03	2003/04	2004/05	2005/06	2006/07	2002/07
Family	894	798	963	1015	939	4 609
Humanitarian	785	887	921	909	855	4 357
Skilled	550	753	782	809	762	3 656
Other	0	7	0	0	0	7
Total	2 229	2 445	2 666	2 733	2 556	12 629

Source: http://www.greaterdandenong.com/Resources/SiteDocuments/sid1_doc3003.xls accessed 4th Dec 2007

Table 1 provides information on new settlers by migration stream arriving into the Greater Dandenong LGA for the years 2002-03 to 2006-07. Migration streams in addition to the humanitarian stream are included in the table as persons entering via other programs such as the family and business migration programs may also have had 'refugee like experiences' (Victorian Foundation for Survivors of Torture 2007).

In the years from 2002 to 2007 the City of Greater Dandenong received over 12,500 newly arrived migrants, with over 2,500 newly arrived migrants settling into the area in the 2006-2007 year (City of Greater Dandenong 2007).

Over a third of settlers arriving into the City of Greater Dandenong in 2002-03 to 2006-07 were humanitarian settlers, a total of 4,357 persons. In 2006-07 there were 855 humanitarian settlers arriving in the City of Greater Dandenong. The demographics of the humanitarian settlers are described below.

Demographics of humanitarian settlers arriving in Greater Dandenong LGA

The following provides a summary of the characteristics of the 855 humanitarian refugees settling in the Greater Dandenong LGA in the 2006-07 year.

- Almost 60 percent of settlers were born in either Sudan (29%, 244) or Afghanistan (31%, 264).
- About half of the settlers were born in an African country.
- Equal numbers of male and female settlers arrived.
- Over 58 percent of the settlers were aged 19 years or under, with 95 percent aged 39 years or younger.
- About a quarter of the settlers arriving were a family size of one, with 32 percent a family size of 3 or 4 persons and 25 percent a family size of 5 or 6 persons.
- The most common languages spoken were Dari (28%), Arabic (14%), range of other African languages (12%) and Burmese/Myanmar languages (12%).
- The most common religions were Islam (48%) and Christianity (44%).

Detailed demographic information on humanitarian settlers to the City of Greater Dandenong can be found in Appendix 1. This information was included in this report because:

- It is important to know the demographics of the population whose needs the RHN program position aims to address.
- This information was not able to be clearly articulated by some services.

- It is important to understand the demographics of the population when making comparisons between RHN program positions.

4.2 Resources

Refugee Health Nurse Program funding

Recurrent funding of \$100,000 is provided by DHS to GDCHS, with an additional \$25,000 in recurrent funding for language services. A target of 1,818 hours (approx. 35 hrs/week) was set for interpreting services.

Primary Care Partnership funding

Victorian primary care partnerships (PCPs) with a refugee health nurse were each allocated \$25,000 funding to identify and establish coordination and referral pathways between GPs, community health services and other key providers of health care for people from a refugee background (Department of Human Services 2007). In the Dandenong area, the South East Healthy Communities Partnership (formerly the South East Primary Care Partnership) funded the Dandenong Casey General Practice Association (formerly the Dandenong Division of General Practice), to conduct two community forums around the issues of general practices, refugee health and health services. The funding supported the development of the Refugee Health Clinic, the Asylum Seeker Clinic and assisted in identifying key issues in refugee health and health services in the Dandenong area.

Staffing

GDCHS employs one full-time RHN at a 3B nursing award classification. The RHN position commenced in March 2006. An assistant to the RHN commenced employment in January 2008. This assistant is a division 2 nurse. Prior to the employment of the assistant a volunteer has assisted the RHN one day a week since May 2007.

Knowledge and skills

The current RHN has additional qualifications in nursing to those specified in the RHN position description including: Midwifery, Maternal and Child Health, a Bachelor of Nursing and Lactation Consultant. Additional qualifications combined with high quality basic training at an acute tertiary institution and over 20 years of experience within Southern Health (the majority in maternity services) have resulted in the RHN possessing a very specialised and localised combination of knowledge areas and skills.

Initially the refugee health nurse was operating as a sole practitioner. In May 2007 a volunteer was recruited by the RHN to assist one day a week with various activities including home visits and bookings for the refugee health clinic. The volunteer has since been permanently employed (0.2 EFT) as a nursing assistant as of January 2008.

The RHN has also worked closely with a part-time Sudanese community development worker (CDW) initially employed by a local general practitioner. The RHN performs joint home visits with the CDW on occasions. The CDW is now also employed at the Refugee Health Clinic by Southern Health and at the Greater Dandenong Community Health Service in a homework project in the Youth Program. The RHN continues to work in collaboration with the CDW.

As the refugee health nurse continues to work almost exclusively as a sole practitioner, the nurse has developed close links with other nurses working at the Springvale site, in particular, the community midwives. The community midwives are located at desks adjoining the RHN's desk and the RHN has worked with the nurses in midwifery services in the past. This familiarity and close working proximity allows the RHN to discuss professional issues if required with colleagues. The RHN also utilises the staff and Manager of the Outpatient's Department to discuss professional issues and for secondary consultations.

Training

Training on refugee health issues, service systems and relevant professional matters is provided by Foundation House to all Victorian RHNs on a three monthly basis.

4.3 Activities-service utilisation

The information discussed in the following section was obtained by an analysis of GDCHS SWITCH data. The data presents information on registered RHN clients and on the services provided by the RHN.

Three factors must be taken into consideration when interpreting the data. The first is that not all clients seen by the RHN nurse are recorded as registered clients on the data system. For example, time spent at the refugee health clinic is recorded as a consultation service at the Dandenong Refugee Health Clinic, with individual client contacts during this time not recorded in the data. As a consequence the data below underestimates the number of actual RHN client contacts.

The second factor is that due to limitations of the current data collection system, the data is unable to capture non-patient care components of the RHN role in detail. Non-patient care service activities performed by the nurse are described simply as agency specific service activities and further details are not necessarily captured. Non-patient type activities are described in more detail in the service development section of the report (section 5.4.9).

The final factor is that until January 2008 the activities undertaken by the volunteer assisting the RHN have not been captured in the data. However, the RHN provides supervision for the volunteer, which has now been replaced with a part-time position. The activities of the RHN assistant will be recorded in future data.

4.3.1 Registered client information

The following information reports on RHN registered client contacts only. The data presented does not include the length of time of contacts, associated traveling and interpreter times, although this information is collected and could be obtained from the SWITCH data with further analysis if desired.

The refugee health nurse provided services to 133 individual registered clients from the 1 July 2006 to the 31 January 2008.

Age

Table 2 Age category of RHN registered clients RHN from 1 July 2006 to 31 January 2008 and age category of humanitarian arrivals to GD LGA 2006-07.

Age category	RHN reg. clients Frequency	RHN reg. clients %	Humanitarian arrivals GD LGA (2006-07) %
0-9	17	13	27
10-19	39	29	32
20-29	24	18	19
30-39	32	24	13
40-49	16	12	7
50-59	3	2	2
60-69	1	1	0.5
70-79	1	1	0
Total	133	100	*100.5

(* total not equal to 100% due to rounding)

Table 2 shows the age category of RHN registered clients from 1 July 2006 to 31 January 2008 and the age category of humanitarian arrivals to the GD LGA in 2006-07.

The mean age of RHN registered clients was 25.4 years. The RHN registered clients (July 2006-Jan 2008) have an older age distribution than those of new arrivals (humanitarian) to the Greater Dandenong LGA in 2006-2007.

Country of birth

Over 53 percent of the registered clients were born in Sudan with 13 percent born in Burma (Myanmar) and 11 percent in Afghanistan, with small proportions born in Liberia (4%), Burundi (2%), Iraq (2%), Sierra Leone (2%), Iran (1%), Kenya (1%), Former Yugoslavia Republic, Serbia (1%) and Tanzania (1%).

Gender

Over 63 percent of the registered clients were female and about 37 percent male. This finding supports the nurse's anecdotal reflections of providing more services to women than men. One of the reasons given by the RHN for this gender disparity in service provision was the presence in the community of a number of women either on 204 visas (women at risk) or who were single parents with high needs.

Residence

Clients registered with the RHN (1 July 2006 to 31 January 2008) most commonly resided in the following suburbs: Dandenong (34%), Springvale (23%), Noble Park (15%), Doveton (6%), Moorabbin (5%) and Dingley/Springvale South (5%).

Interpreter required

Almost 89 percent of RHN registered clients (1 July 2006-31 January 2008) were recorded as requiring an interpreter with 3 percent of clients having an unknown status.

Contacts with registered clients

707 contacts were provided to 133 registered clients between 1 July 2006 and 31 January 2008.

Table 3 Contacts per client RHN 1 July 2006 to 31 January 2008 Greater Dandenong CHS.

No. of contacts per client	No. of clients	% of clients of registered clients	% of client contacts
1	47	35%	7%
2-4	41	31%	17%
5-9	24	18%	22%
10-19	14	11%	26%
20-30	4	3%	13%
30-40	3	2%	16%
Totals	133	100%	101*

(* total not equal to 100% due to rounding)

Table 3 shows the number of RHN registered client contacts from the 1 July 2006 to the 31 January 2008. This data indicates that just under a third of all RHN registered client contacts are with a small number of registered clients (7 persons, 5 percent of all registered clients). These clients have received between 20-40 contacts each. About 66 percent of registered clients received between 1-4 contacts and accounted for 24 percent of all client contacts.

4.3.2 Types of services provided

The RHN recorded 1,213 service items for the period 1 July 2006 to 31 January 2008. The services included direct services to registered clients, services to organizations, services to unregistered clients and non-direct services to registered clients. The proportion of time the RHN provides to individual registered clients, casual clients and services was not calculated.

