



## CHAPTER 2.10

# A Healthy Start:

## Access to Health Care

## GOALS FOR INTEGRATION (SEE CHAPTER 1.3)

-  **ONE** To restore security, control and social and economic independence by meeting basic needs, facilitating communication and fostering the understanding of the receiving society.
-  **TWO** To promote the capacity to rebuild a positive future in the receiving society.
-  **THREE** To promote family reunification and restore supportive relationships within families.
-  **FOUR** To promote connections with volunteers and professionals able to provide support.
-  **FIVE** To restore confidence in political systems and institutions and to reinforce the concept of human rights and the rule of law.
-  **SIX** To promote cultural and religious integrity and to restore attachments to, and promote participation in, community, social, cultural and economic systems by valuing diversity.
-  **SEVEN** To counter racism, discrimination and xenophobia and build welcoming and hospitable communities.
-  **EIGHT** To support the development of strong, cohesive refugee communities and credible refugee leadership.
-  **NINE** To foster conditions that support the integration potential of all resettled refugees taking into account the impact of age, gender, family status and past experience.

 The focus of this Chapter

 To keep in mind

## Chapter 2.10

# A Healthy Start: Access to Health Care

This Chapter explores arrangements for providing health assessment for resettled refugees and for ensuring that they have access to the health care system in the receiving society for their long term health needs.

While health care is important, health status is also influenced by one's access to social and economic resources such as meaningful employment, secure housing, family and community support and a safe and welcoming environment<sup>1</sup>. Ensuring that resettled refugees have access to these 'health promoting' resources is the subject of other relevant Chapters in this Handbook.

Strategies for supporting resettled refugees suffering psychological responses to trauma and torture are discussed in Chapter 3.1.





**CHECKLIST**

## Planning a healthy start

When establishing a new resettlement program, give priority to:

- ✓ arrangements for offering communicable disease screening and an overall health assessment on arrival;
- ✓ identifying health care providers who have interest and expertise in health issues of particular concern to resettled refugees (e.g. infectious disease and mental health professionals);
- ✓ interpreters for health care consultations;
- ✓ arrangements for resettled refugees to meet the costs of health care in the resettlement country prior to achieving economic self-sufficiency.

In the longer term, aim for:

- ✓ strategies for ensuring that the wider health care system is sensitive to the needs of resettled refugees;
- ✓ strategies for building work force capacity in providing health care to resettled refugees;
- ✓ strategies for providing new arrivals information on and orientation to the health system of the receiving country and practical support to access health care;
- ✓ community awareness strategies aimed at promoting understanding of the health concerns of refugee populations, countering negative perceptions and enhancing community capacity to provide support.



**We were refugees in Thailand for a long time and there were not many doctors. I had all my teeth knocked out when I was tortured. Because I couldn't speak properly, I couldn't start my English classes until they were fixed.**

Resettled refugee



## Health and health care as resources for rebuilding

As well as being a fundamental human right, optimal physical and mental health is a vital resource for integration, enhancing people's capacity to meet the inevitable challenges and stresses of the resettlement process. In contrast, poor health may act as a significant barrier to integration. For example, post traumatic stress symptoms experienced by many torture survivors, such as poor concentration and 'flash-backs', can interfere with the process of learning a new language, undeniably a pivotal task in the integration process<sup>2</sup>.

Sensitively delivered, health care can help to rebuild trust in others, the motivation to care for oneself and one's feeling of self-respect and dignity. Thorough health care can also provide reassurance to those who fear that they have been irreparably harmed by their refugee experiences.

Through their encounters with health care providers, new arrivals can learn about other resources required for successful integration, such as social support networks and services providing assistance with housing and employment. Health care services may provide an acceptable point of entry to

services which new arrivals may otherwise be reluctant to access (e.g. counselling and support services).

In many areas of physical and mental health, there are significant advantages in identifying and treating health problems at an early stage, when they are generally less complex to treat<sup>3</sup>. Ensuring that new arrivals have access to health care as soon as possible after arrival optimises the opportunities for early intervention, with obvious benefits for the budgets of receiving countries as well as for new arrivals themselves.