The sum of the hours allocated to supporting the Refugee Health Clinic at Dandenong Hospital by the RHN and the RHN nursing assistant is estimated by the RHN to be approximately two days a week, with activities associated with the refugee health clinic being a large part of the RHN assistant's role. The remainder of the RHN's working week includes providing consultations to individuals and services and indirect client service provision.

5. Overview of Refugee Health Nurse Activities

5.1 Timeline

The RHN position at GDCHS is one of many refugee health specific service developments in the Dandenong region in recent years. The following timeline (figure 2) documents the start dates of a number of services and personnel related to the RHN position.

Figure 2 Timeline of refugee health nurse and associated refugee health service developments.

Sept 2005	March 2006	July 2006	Sept 2006	March 2007	May 2007
Victorian Refugee Health Nurse Program starts	Refugee Health Nurse starts Springvale GDCHS	Community Liaison Worker CDM St. Damian's Medical Clinic Starts	Asylum Seeker Clinic starts GDCHS	Refugee Health Clinic Dandenong Hospital (launched June 2007)	Volunteer Assistant to Refugee Health Nurse starts (paid from Jan 2008)

5.2 Role development

The RHN role at the GDCHS has changed since beginning in March 2006. Initially the major role of the RHN was the provision of direct care services to refugees. With a growing awareness of the capacity constraints of working one on one with clients, the RHN has developed a number of strategies over time to meet the demand in the GD LGA. These include:

- Health service developments: assisted in the establishment and development of the asylum seeker clinic at GDCHS & the refugee health clinic at Dandenong Hospital.
- Partnerships with settlement services, especially AMES:
 - Developed protocols to assist AMES workers to identify priority newly arriving refugees for referral to the RHN. Initially planned for all new arrivals to be assessed by RHN prior to GP assessments. This was found to be impractical due to the large numbers of new arrivals.
 - The RHN compiled a list of general practitioners with a known interest in refugee health, to assist AMES case coordinators in the referral of new arrivals to GPs.
 - Developed a pre-GP assessment form for AMES officers to fill in, to improve the information provided to GPs at the initial consultation with new clients.
 - In collaboration with the Casey-Cardinia CHS nurse in response to a request by Well Springs Home Visitation Service Reference Group, developed a map of medical services for Dandenong and Casey-Cardinia areas for use by AMES staff.
 - Provides classes at AMES to new arrivals on the Australian health care system and common health conditions.
 - Collaborates with AMES case coordinators on a continuing basis (at least weekly) and is available for secondary consultations when required.

- RHN now attends AMES meetings 2-3 monthly (was attending more frequently in past).
- Identified a volunteer nurse to assist the RHN one day a week.
- Collaborative relationship formed with community liaison/development officer employed by a local GP.
- Actively seeks opportunities to speak with groups of service providers rather than one on one to maximise efficiency.
- Actively considers whether any activities performed by the RHN could be better performed by other agencies and concentrates on the core activities of the RHN role.
- Expanded role to include 'upstream' activities such as health promotion and protection activities.

5.3 Support for role development

Many of the developments in the RHN role have involved a change from traditional clinical nursing practice, often task orientated, individual and disease treatment orientated to creative non-traditional nursing practices involving health protection, illness prevention and health promotion activities. This role development has been seen commonly amongst community health nurses working in a wide variety of roles with minority and disadvantaged populations (Keegan and Kent 1992).

The role development has required support from management to evolve in this direction. The majority of the stakeholders interviewed expressed the breadth of the role was a strong point of the RHN position as it allowed the RHN to negotiate through a complex support and health system to meet clients needs. Others suggested a focus on a more traditional clinical role would better suit stakeholders' needs.

This tension between traditional and non traditional ways of working will continue to be part of the role, as various health and support services aim to meet their own needs through partnerships with the refugee health nurse. One of the strengths of the RHN is the ability of the nurse to renegotiate (often requiring significant effort and time) the many partnerships developed on an ongoing basis.

As the RHNP at GDCHS is currently, a single position, it is particularly important that many of the needs and issues identified by the RHN and the successful strategies developed for meeting these needs, are taken up by other parts of the service sector and health services providing services to people from refugee backgrounds. This especially applies to the GDCHS and Southern Health, as these are the major suppliers of health services in the City of Greater Dandenong.

5.4 Components of the role

The RHNP at GDCHS is a diverse and varied nursing role with one key informant describing the RHN role as 'going from A to Z'. Appendix 2 lists the many components of the role of a RHN as outlined in the DHS refugee health nurse initiative guidelines.

The RHNP provides services both to individuals and families from a refugee health background and to the agencies providing services (health and non-health) to persons from a refugee background. The agencies include both mainstream and specialist services. Below is a description of the scope of activities undertaken by the RHN.

The predominant model of practice is best described as 'active outreach'. The 'active outreach' model of care, involves the RHN working outside or reaching outside of a traditional clinic or hospital setting, in order to engage and deliver services to the target population. The nurse delivers services in many different and diverse environments including homes, schools, settlement services, hospitals, GP practices, local government services and community cultural day venues. The 'active' part of this model refers to the nurse actively seeking opportunities to provide services, rather than waiting until the services are requested by individuals, the community or other services providers.

Although the various components of the RHN are discussed separately, in day to day practice the activities often occur simultaneously and many activities may occur during one session/ interaction/ consultation. The following components of the role are described below: engagement, primary health care, care coordination and case management, health promotion, secondary consultation, referrals, capacity building and policy development.

Other activities and dimensions of the role requiring further explanation are also included in this section. These include transport assistance, 'why a nurse?' and the use of language services.

5.4.1 Engagement with community and promotion of the program

A key part of the RHNP is to engage the client group in using the service and to build confidence of the community in the service. This is achieved by developing trusting relationships with, and promoting the program to, services and the refugee community.

The RHN has taken the opportunity to promote the role in a number of ways. Presentations on the RHN role have been given by the RHN at ministerial launches, regional and community forums and health services. Articles on the role of the RHN have been published in a number of health and non health publications including: 'The Age' (X2), the Southern Health newsletter, Dandenong Casey General Practice Association newsletters, and the Department of Human Services 'Human Services News'.

The RHN undertakes many activities which aim to build connections with the target group such as educational sessions to new arrivals at AMES, introducing the RHN role to new people attending the refugee health clinic and the presence of the RHN at community days and culturally relevant activities.

5.4.2 Primary health care

Primary health care activities provided by the RHN include: health and social assessments, professional nursing care, crisis management, incidental counselling, active support and advocacy, first aid, medication management, monitoring and follow-up.

The following case study demonstrates the type of primary care activities the RHN may undertake.

English Language School

A young female student who was 30 weeks pregnant was experiencing abdominal symptoms thought to be early labour. The RHN attended the school at the request of the Welfare Officer, assessed the situation and decided further clinical assessment and monitoring of the young woman was required. The RHN provided transport to Dandenong Hospital Birthing Unit. The RHN was able to communicate with the various services involved with the young woman's care including: a worker with the Refugee Minor's Program, the midwifery service's Young Women's Program at Dandenong Hospital and the Welfare officer at the school. The RHN provided feedback to the school about the outcomes of the assessment and possible options for action in future similar situations.

5.4.3 Maternity and Child Health Services

The RHN has links with many different types of health services in the GD LGA. Maternity and maternal and child health services are two types of health services frequently providing care to newly arrived women, children and their families. A brief description of the services and the role the RHN has with the services is described below.

Maternity services

Many of the humanitarian settlers arriving in the Greater Dandenong area are women of child bearing age who require maternity services. Southern Health has a number of models of pregnancy care operating from different health service sites in the area. The RHN is an experienced midwife and a qualified lactation consultant, and has developed extensive links with both acute hospital and community based pregnancy care services, especially the Community Midwifery Program based at the GDCHS Springvale site.

The Community Midwifery Program is staffed by midwives and bilingual community development workers speaking Vietnamese, Khmer and several African languages. The Program provides ante and post natal services, family planning and pap testing, parenting groups for new mothers, home visiting after hospital discharge, referrals to maternal and child health nurses and multicultural playgroups.

The RHN refers women to the Community Midwifery Program, primarily women from the Refugee Health Clinic, Foundation House or AMES. The Community Midwifery Program also receives referrals from central bookings at Southern Health or general practitioners. The RHN provides secondary consultations to the Community Midwifery Services on refugee specific issues and receives referrals from the service for family members of women attending the Community Midwifery Program.

Maternal and child health services

The City of Greater Dandenong provides maternal and child health services to the families living in the local government area. Under a Commonwealth pilot program, a maternal and child health (M&CH) nurse has provided services at AMES (Education) to newly arrived people 2 days a week since May 2006. The aim of the AMES based M&CH nurse is to ensure new arrivals attending AMES are linked into the M&CH services in the local government area in which they live.

The RHN receives referrals from the City of Greater Dandenong M&CH nurses and the AMES (Education) based M&CH nurse for family members of children seen by the nurses or for children that have immediate and complex needs. The RHN also refers families to the M&CH nurses. The RHN also provides the M&CH nurses with educational resources and information relating to refugee health.

5.4.4 Care co-ordination and case management

'The refugee health nurse gets people to the right clinic, at the right hospital, on the right day, at the right time, with the right paperwork', said one informant. The RHN also ensures that the right interpreter is present if required, and that the appropriate diagnostic tests have been performed and the results are available prior to the appointments. The RHN assists with the completion of health related paperwork such as consent and pre-admission forms prior to the attendance of appointments and may assist people with transport needs to appointments if required. Initially this was a hands on role for the RHN, but now assistance is provided by other team members including the RHN assistant and the CDW. This component of the role can be quite time consuming and involve a number of tasks to achieve a relatively simple but often important outcome, such as a person attending an outpatient appointment.

Appendix 3 demonstrates by use of a logic model, the many steps involved in the making of a simple reminder call to clients regarding attendance at the Refugee Health Clinic. This part of the role is often performed by the RHN nursing assistant. The activity is an important part of the role as it assists individuals and families to attend appointments and also minimises missed clinic appointments.

People with complex health and social conditions often do not have their needs met by the health service system. One of the problems is that health systems tend to provide parallel silo like services to people with complex issues, such as co-morbidities and dual diagnosis. Many of the people the RHN assists require health care from a number of providers for different conditions possibly at different outpatient clinics or consulting rooms and at different hospitals, services or community sites.

The RHN assists in integrating the various health services, ensuring the appropriate sequencing of care, thus moving health care from a series of fragmented services to more integrated health care. This assists in preventing duplication, confusion, errors and improves the quality and acceptability of services to clients. The RHN is an empathetic connection for people from a refugee background to the required health services, assisting people to negotiate a system where empathy is often absent in the busy environment of acute health service provision. The in-depth knowledge of the RHN of the service system in the Greater Dandenong region enables the RHN to perform this component of the role.

5.4.5 Health Promotion

The RHN undertakes health promotion activities in individual consultations and in groups in partnership with staff from local government, the GDCHS and other services. Some examples include: group shopping tours of local supermarkets with the GDCHS dietician, discussion of diets with families, referral of individuals to the GDCHS Well Women's clinic for screening; and health education to groups on requested topics such as contraception.

5.4.6 Secondary consultation

The refugee health nurse provides secondary consultations to many services, but most commonly to schools, AMES, general practitioners and staff of the GDCHS and Southern Health.

Secondary consultations are provided on both refugee health issues and health and other support system queries. This type of assistance is often difficult for service providers to access easily elsewhere.

The following case studies demonstrate the secondary consultation component of the RHN role.

AMES Case Coordinator

A newly arrived family was assessed by the case coordinator on arrival to have a multitude of health issues. The family consisted of six children and the mother was a sole parent. The case coordinator called the RHN for assistance in deciding the urgency and the priority of the many competing health issues. The nurse triaged the varying health issues and provided information to the case coordinator on the urgency and importance of the issues. This assisted the case coordinator in streamlining and prioritising the many health and other settlement issues for the family.

English Language School

A child had a skin condition that teachers were concerned was contagious and was disfiguring. The RHN assisted the Welfare Officer with recommending a plan of action for the child and at a later date provided an education session to staff on common skin conditions and treatments.

5.4.7 Referrals

The RHN facilitates and coordinates referrals to a wide range of health and other support services. Referrals are commonly made to services within and external to the GDCHS.

The RHN most commonly refers to the following services within the GDCHS: Community Midwifery Service, Dietician, Allied Health (physiotherapist, occupational therapist), Dental services (although this usually occurs through the AMES case coordinator—the RHN may facilitate) and counselling services.

The external agencies the RHN most commonly refers to include: Foundation House, Centacare (if settlement is longer than 6 months ago), AMES, GPs, M&CH nurses and Southern Health services including: Social work (Dandenong and Clayton hospitals) and antenatal care services.

The RHN receives referrals from three major sources:

- 1) Refugee Health Clinic Dandenong Hospital (often the RHN nurse receives a referral for the same client from a GP and the refugee health clinic, or the RHN referred the client to a GP who then refers the client on to the refugee health clinic).
- 2) AMES and Springvale Community Aid and Advise Bureau
- 3) Foundation House

Other sources of referrals for the RHN include schools, the Refugee Minors Program and GPs.

A number of informants said agencies limited the people they referred to the RHN to the most complex and urgent cases due to an acute awareness of the capacity constraints of the RHN. The services said increased RHN resources would change the numbers of people referred to the RHN.

The RHN has developed formal and informal referral criteria with some agencies. AMES has developed a policy in consultation with the RHN and refers new humanitarian arrivals 'in most need', especially: sole parents, families with large numbers of children, people who have spent considerable time in refugee camps, and those with a health undertaking.

5.4.8 Capacity Building *Services and agencies*

The RHN performs a number of activities that build the capacity of mainstream services to more effectively address the needs of people from a refugee background.

The RHN provides education to the staff of mainstream health and other services on:

- Specific health needs of people from a refugee background,
- Settlement issues,
- Community and refugee specific services including the RHN program.

The RHN is a source of information on refugee health and by word of mouth and email, proactively informs service providers of:

- Educational opportunities and resources such as Foundation House training, courses, AMES educational sessions and literature,
- refugee specific services and changes to services e.g. multicultural playgroups and homework programs,
- and more prevalent health concerns amongst newly arriving refugee populations and infectious disease specific issues.

Individuals, families and communities

The refugee health nurse performs a number of activities that aim to improve the capacity of individuals from refugee backgrounds to access and receive quality health services. These activities include providing:

- Information at AMES (Adult Migrant English Program) to groups of new arrivals on the Australian health system including the respective roles of hospitals, general practitioners, maternal and child health, immunisations, treatment pathways, health promotion and screening services.
- Facilitating and providing group tours for people attending AMES (Adult Migrant English Program) of the Springvale site of the Greater Dandenong Community Health service.
- Individuals with information on the structure and function of the Australian health system.

The following case study provides an example of the capacity building (individuals) component of the RHN's role.

A young man was referred from the Refugee Health Clinic at Dandenong Hospital for a radiological procedure (MRI scan) at Monash Medical Centre at Clayton. The RHN assisted the man to attend the hospital by providing transport by car and by informing and showing him the public transport options on route.

The RHN ensured the appointment to the clinic was made. Informed clinic staff re any special needs the man had including language services and the appropriate interpreter required.

The RHN used an interpreter to inform the man of the date of the procedure and how he would be transported there.

On the morning of the procedure the RHN with the assistance of an interpreter prior to the booked time of the procedure prepared the man with instructions on what to expect, on safety procedures and how to access help during the procedure.

The RHN accompanied the man throughout the radiological procedure. This support ensured the man attended the important procedure, was provided with information on transport routes, health services, the procedure, the follow-up procedure for obtaining results, and assisted not only to improve the quality of health service provided at the time, but to increase the man's capacity to access health services in the future.

The RHN was confident if the procedure was required again the man would be able to attend the appointment without the RHN's assistance.

The presence of the RHN at appointments may also assist in building the capacity of the health services, for example, when attending appointments the nurse may assist staff by providing information on when and how to book interpreters, how to access health information in other languages and other related issues.

5.4.9 Policy and service development

The refugee health nurse provides policy advice to a number of organisations and participates in research and forums on refugee health. The RHN is a member of the following committees or groups:

- Well Springs Home Visitation Service Reference Group,
- Cultural Diversity Committee, Southern Health (monthly meetings),
- and the Consumer Participation Group, Southern Health.

The RHN has participated in developing a number of new services. These include the Refugee Health Clinic and the Asylum Seeker Clinic.

Asylum Seeker Clinic

The establishment of an Asylum Seeker Clinic in the Greater Dandenong area is another example of the involvement of the RHN in service development. The Dandenong Casey General Practice Association and other interested parties established the clinic in September 2006 in order to provide services to Medicare-ineligible clients. The clinic includes fully or partially subsidised referrals to pathology, radiology, pharmacy, dental and optometry services and operates for 3.5

hours on a fortnightly basis from the Dandenong site of the GDCHS. The service is organised by the Dandenong Casey General Practice Association and funding for the clinic is received from philanthropic and charity organisations.

The RHN does not regularly attend or participate in the day to day management of the Asylum Seeker Clinic. Occasional referrals are received by the RHN from the clinic.

Refugee Health Clinic Dandenong Hospital

The RHN was an integral part of a number of agencies and individuals who came together with the assistance of the Dandenong Casey General Practice Association to establish the Refugee Health Clinic (RHC) at Dandenong Hospital.

The RHN is an indispensable part of the clinic team, providing an essential link between the community and acute setting alongside the Community Development Worker (CDW). The RHN performs a number of clinic related roles both internally and externally. This is a unique role for a RHN and reflects the specific site and catchment challenges of the Dandenong Hospital.

The RHN undertakes the following activities as part of the RHN role in the RHC:

- introducing self and engaging with new patients and families attending clinic,
- daily communication with the Outpatient's Clinic nurse re bookings and interpreters,
- organising follow-up clinic appointments or other referrals & interpreters (in collaboration with Outpatient's Clinic nurse),
- ensuring the appropriate interpreters present to the clinic preferably in blocks of patients (in collaboration with Outpatient's Clinic nurse),
- sharing information about families/individuals to assist RHC staff with clinical care and understanding of social & family situations,
- provides advice to RHC staff on:
 - health and other services available in the community,
 - protocols and procedures within RHC,
 - and resources and services available within Southern Health i.e. models of maternity care,
- refers clients to appropriate community services i.e. GDCHS dietician, M&CH nurse, Community Midwifery Service,
- monitors, reviews and actively investigates progress of referrals and treatments for specific patients:
 - medication-script drop off, dispensing, pick-up, medication education, review for tolerance, side effects and compliance,
 - attendance at radiological procedures and other outpatient clinics/referrals,
- and checks/books/ assists with diagnostic procedures and ensures results available for review appointments.

Outside of clinic hours the RHN:

- makes referrals from the community to the clinic, generally in collaboration with general practitioners,
- increases the awareness of the RHC in the refugee community and amongst health and other service providers,

- follows up persons attending the clinic in the community with home visits if required,
- and assists general practitioners with questions they may have regarding clients attending the clinic (e.g. has medication been dispensed for a client).