### Factors affecting health and access to health care

Resettled refugees experience a relatively high rate of both physical and mental health problems<sup>4</sup>, the result of deprivation of the resources required for good health, exposure to trauma and poor access to health care prior to arrival. Many will not have had access to high quality patient orientated health care for years and hence may have health problems which either have not been diagnosed or have been poorly treated in the past.

With refugee producing countries struggling to meet acute health care needs, many new arrivals will have had limited access to preventative health care programs now well established in many countries of resettlement (e.g. immunisation, breast and cervical screening).

In the early resettlement period resettled refugees may be exposed to further influences now known to have an adverse influence on both physical and mental health, among them unemployment, discrimination and lack of family and social support<sup>5</sup>.

This does not mean that resettled refugees are inherently less healthy than the population of receiving countries. Indeed the fact that they have survived often horrific experiences, yet ultimately settle successfully, is evidence of their enormous survival strengths. Most of the health problems affecting resettled refugees can be addressed by sensitive, intensive 'catch-up' care in the early period of resettlement.

While health issues of concern to individual resettled refugees and to particular refugee communities clearly vary depending on their region-of-origin and the nature and duration of their refugee experience, common patterns identified by health care



**The early intervention worker mentioned all of the problems we had here and the problems we had in Somalia. She showed that she was interested in us.**  
Resettled refugee





## A HEALTHY START: ACCESS TO HEALTH CARE

providers and researchers in countries of resettlement are documented in Table Ten. It is not uncommon for resettled refugees to have multiple and complex problems at the time of arrival.

Resettled refugees may require additional support to access and make the best use of health services particularly in the early resettlement period, including:

- access to affordable or ‘fee-free’ services;
- assistance in communicating with health care providers;
- information about and orientation to the health care system of the receiving country. This is important as there is considerable variation in health systems globally;
- information about the relationship between health and residency status. Resettled refugees may resist contact with health care services for all but acute health problems fearing that their permanent residence will be compromised if they are found to have a health problem;
- practical support to access health care services (e.g. transport and child care). This is particularly important for resettled refugees who have multiple health care problems requiring numerous follow-up appointments; those struggling with other resettlement tasks; and women, for whom family responsibilities may take precedence over self care;
- an approach to patient care which accommodates religious beliefs, different cultural understandings of health or health care, and lack of familiarity with the structure and culture of health care in the receiving country;
- an approach to patient care that accommodates the impact of past traumatic experiences, such as a loss of trust in figures of authority, reduced capacity for self care, and reduced capacity to concentrate and engage in the organisational effort required to participate in health care. Those who have survived torture and other traumatic events may find health care consultation a painful reminder of those experiences.

Additional steps may need to be taken by receiving countries to ensure that these needs are met, as:

- resettled refugees may not be readily identified by health care providers in the wider health care system, particularly in communities which are already very culturally diverse;
- most health care providers in refugee receiving countries are unaccustomed to dealing with a patient group with limited or disrupted access to health care and may be unaware of the need to offer more comprehensive catch-up care;
- many health care providers in receiving countries, having gained their professional experience in an environment of