The RHN role at Dandenong Hospital is quite different to other RHN involvement at either the Royal Melbourne Hospital or the Royal Children's Hospital clinics, both of which have a state-wide catchment. This model has been developed by the relevant partners in Dandenong in response to an identified need within this particular local catchment to provide coordinated services across primary and specialist health services. No MOU or service agreement formally outlines the operational relationship between the RHC and the RHN.

5.5 Transport assistance

Transport assistance is one of the activities the GDCHS RHN performs on occasions. Many key informants noted the nurse was available to assist with transport more frequently when the RHN role first commenced, and that the RHN was less available currently to assist in this area. A few of the informants questioned the necessity of the nurse to perform this activity. The following discussion attempts to describe why transport assistance is an important part of the RHN role, especially for the RHN in the Greater Dandenong area.

Transport for new arrivals can be difficult in the Greater Dandenong area. The Municipal Public Health Plan 2006-2009 for the City of Greater Dandenong has documented reasons why. Transport issues for the area include: infrequent bus services, low car ownership especially among new arrivals, the relatively high cost of public transport (especially for those with large families and low incomes), the difficulty of transporting young children by public transport, the poor linkages between rail and bus services and the relatively poor state, uninviting nature and perceived lack of safety of many bus and rail stations (City of Greater Dandenong 2006).

The RHN has assisted persons with transport in the past by providing information on public transport services and options (including contact with AMES case co-ordinators), providing taxi vouchers and transporting clients and families when necessary. The RHN nursing assistant and the CDW now provide support for the RHN in transporting clients when required.

There are many important reasons why a nurse may wish to assist a client with transport to a health service or other service appointment. These are usually related to either the needs of the client, ensuring the client attends the appointment and/or the appointment itself. The nurse will sometimes personally transport a client to an appointment if: it is a particularly important consultation; the nurse wants to ensure the client attends given the importance of the consultation and/or procedure for long term health status of the client; the nurse wants to personally communicate confidential or sensitive information to the health professional; there are particular public health concerns associated with the client's attendance; the nurse needs to perform some activity with the client prior to or after the appointment (for example pick up some medication or health education); the nurse wishes to assess the home environment or other family members and if the client needs special reassurance or assistance.

Attendance at a particular appointment may be the climax of many hours of the RHN's, and client's time and effort. For example, prior to transporting a client to day surgery a nurse may have: engaged with and assessed a client; referred them to a GP; assisted with diagnostic tests; assisted the client back to the GP to review the tests; assisted the client to book an appointment with a specialist; accompanied the client to the specialist's appointment; spent many hours assisting the client with the filling in of consent and pre-admission clinic forms; and attended preadmission clinic and instructed the client on preoperative instructions. Assisting the client with transport to the day surgery either in person or with the assistance of an addressed taxi voucher & booked taxi, is a small proportion of the work associated with the total process and assists in ensuring and/or enabling the client to attend. The assistance from the nurse may reassure the client and timely attendance may reduce client morbidity and mortality. Attendance at procedures and appointments also prevents missed places on theatre lists and in clinics and prevents the effort and waiting times associated with rebooking appointments and procedures.

5.6 Use of language services

Key informants reported concerns about language services not being used appropriately by a number of different health services. Many challenges were noted by service providers in the provision of appropriate language services to clients, especially to members of smaller communities. Challenges for health services and practitioners included funding for language services, and the availability and accessibility of accredited interpreters.

The RHN nurse aims to ensure appropriate language services are used for people from refugee backgrounds when accessing health services. By advocating for the appropriate use of language services according to the DHS Language Services Policy, the RHN assists in ensuring that individuals are properly informed about health services, diagnostic tests, diagnoses, health conditions and treatments. This knowledge increases the ability of people to make informed decision about their health and consequently their lives and the lives of their families. The use of appropriate language services also reduces the risk of misdiagnosis and improves the quality and safety of services received by people from refugee backgrounds.

Further information on the responsibilities of DHS programs and funded agencies (including health agencies), and language services can be found in the document titled 'Language Service Policy' (Department of Human Services 2005).

5.7 Why a nurse?

Key informants expressed that the RHN was a valuable resource and was able to perform a number of specific activities which were likely to result in an improved service for clients than if other personnel provide the service. The RHN often performs activities that may have previously been performed (and still are) by other services such as IHSS case coordinators. It is important to be able to explain why a nurse instead of another type of service provider is preferable for particular activities.

The following discussion relates to one common RHN activity, that of attending an appointment at a health service, and lists some of the possible advantages of a RHN instead of a case-coordinator or a community guide attending with a person from a refugee background.

- Most AMES case coordinators are social workers and not qualified health professionals.
- The RHN may be provided with more detail regarding an individual's health condition than a case-coordinator due to professional communication patterns and the use and interpretation of medical terminology.
- The RHN will usually be aware of the types of information a health professional may need to know in the consultation and may gather this information in anticipation of particular questions being made during a consultation.
- The RHN can reinforce and further explain any information provided in the consultation to the client in more detail after the consultation.

One of the most valuable aspects of the RHN role cited by a number of stakeholders was the ability of the RHN to communicate and negotiate across the breadth of Southern Health services and facilities. This part of the role would be difficult for other service providers and professionals to provide, and is one that the RHN needs to provide only in priority cases. The majority of new arrivals access health services with support from AMES Community Guides, sponsors or independently, depending on their support needs.

5.8 Impact of the RHNP position on GDCHS & Southern Health

Anecdotally staff at the Greater Dandenong Community Health Service report an increase in people from refugee backgrounds accessing the services since the RHN commenced. Some of this increase is attributed to the referrals from and the work of the RHN, for example increased referrals of pregnant women with a refugee background to the Community Midwifery Program by the RHN. A change in the focus of the population to whom the health centre promotes its service to, was another reason put forward for the reported increase. Examples of changes in GDCHS programs and services over the last 18 months include:

- working with AMES at Noble Park to provide on-site counselling services in the future,
- more community health outreach services being established,
- the promotion of homework programs to people from a refugee background and the employment of a Sudanese CDW in this area.

The GDCHS has collected data since 2006 on whether clients are from a 'refugee background' and as a consequence it is not possible to compare numbers of people with a refugee background attending the centre prior to and after the RHN commenced at the GDCHS. It is important to note that there is not a precise data definition for this category and recording this variable may be a subjective decision rather than a precise measure.

Information on the country of birth of GDCHS clients is available prior to and after the RHN commenced but this data was not extracted for this project. This data could be extracted to usefully inform further service development of services that aren't accessed by the refugee client group.

Informants reported a rise in the profile of refugee health issues at GDCHS and Southern Health. Reasons for this profile rise given by key informants included: the high profile of the Refugee Health Clinic, a visible commitment to refugee health by

senior Southern Health medical staff and the presence and interactions of the RHN in many different parts of GDCHS and Southern Health.

5.9 Capacity for future change

It is predicted the RHN role will continue to develop as the refugee population and the needs of the population and the service system change. Possible future projects that are being considered by the RHN, GDCHS and Dandenong Hospital include: investigating the feasibility of a drop in centre at the GDCHS Springvale site with multidisciplinary services (nurses, midwives, GP, dietician); a bus with a multidisciplinary team focusing on mental health issues attending AMES; health promotion and Centrelink activities at the RHC; and a community kitchen project with Women's Health in the South East.

The RHN works with a complex range of health issues. A number of the challenges to the position could be addressed by other parts of the service system. Three health issues were identified by either the RHN or key informants as presenting a challenge to the position and requiring further service developments to address identified needs.

Immunisation

The major issue in the area of immunisation is that not all arrivals are receiving timely catch-up immunisations, with some GPs not providing catch-up immunisations. In order to provide catch-up immunisations, immunisation providers need to undertake a number of tasks. These include:

- assessment of the person's previous immunisation history,
- the design of a future immunisation schedule based on the Australian Immunisation Schedule and past immunisations,
- and explaining and obtaining consent for proposed immunisations.

The RHN was assisting with this role for people attending local government sessions, but the time demands of this activity have made it impractical for the nurse to continue this activity.

The City of Greater Dandenong local government immunisation services, do assist persons requiring interpreters and transcribing of immunisation records to receive catch up immunisations. People are required to attend the City of Greater Dandenong Council offices to discuss individual immunisation needs with the local government immunisation staff. After assessment of a person's immunisation status and the design of an immunisation schedule, people may then receive catch-up immunisations at regular council immunisation sessions.

Catch-up immunisations have been identified as a challenge in other geographical locations of metropolitan Melbourne with two pilot projects being funded by DHS to assist with catch-up immunisations in the North and Western Metropolitan regions (Department of Human Services 2007).

Sexual Health

A number of informants mentioned sexual health issues as an area for further service developments. The need for culturally appropriate sexual education in schools, concerns about teenage pregnancies, assistance in the treatment of diagnosed but

untreated sexually transmitted diseases such as syphilis in pregnant women and contraception were some of the issues put forward as requiring further investigation.

Mental Health

A number of the key informants advocated for increased support in the area of mental health with suggestions including: an additional refugee health nurse (with mental health qualifications); the addition of a community mental health nurse as part of the Refugee Health Clinic and mental health nurses providing refugee specific support in general practices.

The recent funding of a Mental Health Nurse Incentive Program by the Federal Government may be one avenue for obtaining future assistance mental health support (Royal Australian College of General Practitioners 2007).

6. Conclusion

This report has documented the role of the RHN based at the GDCHS, the development of the role over twenty three months since its establishment, the context in which the role is performed and some of the major challenges to the role.

The GDCHS nurse utilises an 'active outreach' model of nursing care practice to provide services within and outside of the traditional clinic or hospital setting. Services are provided in many external settings, such as homes, schools, settlement services and GP practices. The GDCHS RHN actively reaches out to the refugee community seeking opportunities to provide services to individuals, the community and service providers, rather than simply responding to requests.

Many of the developments in the RHN role have involved a change from traditional clinical nursing practice, often task orientated, individual and disease treatment orientated to creative non-traditional nursing practices involving health protection, illness prevention and health promotion activities. This role development has been seen commonly amongst community health nurses working in a wide variety of roles with minority and disadvantaged populations (Keegan and Kent 1992).

The role development has required support from management to evolve in this direction. The majority of the stakeholders interviewed expressed the breadth of the role was a strong point of the RHN position as it allowed the RHN to negotiate through a complex support and health system to meet clients needs. Others suggested a focus on a more traditional clinical role would better suit stakeholders' needs.

This tension between traditional and non traditional ways of working will continue to be part of the role, as various health and support services aim to meet their own needs through partnerships with the refugee health nurse. One of the strengths of the RHN is the ability of the nurse to renegotiate (often requiring significant effort and time) the many partnerships developed on an ongoing basis to achieve the best outcomes for local residents of a refugee background in Dandenong and its surrounds.

As the RHNP at GDCHS is currently, a single position, with very significant demands, it is even more important that many of the needs and issues identified by the RHN and the successful strategies developed for meeting these needs, continue to be taken up by other parts of the health and community services sector. This also achieves the more fundamental objective of providing a more accessible service system particularly for new arrivals from a refugee background.

The Refugee Health Nurse program in Dandenong has become a well recognised and valued program amongst refugee communities and health and community service providers in an impressively short period of time, with further outcomes to be realised in the longer term.

In the short term, as just one example, the value of the RHN's work in supporting the development of a co-ordinated service response across primary and specialist health services cannot be under-estimated. Such an approach is consistent with the development of 'sentinel sites' of refugee health care in areas of significant refugee settlement highlighted in the Victorian Government's *Refugee Health and Wellbeing*

Action Plan 2005-08 (p.26) and detailed in the earlier recommendations of *Towards a health strategy for refugees and asylum seekers in Victoria (2005)*. In Dandenong, this has extended beyond community health services provision to the partnerships between Greater Dandenong Community Health Services, Dandenong Hospital, the General Practice Division, settlement and English language services and other health and community service providers as outlined in this report.

Clearly, the RHN position at the GDCHS demonstrates how a small amount of resources allocated to an innovative health program can result in effective health system and organisational change.

It is hoped that this report will be of assistance to policy makers, agencies and staff of services working to improve health and other support services provided to people from refugee backgrounds, and ultimately contribute to improvements in the health and well-being of people from refugee backgrounds in Victoria.

7. Appendices

Appendix 1 Settler information

Table 7.1 Settler arrivals by category in Australia 2002-03 to 2006-07

Category	2002-03	2003-04	2004-05	2005-06	2006-07	2002-07
Family	28 066	29 548	33 182	34 771	37 138	162 705
Humanitarian	9 569	10 335	13 235	12 113	12 247	57 499
Skilled	38 504	51 528	53 133	59 507	60 755	263 427
Other* (special eligibility)	178	207	162	104	109	760
Total	76 317	91 618	99 712	106 495	110 249	484 391

*does not include non-program immigration

Source: Settlers in Australia 2006-07 (Dept of Migration and Citizenship)

The above table shows the numbers of Australian settlers arriving for different visa categories from 2002-03 to 2006-07.

Table 7.2 Settler arrivals by category (family, humanitarian and skilled) in Victoria, 2002-03 to 2006-07

Category	2002-03	2003-04	2004-05	2005-06	2006-07	2002-07
Family	7 756	7 981	8 926	9 203	10 147	44 013
Humanitarian	2 829	3 189	3 936	3 433	3 311	16 698
Skilled	9 163	13 161	13 496	15 167	15 680	66 667
Other* (special eligibility)	45	44	31	23	43	186
Total	19 793	24 375	26 389	27 826	29 181	127 564

*does not include non-program immigration

Source: Source: Settlers in Australia 2006/07 (Dept of Migration and Citizenship)

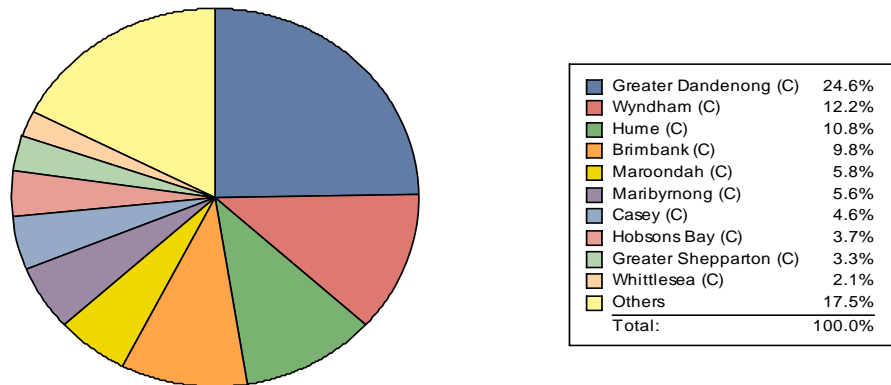
The above table shows the numbers of Victorian settlers arriving for different visa categories 2002-03 to 2006-07. Victoria received about 29 percent of Australian settlers arriving under the humanitarian migration programs in the 2002-2007 period and 27 percent in the 2006-07 year.

Humanitarian settler arrivals Greater Dandenong LGA

From 2002-03 to 2006-07 the City of Greater Dandenong received over 4,300 humanitarian settlers (City of Greater Dandenong 2007), over 26 percent of Victorian humanitarian settlers for this time period.

In 2006-07 year, the Greater Dandenong LGA received over 850 humanitarian settlers, 28 percent of the humanitarian settlers arriving in Metropolitan Melbourne and almost 26 percent of humanitarian settlers to Victoria (City of Greater Dandenong 2007).

Figure 7. 1 Top 10 Victorian LGAs for settlers - humanitarian migration stream (refugee and special humanitarian program-offshore) arriving from 1 July 2006 to 30 June 2007.

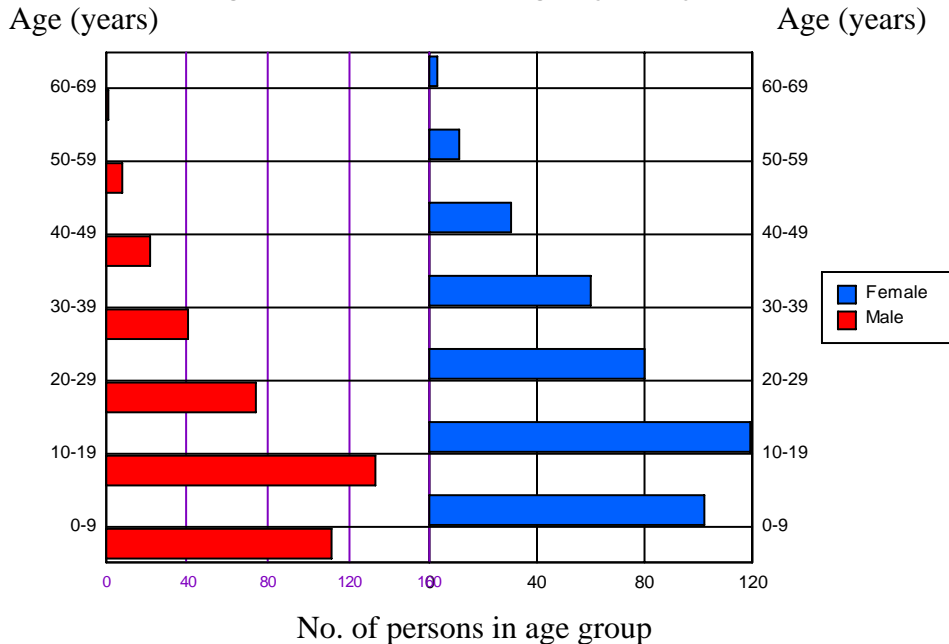


Source: Department of Immigration and Citizenship Settlement Database extracted on 11 Oct 2007

Figure 7.1 shows Dandenong LGA is in a unique position with the number of humanitarian settlers arriving in the LGA. Greater Dandenong LGA receives many more humanitarian settlers than any other LGA in Victoria, with Wyndham LGA receiving 12.2 percent, and Hume LGA 10.8 percent with all other LGAs receiving less than 10 percent in the 2006-2007 year per LGA.

Demographics of humanitarian settler arrivals in Greater Dandenong LGA Age and sex

Figure 7.2 Age and sex distribution for settlers humanitarian migration stream (refugee, humanitarian and special humanitarian program-offshore) arriving in Greater Dandenong City 1 July 2006 to 30 June 2007.



Source: Department of Immigration and Citizenship settlement database. (extracted on 11 January 2008).

Table 7.3 Sex and age distribution for settlers humanitarian migration stream (refugee, humanitarian, special assistance, special humanitarian program-offshore) arriving in Greater Dandenong City 1 July 2006 to 30 June 2007.

Age group	No. of females	% of female pop.	% of females of total pop.	No. of males	% of male pop.	% of males of total pop.	Age % of total pop.
0-9	102	25.2	12.8	112	28.6	14.1	27
10-19	119	29.4	14.9	133	34.0	16.7	32
20-29	80	19.8	10.1	74	18.9	9.3	19
30-39	60	14.8	7.5	41	10.5	5.2	13
40-49	30	7.4	3.8	22	5.6	2.8	7
50-59	11	2.7	1.4	8	2.0	1.0	2
60-69	3	0.7	0.4	1	0.3	0.1	0.5
Total@	405	100	50.9	391	99.9	49.2	100.5

Source: #Department of Immigration and Citizenship settlement database (extracted on 11 Jan 2008).