**Table Ten:  
Health problems to be aware of in resettled refugees**

Health concern	Key issues
Mental health, in particular: <ul style="list-style-type: none"> <li>• post traumatic stress disorder symptoms</li> <li>• depression</li> <li>• anxiety</li> <li>• grief</li> <li>• guilt</li> <li>• somatic disorders</li> <li>• culture bound illness*</li> </ul>	<ul style="list-style-type: none"> <li>• associated with exposure to traumatic events and other antecedents in the course of the refugee experience;</li> <li>• may persist long after arrival in a safe country;</li> <li>• can be exacerbated by stresses in the period of resettlement.</li> </ul>
Nutritional deficiencies, in particular: <ul style="list-style-type: none"> <li>• Iron</li> <li>• Folate</li> <li>• Vitamin A</li> <li>• Vitamin D – settlers with dark skin where climatic, lifestyle and cultural factors (e.g. skin coverage) in country of resettlement lead to reduced exposure to sunlight</li> </ul>	<ul style="list-style-type: none"> <li>• may result from prolonged food deprivation and/or sub-optimal diet;</li> <li>• potentially serious health implications (e.g. maternal Vitamin D deficiency associated with bony rickets in offspring);</li> <li>• early identification important as some deficiencies are asymptomatic, but may have serious long term health consequences (e.g. Vitamin D deficiency associated with early onset osteoporosis in adults; folate deficiency associated with neural tube defects in the offspring of affected mothers).</li> </ul>
Intestinal parasitic disease	<ul style="list-style-type: none"> <li>• endemic in developing countries;</li> <li>• often asymptomatic;</li> <li>• may be associated with iron deficiency;</li> <li>• can be life threatening if immuno-suppressed.</li> </ul>
Infectious diseases, in particular: <ul style="list-style-type: none"> <li>• AIDS/HIV</li> <li>• Tuberculosis</li> <li>• Hepatitis B and C</li> </ul>	<ul style="list-style-type: none"> <li>• some infectious diseases endemic in developing countries;</li> <li>• public health programs (e.g. tuberculosis control) difficult to implement and maintain in emergency situations such as refugee camps;</li> <li>• identification of entrants with infectious disease is important for both public and individual patient care purposes.</li> </ul>
Injuries sustained in the course of trauma and torture	<ul style="list-style-type: none"> <li>• may be untreated or poorly managed.</li> </ul>
Chronic disease	<ul style="list-style-type: none"> <li>• may be due to poor or disrupted access to health care;</li> <li>• may not be diagnosed or be inadequately managed, particularly in countries with poorly developed health care infrastructure;</li> <li>• stress and deprivation associated with the refugee experience may be a factor in the onset of some chronic disease (e.g. diabetes militus).</li> </ul>
Childhood development	Relatively high incidence of childhood developmental problems due variously to: <ul style="list-style-type: none"> <li>• deprivation and trauma;</li> <li>• poor antenatal and birth care;</li> <li>• prior exposure to infectious disease;</li> <li>• poor management of common infant and childhood diseases (e.g. febrile illness);</li> <li>• poor child health surveillance in some countries.</li> </ul>





## Table Ten: Health problems to be aware of in resettled refugees (continued)

Health concern	Key issues
Dental	<ul style="list-style-type: none"> <li>• the result of poor diet and limited access to the resources required for dental hygiene in the course of the refugee experience;</li> <li>• damage to teeth and gums sustained through torture and other traumatic experiences.</li> </ul>
Visual	<ul style="list-style-type: none"> <li>• limited access to screening;</li> <li>• misplaced, damaged or stolen prescription glasses.</li> </ul>
Hearing	<ul style="list-style-type: none"> <li>• possibility of hearing impairment due to exposure to explosive activity in conflict zones;</li> <li>• limited access to screening.</li> </ul>
Immunisation	<ul style="list-style-type: none"> <li>• low rates of immunisation against vaccine-preventable disease in many countries;</li> <li>• immunisation programs often disrupted by war and conflict;</li> <li>• acceptance of immunisation in resettlement countries may be affected by past negative experiences of immunisation programs (e.g. coercive practices, inadequate follow-up of complications of immunisation).</li> </ul>
Women's health care (e.g. breast and cervical screening, family planning)	<ul style="list-style-type: none"> <li>• limited or disrupted participation;</li> <li>• accorded a low priority in countries struggling to meet acute health care needs;</li> <li>• female genital mutilation prevalent in some countries-of-origin – has implications for gynaecological and obstetric care (see Chapter 3.2).</li> </ul>

\* Culture bound illnesses are illnesses commonly recognised within a cultural group whose explanatory models may differ from that of a bio-medical paradigm.

Sources: see Endnotes, p. 293.