Notes on data

1. Age is recorded as at date of arrival.
2. The collection of some data items in these information systems is not mandatory. As a consequence there may be a large number recorded as 'unknown' for some items, including some of the selection variables on which this report is based. Because of the possibility of a high number being recorded as 'unknown' for some items, the data shown here should only be taken as indicative of the actual number of settlers with these characteristics.
- 3 In addition to the numbers shown in the table above, there were a small number of settlers for whom sex was not recorded.
4. @ Percentages do not add up to 100% due to rounding

The gender of newly arrived humanitarian (off-shore) settlers in the 2006-2007 year was equally distributed between males and females. Over 58 percent of the newly arrived humanitarian settlers in the 2006-2007 year were aged 19 years or under.

Over eighty nine percent of females arriving as humanitarian settlers in the 2006-2007 year to GD LGA were aged 39 or less years. Almost 55 percent of females arriving were aged 19 years or less, with over 25 percent of females aged less than 10 years. Almost 20 percent were 20 to 29 years of age, with almost 15 percent aged 30 to 39 years of age.

Over ninety two percent of males arriving in this same time period were aged 39 years or less. Over 62 percent of males arriving were aged 19 or less years with approximately 29 percent of males aged less than 10 years. Almost 19 percent were aged 20-29 years and over 10 percent aged 30 to 39 years.

Humanitarian settlers Greater Dandenong LGA by country of birth

In the last five years the most common birthplace of humanitarian settlers to the Greater Dandenong LGA was: Sudan (45%), followed by Afghanistan (21%), former Yugoslavia (6%), Egypt (4%), Kenya (3%) and Ethiopia at (3%).

The most common birthplace of humanitarian settlers to the Greater Dandenong LGA in the 2006-07 period was Afghanistan (31%), followed by Sudan (29%), Burma (11%) and Kenya (4%). In the 2006-07, period there has been a slight rise in the number of persons from Afghanistan arriving compared to 2005-06, with the numbers of persons arriving from Sudan falling by about 200 persons from the 2005-06 period.

The proportion of African born humanitarian arrivals to Greater Dandenong LGA has grown slightly over the last 5 years. In 2002-03, 43 percent of humanitarian arrivals were born in Africa, this had increased to almost half of the humanitarian arrivals settling in the Greater Dandenong LGA in 2006-07. This proportion is higher than the 38 percent of humanitarian arrivals born in Africa arriving in metropolitan Melbourne (City of Greater Dandenong 2007).

Humanitarian settlers Greater Dandenong LGA by country of birth (con't)

All information contained in this section extracted from unless otherwise stated City of Greater Dandenong
Resource: http://www.greaterdandenong.com/Resources/SiteDocuments/sid1_doc3003.xls
(accessed 4th Dec 2007).

Table 7. 4 Top 10 birthplaces of settlers (humanitarian) in GD LGA in 2002-07

Country of Birth	No.	Percent
Sudan	1,941	44.5
Afghanistan	934	21.4
Former Yugoslavia	276	6.3
Egypt	165	3.8
Kenya	138	3.2
Ethiopia	137	3.1
Burma	106	2.4
Iran	79	1.8
Liberia	71	1.6
Iraq	62	1.4

Table 7. 5 Top 10 birthplaces of settlers (humanitarian) in GD LGA in 2006-07

Country of Birth	No.	Percent
Afghanistan	264	30.9
Sudan	244	28.5
Burma	96	11.2
Kenya	33	3.9
Ethiopia	27	3.2
Liberia	24	2.8
Sri Lanka	19	2.2
Thailand	18	2.1
Burundi	18	2.1
Sierra Leone	17	2.0

Table 7. 6 Top 10 birthplaces of settlers (humanitarian) in GD LGA in 2005-06

Country of Birth	No.	Percent
Sudan	440	48.4
Afghanistan	221	24.3
Egypt	46	5.1
Kenya	38	4.2
Burundi	16	1.8
Tanzania	15	1.7
Iran	15	1.7
Ethiopia	15	1.7
Iraq	12	1.3
Congo Republic	10	1.1

Table 7. 7 Top 10 birthplaces of settlers (humanitarian) in GD LGA in 2004-05

Country of Birth	No.	Percent
Sudan	545	59.2
Afghanistan	90	9.8
Egypt	45	4.9
Liberia	42	4.6
Former Yugoslavia	41	4.5
Kenya	37	4.0
Ethiopia	22	2.4
Iraq	14	1.5
Sierra Leone	12	1.3
Iran	11	1.2

Table 7. 8 Top 10 birthplaces of settlers (humanitarian) in GD LGA in 2003-04

Country of Birth	No.	Percent
Sudan	419	47.2
Afghanistan	208	23.4
Former Yugoslavia	55	6.2
Ethiopia	45	5.1
Egypt	39	4.4
Iran	31	3.5
Croatia	16	1.8
Kenya	14	1.6
Iraq	11	1.2
Australia	8	0.9

Table 7. 9 Top 10 birthplaces of settlers (humanitarian) in GD LGA in 2002-03

Country of Birth	No.	Percent
Sudan	293	37.3
Former Yugoslavia	167	21.3
Afghanistan	151	19.2
Croatia	40	5.1
Ethiopia	28	3.6
Egypt	21	2.7
Iraq	18	2.3
Kenya	16	2.0
Bosnia-Herzegovina	10	1.3
Vietnam	7	0.9

Humanitarian settlers Greater Dandenong LGA by country of birth (con't)**Table 7.10 Humanitarian settlers arriving in Greater Dandenong LGA (by birthplace) and as a proportion of humanitarian settlers arriving in metropolitan Melbourne (by birthplace) from 1 July 2006 to 30 June 2007.**

Place of birth	% humanitarian settlers arriving in GD LGA of humanitarian settlers in metro Melb	No. humanitarian settlers arriving GD LGA	No. humanitarian settlers arriving in metro Melb
Former Yugoslavia	100	4	4
Croatia	100	3	3
Zambia	100	2	2
Saudi Arabia	100	1	1
Burundi	75	18	24
Afghanistan	69	264	381
Australia	67	2	3
Guinea	57	4	7
Pakistan	53	10	19
Kenya	52	33	63
Sierra Leone	45	17	38
Liberia	44	24	55
Sudan	36	244	672
Sri Lanka	36	19	53
Somalia	35	6	17
Egypt	34	14	41
Ghana	33	2	6
Ivory Coast	33	2	6
Rwanda	33	1	3
Tanzania	31	5	16
Ethiopia	30	27	91
Iran	29	17	59
Dem Rep Congo	20	9	45
Uganda	20	6	30
Burma	15	96	647
Thailand	8	18	235
Iraq	2	7	436
Total	28	855	3049

Source: http://www.greaterdandenong.com/Resources/SiteDocuments/sid1_doc3003.xls accessed 4th Dec 2007

Table 7.10 shows the proportion of humanitarian settlers arriving in Dandenong LGA as a proportion of settlers in metropolitan Melbourne from 1 July 2006 to 30 June 2007 by country of birth.

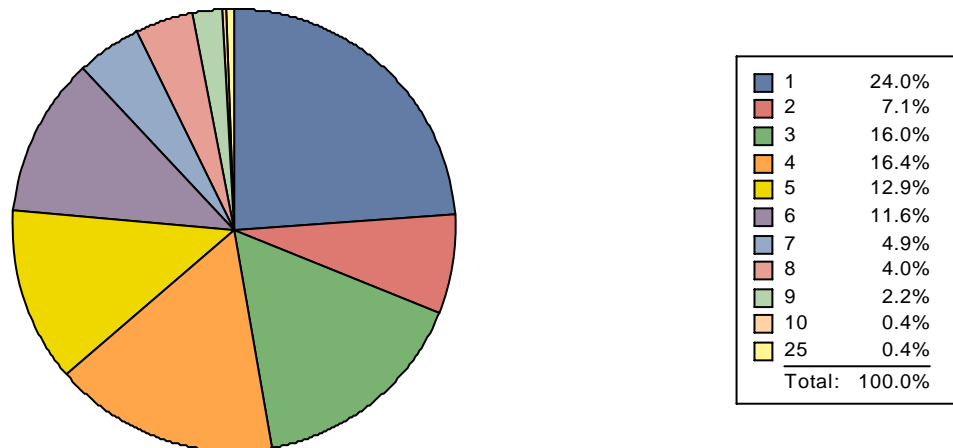
Humanitarian settlers Greater Dandenong LGA by family size
Table 7. 11 Settlers (humanitarian-offshore) arriving in GD LGA 2006-2007.

Family Size	No. of families	% of total families
1	54	24.0
2	16	7.1
3	36	16.0
4	37	16.4
5	29	12.9
6	26	11.6
7	11	4.9
8	9	4.0
9	5	2.2
10	1	0.4
25	1	0.4
Total	225	100.0

Source: Department of Immigration and Citizenship settlement database (extracted 11 Jan 2008).

Almost a quarter of persons arriving as humanitarian (off-shore) settlers in the GD LGA in the 2006-2007 were a family size of 1. Over 7 percent were a family size of 2, with 16 percent a family size of 3 and another 16 percent a family size of 4. Family sizes of 5 or 6 made up almost 25 percent of arrivals with family sizes of 7, 8 or 9 making up 11 percent. One family of 10 persons and another of 25 persons was noted.

Figure 7. 3 Settlers (humanitarian-offshore) arriving in Greater Dandenong LGA in 1 July 2006 to June 30 2007.

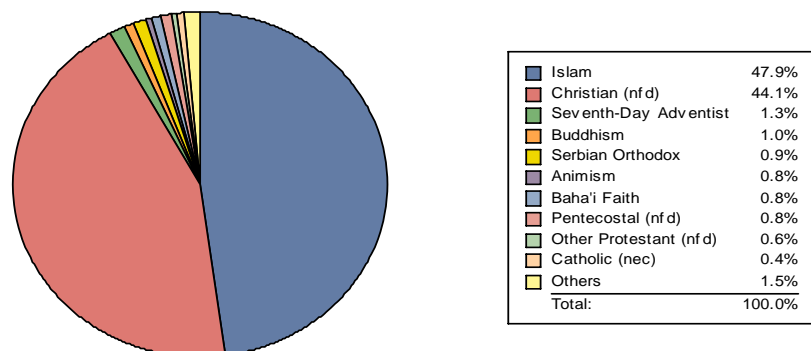


Source: Department of Immigration and Citizenship settlement database (extracted on 11 Jan 2008).

Humanitarian settlers Greater Dandenong LGA by religion

Of the 789 humanitarian settlers (off-shore) arriving in the GD LGA in the 2006-2007 period for which a religious status was recorded almost 48 percent were Islam. The next largest proportion recorded was Christian (44%) followed by Seventh day Adventist (1%), Buddhism (1%), Serbian Orthodox (1%), Animism (1%), Baha'i Faith (1%) and Pentecostal (1%).

Figure 7. 4 Settlers (humanitarian-offshore) arriving in GD LGA by religion (top 10) from 1 July 2006 to 30 June 2007.



(note figure 7.4 excludes 'religion unknown')

Table 7. 12 Settlers (humanitarian-offshore) arriving in GD LGA by religion (top 10) from 1 July 2006 to 30 June 2007

Religion	No. of settlers	Proportion
Islam	378	47.9
Christian (nfd)	348	44.1
Seventh Day Adventist	10	1.3
Buddhism	8	1.0
Serbian Orthodox	7	0.9
Animism	6	0.8
Baha'i Faith	6	0.8
Pentecostal (nfd)	6	0.8
Other Protestant (nfd)	5	0.6
Catholic (nec)	3	0.4
Others	12	1.5
Total religion known	789	100.0
Total religion unknown	7	
Total	796	

Source: Department of Immigration and Citizenship Settlement Database (extracted on 11 Jan 2008).

Data notes

The data in this report has been compiled from a number of information sources within DIAC. The collection of some data items in these information systems is not mandatory. As a consequence there may be a large number recorded as 'unknown' for some items, including some of the selection variables on which this report is based. Because of the possibility of a high number being recorded as 'unknown' for some items, the data shown here should only be taken as indicative of the actual number of settlers with these characteristics.

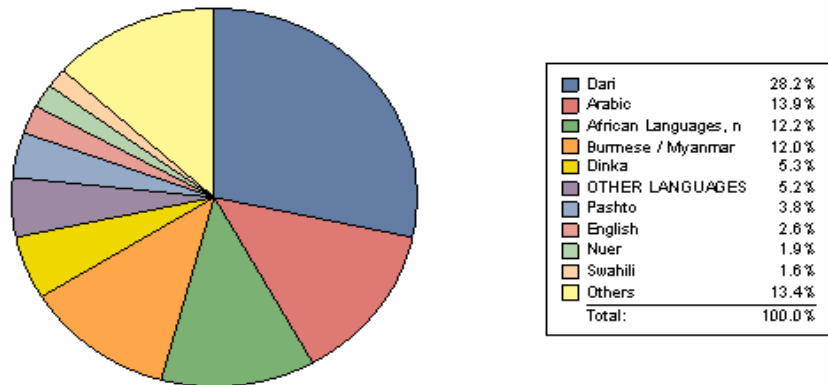
nfd = not further defined

nec = not elsewhere classified

Humanitarian settlers Greater Dandenong LGA by language

The most common language of humanitarian settlers (off shore) arriving in the GD LGA (n=794) in the 2006-2007 period was Dari (28 %), followed by Arabic (14%), African (no further information) (12%), Burmese/Myanmar (no further information) (12%), Dinka (5%), other languages (55%), Pashto (4%), English (3%) and Nuer (2%) and Swahili (2%) and others (13%).

Figure 7.5 Settlers (humanitarian-offshore) arriving in GD LGA 1 July 2006 to 30 June 2007 by language (top 10).



Language	Frequency
Dari	224
Arabic	110
African Languages, n	97
Burmese/ Myanmar	95
Dinka	42
OTHER LANGUAGES	41
Pashto	30
English	21
Nuer	15
Swahili	13
Others	106
Total Known	794

Source: Department of Immigration and Citizenship Settlement Database. Extracted on 11 Jan 2008

Data notes

1. The data shown here includes both persons who arrived during the reference period as migrants and persons who arrived as temporary entrants and were later granted permanent resident status onshore.
2. Data on non-visaed permanent arrivals (eg New Zealanders) is not included.

3. The data in this report has been compiled from a number of information sources within DIAC.

The collection of some data items in these information systems is not mandatory. As a consequence there may be a large number recorded as 'unknown' for some items, including some of the selection variables on which this report is based. Because of the possibility of a high number being recorded as 'unknown' for some items, the data shown here should only be taken as indicative of the actual number of settlers with these characteristics.

nfd = not further defined

nec = not elsewhere classified

Settlers (family, skilled, humanitarian & other) Greater Dandenong LGA by country of birth

Table 7. 13 Top 10 birthplaces of total settlers in GD LGA 2002-07.

Country of Birth	No.	Percent
Sudan	1,972	15.6
India	1,896	15.0
Afghanistan	1,295	10.3
Vietnam	971	7.7
Cambodia	849	6.7
Sri Lanka	801	6.3
China	729	5.8
Former Yugoslavia	332	2.6
Philippines	327	2.6
Pakistan	207	1.6

Table 7. 16 Top 10 birthplaces of total settlers in GD LGA in 2004-05

Country of Birth	No.	Percent
Sudan	549	20.6
India	394	14.8
Cambodia	197	7.4
Vietnam	189	7.1
Sri Lanka	172	6.5
Afghanistan	167	6.3
China	163	6.1
Philippines	58	2.2
Former Yugoslavia	56	2.1
Egypt	52	2.0

Table 7. 14 Top 10 birthplaces of total settlers GD LGA in 2006-07.

Country of Birth	No.	Percent
India	466	18.2
Afghanistan	338	13.2
Sudan	258	10.1
Vietnam	195	7.6
Sri Lanka	183	7.2
Cambodia	150	5.9
China	125	4.9
Burma	98	3.8
Philippines	66	2.6
Pakistan	65	2.5

Table 7. 17 Top 10 birthplaces of total settlers in GD LGA in 2003-04.

Country of Birth	No.	Percent
Sudan	419	17.1
India	337	13.8
Afghanistan	231	9.4
Vietnam	185	7.6
Cambodia	164	6.7
China	162	6.6
Sri Lanka	129	5.3
Philippines	86	3.5
Former Yugoslavia	62	2.5
Ethiopia	52	2.1

Table 7. 15 Top 10 birthplaces of total settlers in GD LGA in 2005-06.

Country of Birth	No.	Percent
India	470	17.2
Sudan	451	16.5
Afghanistan	399	14.6
Vietnam	171	6.3
Sri Lanka	160	5.9
China	153	5.6
Cambodia	138	5.0
Philippines	73	2.7
Egypt	50	1.8
Kenya	42	1.5

Table 7. 18 Top 10 birthplaces of total settlers in GD LGA in 2002-03.

Country of Birth	No.	Percent
Sudan	295	13.2
Vietnam	231	10.4
India	229	10.3
Cambodia	200	9.0
Former Yugoslavia	174	7.8
Afghanistan	160	7.2
Sri Lanka	157	7.0
China	126	5.7
Albania	46	2.1
Philippines	44	2.0

Family settlers Greater Dandenong LGA by country of birth

Table 7. 19 Top 10 birthplaces of settlers (family) in GD LGA in 2002-07.

Country of Birth	No.	Percent
Vietnam	874	19.0
Cambodia	817	17.7
China	420	9.1
Afghanistan	359	7.8
India	318	6.9
Sri Lanka	266	5.8
Philippines	129	2.8
Pakistan	103	2.2
Fyr Of Macedonia	95	2.1
Albania	89	1.9

Skilled Settlers Greater Dandenong LGA by country of birth

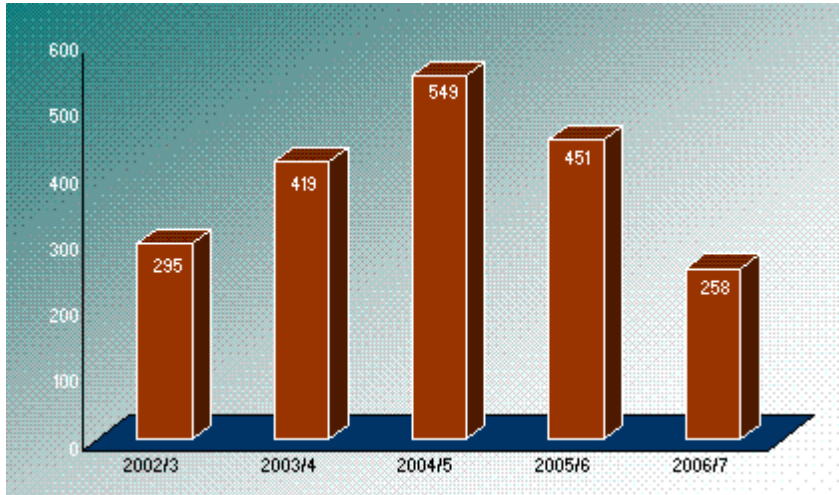
Table 7. 20 Top 10 birthplaces of settlers (skilled) in GD LGA in 2002-07.