## Adjusting to an unfamiliar health care system

RESETTLED refugees will require practical information on the health care system of the receiving country (see p. 204). However, there are also a number of more subtle cultural differences which may affect the ways in which new settlers access and use health care services.

Resettled refugees may be:

- less likely to raise health concerns, having learned to live with sub-optimal health in the context of prolonged deprivation;
- unfamiliar with the concept of illness prevention and the role of doctors in treating emotional problems and

offering referral for social support, with these concerns having had a low priority in refugee source countries;

- unaware of the possibilities for treatment in resettlement countries;
- less inclined to play an active or assertive role in their own health care with more traditional and hierarchical relationships between doctor and patient prevailing in some refugee source countries;
- unfamiliar with the roles of mental health and social support professionals such as social workers and psychologists. This may

be exacerbated in some communities by the stigma attached to mental illness.

At the same time, however, it is important to note that some refugees come from countries which, prior to conflict occurring, had very well developed, free and universally accessible health care. There may be some adjustment involved for these entrants as they settle in countries where health care is provided on a fee-for-service basis or where there are long waiting times for government funded programs.

relative peace and affluence, will have limited skills in addressing health problems associated with exposure to refugee related deprivation and trauma;

- financial and workload constraints in receiving countries may work against the longer consultation times, multiple consultations and extra-consultation activity which is often required when providing early health care to resettled refugees. These are necessary due to the additional time taken in communicating with an interpreter, the complexity of the health issues concerned and other patient care needs such as establishing rapport, explaining unfamiliar concepts and making referrals to specialists and allied health professionals;
- in many countries, professional interpreters are not readily available to health care providers, in particular, those in private practice. Resource constraints may work against deployment of interpreters in publicly funded facilities;
- early health care for resettled refugees often requires the input of allied health and social support professionals, general medical practitioners and professionals with mental health and communicable disease expertise. In receiving countries linkages between these services may not be well developed.



**We Somali have come to Australia from war – we have injuries and other health problems. We need services, but we are afraid to go.**

Resettled refugee



HEALTH



## Issues to consider in planning a healthy start

Overall planning goals – promoting access to the wider health care system

While many countries make special provision for early health assessment, there is a consensus that the overall emphasis in planning should be on ensuring that resettled refugees have access to the same health care services provided to nationals. However, given the barriers many new arrivals face in accessing services, most countries recognise the need to take specific steps to ensure that resettled refugees understand and are able to make the best use of services and that the wider health system is responsive to their needs.

Payment for health services

In some receiving countries the costs of health care and pharmaceuticals are met by the service user on a fee-for-service basis, through participation in a private health insurance scheme, or through a work-based health care program (for which a qualifying period may be involved). In these cases, consideration will need to be given to arrangements for ensuring that resettled refugees have access to fee-free or affordable health care, at least in the early resettlement period when they face particular financial constraints.

Of particular concern in this regard are access to dental and optical care. As indicated in Table Ten, many resettled refugees have poor oral health and have lost or misplaced prescription spectacles. In some resettlement countries, these services are available to nationals on a 'fee-for-service' basis only or there may be long waiting periods for government funded services. Recognising the critical role oral health and visual capacity play in the integration process, a number of countries have made specific provision for resettled refugees. For example, in New Zealand, dental care is provided as part of a reception health care program.

Health assessment or a 'health check'

Many countries offering refugee resettlement recognise the importance of making formal arrangements for resettled refugees to participate in a thorough health assessment or a 'health check' either prior to or soon after their arrival. There are a number of reasons for this:

— Resettled refugees have intensive health care needs in the

early period of resettlement that may not be readily met through general health care services.

- Formalised health assessment offers a means of detecting and treating communicable disease. This is important both to protect the health of the individual and to prevent the spread of disease in receiving countries. It also helps to maintain broader political and community support for refugee resettlement programs in the receiving community.
- If offered routinely through a formal system, health assessment can help to avoid unnecessary repeat investigations that might otherwise occur if it is provided on an opportunistic basis through the general health system.
- Provision for formal health assessment enhances the prospects for early identification and treatment, particularly of diseases and conditions that are asymptomatic.
- Formal health assessment can provide important information to assist in the resettlement of new arrivals with additional needs, such as resettled refugees with disabilities and women-at-risk.
- Formalised health assessment, if offered in the receiving country, provides an opportunity to introduce new arrivals to specific treatment and illness prevention services (such as dental and child health surveillance programs), to link them with other resources required for successful integration, and to orient the new arrival to the health care system and to build their trust in it.

In this context it is important to distinguish health *assessment* from health *screening*. Screening is typically a standardised process that is both limited and selective. While it may have benefits for the individual, in an integration context, screening is performed primarily to meet public health goals (in particular, prevention of the spread of communicable diseases in receiving communities). In contrast, assessment is a thorough, holistic process that is tailored to the needs of the individual patient and performed with their ongoing management in mind. It is important to consider incorporating communicable diseases screening into health assessment, particularly in those countries where pre-departure medical examinations are not performed or are limited to certain diseases.

Health assessment is offered with differing degrees of formality in existing countries of resettlement. In some integration programs, it is offered through a dedicated program (either prior to departure or on reception), with resettled refugees being routinely required or invited to participate. Others use outreach and capacity building





## A HEALTHY START: ACCESS TO HEALTH CARE

strategies to ensure that new arrivals are able to access this care through the wider health system. In other countries, limited health assessment may be offered in the country of departure with other aspects being provided on reception.

The International Organisation for Migration (IOM) provides a program of pre-departure health assessment on behalf of resettlement governments, along with treatment of certain diseases. Pre-departure screening can provide information to assist receiving countries to plan for resettled refugees in advance of their arrival. Treatment of some conditions (e.g. immunisation, parasitic infection) may also be cheaper in countries of departure. However, pre-departure health assessment is not a substitute for post arrival health care as it tends to be limited and selective. Further conditions of a more chronic and complex nature will require long term follow-up in the resettlement country. It is not uncommon for there to be a prolonged period between the pre-departure health check and the resettled refugee arriving in the resettlement country. Post arrival health care is important to identify and treat any problems that have developed in this period.

In some countries, participation in health screening is mandatory (often being part of the refugee selection process), while in others it is voluntary. Although there are clear public health benefits in requiring mandatory screening, it may work against the principle of providing resettled refugees the same rights as those offered nationals.

While health assessment should be offered as soon as possible after arrival, in practice, resettled refugees may find it difficult to prioritise health care over other resettlement tasks. For this reason it is prudent to offer a generous period for participation in health assessment. In countries with no or limited provision for pre-departure or reception communicable disease screening, measures to ensure that assessment is offered early in the resettlement period will be of greater importance.

Procedures for obtaining informed consent, conducting pre- and post test counselling and for adequate follow-up of problems identified are important considerations in health assessment programs.

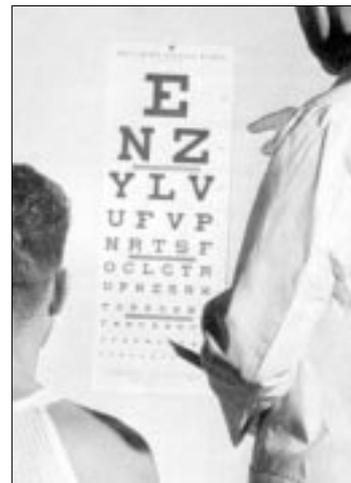
### Preventing and treating communicable disease in refugee communities

Considerable social stigma is attached to communicable diseases in many countries. Confidentiality will be particularly

important when treating resettled refugees with these diseases, as many will be reluctant to disclose their disease status even to close family members. Some resettled refugees may have contracted a communicable disease such as HIV/AIDS as the consequence of rape in the course of their refugee experience and this may be a source of considerable pain and shame.