Country of Birth	No.	Percent
India	1,574	43.1
Sri Lanka	493	13.5
China	305	8.3
Philippines	194	5.3
Vietnam	90	2.5
Mauritius	90	2.5
Pakistan	84	2.3
Fiji	80	2.2
Malaysia	79	2.2
Singapore	60	1.6

Two largest populations of settlers (humanitarian) 2002-2007 in Greater Dandenong LGA by country of birth (Sudan & Afghanistan).

Figure 7.6 Settlement of total immigrants from Sudan into Greater Dandenong LGA 2002-2003 to 2006-2007.

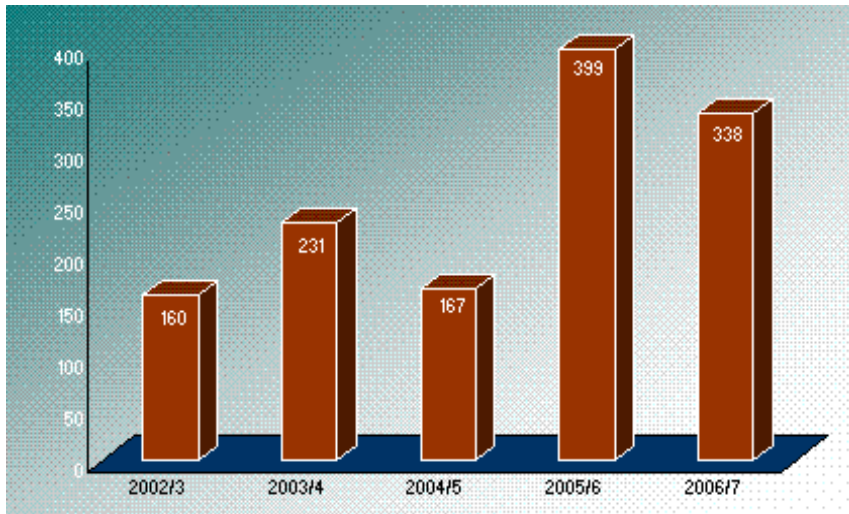
Settlement of Total Immigrants from Sudan into Greater Dandenong: 2002-03 to 2006-07



Humanitarian settlers made up 99 percent of settlers born in Sudan with 1 percent family settlers in 2002-03 to 2006-07.

Figure 7.7 Settlement of total immigrants from Afghanistan into Greater Dandenong LGA 2002-03 to 2006-07.

Settlement of Total Immigrants from Afghanistan into Greater Dandenong: 2002-03 to 2006-07



Humanitarian settlers make up 72 percent of Afghanistan settlers into the Greater Dandenong LGA in 2002-03 to 2006-07.

Appendix 2 Guidelines for the Refugee Health Nurse Initiative

Philosophy

The RHN Program understands health within a social context, recognising that:

- Health outcomes are determined by a range of social, environmental and economic factors.
- Health promotion, prevention, early intervention and equity of access are necessary components of high quality services that support the immediate and long-term health care of refugees.

Health services for refugees should:

- Be accessible, flexible and culturally sensitive.
- Be affordable. Services provided by the Refugee Health Nurse will be free. The charge for referrals to other services will be guided by the Community Health Fee Policy. Inability to pay should not be a barrier to access to health services either provided or referred to by the Refugee Health Nurse.
- Adopt a holistic approach to health care and ensure links are developed and maintained with related services.
- Recognise the rights (eg, confidentiality, informed consent) of refugees as health care clients.
- Treat clients with dignity.
- Acknowledge that informed decisions about health and health care require accessible and appropriately targeted health information and access to language services.
- Be integrated with mainstream services.
- Enable individuals, families and refugee communities to improve their health and wellbeing.

Role of the Refugee Health Nurse

- Undertake early health and social needs assessments of refugee clients using the nominated assessment tools.
- Facilitate and coordinate mainstream and specialist referrals to health and community service providers, eg: GPs, dental health, nutritionists, school nursing program, local Best Start programs, torture and trauma counselling and hospitals etc. This may also involve facilitating other health care providers' access to interpreters and transport.
- Promote social connection and integration through referrals to established social support and orientation programs.
- Enable individuals, families and refugee communities to improve their health and wellbeing.
- Provide information and support regarding clients' rights, entitlements and obligations under the Victorian health care system.
- Work with Community Health Promotion programs that identify refugees as a population group to develop health promotion activities specific to refugees.
- Actively engage local refugee community leaders in the planning and development of the RHN Program.
- Collect refugee health data and community feedback.
- Support the CHS in its role as a sentinel site for refugee settlement, early health care and assessment.
- Actively participate in professional development and networking opportunities, in particular those provided by the Victorian Foundation for Survivors of Torture (VFST).

Appendix 3 Logic model for refugee health clinic reminder calls

Service components

Appointment reminder

Identify correct phone number
 Check correct person at end of phone
 Check if interpreter needed
 Recall with telephone interpreter
 Confirm appointment and attendance
 Ask how getting to appointment
 Check if chaperone required
 Check for pathology & diagnostic tests
 Check for GP letter
 Ensure interpreter booked for clinic
 (Outpatients' books interpreters through central bookings service)
 Check if female interpreter required

Transport assistance

Taxi voucher supplied if required
 Address of service & client filled out on voucher
 Taxi booked with info to driver re client need
 Taxi voucher delivered to client home
 Taxi picks up client
 Taxi driver assists client to clinic if required

Attendance at RH Clinic

Seen by doctor at clinic
 Service provided
 -diagnosis, review,
 -management plan
 -referral
 Staff check if client does not attend
 Ring client to attend
 Re-book if client does not attend

Infrastructure components

Outpatient booking list
 Telephone including mobile no. access
 Assess to telephone interpreter service
 Staff time to book appointments

Taxi vouchers
 Transport to deliver vouchers
 Staff time to organize and deliver

Clinic RN, CDW & RHN
 & medical staff at Clinic

*Reminders re clinic booking occur a day or two prior to clinic.

Appendix 4 Advisory group members and key informants

Advisory Group Members

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Sally Richardson Senior Policy Advisor Refugee Health Diversity Unit DHS
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Key informants

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Sam Challands Program Manager Community and Family
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Chris Heuston Maternal and Child Health Nurse City of Greater Dandenong
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Chris Yugusuk Community Liaison Officer Southern Health Refugee Health Clinic & CDM St. Damien's Medical Clinic

Appendix 5 Terms

Terms

Asylum seekers 'Asylums seekers are people who are seeking protection as refugees but are still to have their refugee status determined' (Department of Human Services 2005 p.42).

Settlers Settlers comprise of persons arriving in Australia who hold permanent visas, regardless of stated intended period of stay, New Zealand citizens who indicate an intention to settle, and those who are otherwise eligible to settle (eg. overseas-born children of Australian citizens) (Department of Immigration and Citizenship 2007).

Refugee For the purposes of this document the term refugee is used to describe all people of a 'refugee-like background', unless otherwise specified and therefore includes persons who may arrive via migration programs outside of the humanitarian stream.

According to the United Nations Convention (1951) and Protocol (1967) relating to the Status of Refugees, a refugee is defined as any person who:

'...owing to well-founded fear of being persecuted for reasons of race, religion, nationality, membership of a particular social group or political opinion, is outside the country of his nationality and is unable or owing to such fear, is unwilling to avail himself of the protection of that country; or who, not having a nationality and being outside the country of his former habitual residence, is unable or owing to such fear, is unwilling to return to it'' (Protecting Refugees, UNHCR, 2003 p.5)

Refugee-like background "Refugees living in Victoria may have entered Australia through the Australian Government sponsored Humanitarian Program, or have arrived independently via boat or plane as asylum seekers. There are also people who arrive through other visa categories, for example, Migrant-Family stream who have come from refugee source countries and may have been exposed to persecution and violence. These people can be described as having a 'refugee like' background'' (Department of Human Services 2005, p. 42).

Migration and Humanitarian Programs

The Migration (non-Humanitarian) Program is made up of Family Stream, Skill Stream and Special Eligibility migrants. The Humanitarian Program is made up of Refugee, Special Humanitarian and Special Assistance migrants.

The Humanitarian Program has two components: an offshore resettlement programme for persons overseas, and onshore protection for those people already in Australia who arrived on temporary visas or in an unauthorised manner, and who claim Australia's protection. The offshore resettlement program comprises three categories:

- The Refugee Program which provides resettlement to Australia for people outside their home country subject to persecution in their home country;

- Special Humanitarian Programs (SHP) which comprise the In-country Special Humanitarian Program for people suffering persecution within their own country, and the Global Special Humanitarian Program for people who have left their country because of substantial discrimination amounting to a gross violation of human rights; and
- The Special Assistance Category (SAC) which embraces groups determined by the Minister for Immigration and Multicultural and Indigenous Affairs to be of special concern to Australia and in real need, but who do not fit within other humanitarian categories. This program also assists those internally and externally displaced people who have close family links in Australia. This category was closed during the 2000-01 program year.

From (Department of Immigration and Citizenship 2007) (p. 62-3)

For further information on the various types of humanitarian visas and the benefits and supports provided to each visa type, see 'Promoting refugee health: a guide for doctors and other health providers caring for people from refugee backgrounds'. This guide is available online from the Foundation House website, see reference list for details.

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