In planning for the prevention and treatment of communicable disease in refugee communities it will be important to consider:

- communicable diseases screening;
- engaging bilingual and bi-cultural workers to provide advice to planners and health professionals and direct support to affected resettled refugees;
- resources to ensure that relevant health professionals are aware of communicable diseases affecting refugee communities and are able to offer high quality and sensitive care. These may include access to technical assistance, written resources and professional development programs;
- prevention of blood-borne viruses in refugee communities. Prevention, education and treatment programs are poorly developed in refugee source countries and resettled refugees may have limited knowledge of the transmission, prevention and treatment of blood-borne viruses. Where practical, refugee communities should have access to culturally sensitive multilingual information;
- intensive settlement support for resettled refugees with communicable diseases requiring complex and long term treatment regimens (e.g. HIV, TB). Resettled refugees may need some support to understand the need for ongoing treatment; practical assistance to ensure their compliance with treatment regimens and psychological support to deal with the consequences of a positive diagnosis. Recent advances in treatment of HIV/AIDS mean that those diagnosed have enhanced long term survival prospects. Intensive settlement support will help ensure that this group realises their integration potential.



Marital or relationship breakdown may sometimes occur where one partner is detected with a serious communicable disease such as HIV/AIDS and it may be necessary to arrange alternative accommodation to enable the couple to live separately.

## Initiatives to support a healthy start

Support and advocacy to access health services

Those supporting resettled refugees in the reception period play an important role in assisting them to undertake early



HEALTH



## INTEGRATION IN PRACTICE

### Preventing HIV/AIDS in refugee communities in New Zealand

HEALTH SERVICES in New Zealand consulted with African community leaders to seek their advice on how to collaboratively develop an effective refugee HIV/AIDS community education campaign and their support to recruit and	train refugees to provide education to their communities. Using the training as a basis, the educators developed their own health promotion programs and began undertaking HIV education, including safer	sex and destigmatisation activities. The educators also contributed to the development of culturally appropriate resources, handbooks, flip charts and videos for use by refugees and health care providers in New Zealand.
--	---	---



### The importance of communication in a health care context

THE ROLE of language assistance in refugee integration has been discussed in Chapter 2.5. It is particularly important in health care given the sensitivity of the issues involved and the high level of

technical language proficiency required to communicate medical terminology. There may also be medico-legal risks associated with poor communication in a health care context.

health assessment and in linking them with services in their community for ongoing management. This may involve providing information about services, promoting the importance of early health care, briefing health care providers about the person's special needs, arranging appointments and interpreters and negotiating transport and other practical matters (e.g. child care).

While support to access health services can be provided either in place of, or in addition to, a dedicated clinical service, it is particularly important in those countries where refugee settlers are reliant on the wider health care system for early health care. A particular advantage of this approach is that support is delivered in the local communities in which new arrivals settle.

In many countries support to access health services is provided as part of the reception process, either by private sponsors or proposers, reception or resettlement support providers or by volunteers (depending on how reception is organised in the

receiving country). In others, it is provided through a special health program provided by allied health care workers. For example, in Australia, the national government funds an Early Health Assessment and Intervention Program. The program provides information about health and health care to resettled refugees through group information sessions and by developing and distributing multilingual materials. Individual support is offered to those with more intensive needs. Support workers also seek to enhance resettled refugees' access to health services through broader developmental activities such as the provision of professional development, professional and community education and advocacy to encourage services to adopt approaches that are sensitive to the needs of new arrivals.

The experience of existing integration programs is that providing individualised support to resettled refugees to access health care is highly effective. A recent Australian study involving general practitioners providing early health assessment to resettled refugees found that those supported by an allied health care worker were more likely to participate in and complete post arrival health assessment than those accessing services independently<sup>6</sup>.

### Provision of information to new arrivals

A number of strategies have been implemented by existing integration programs for providing health information, including

- the development of multilingual written and audio materials for direct distribution to new arrivals or for use in orientation programs;
- incorporating orientation to the health care system in pre-departure and post arrival orientation programs;
- offering special orientation sessions on the health care system;
- incorporating health information in training and support materials for professional and volunteer social support providers (e.g. settlement workers, private sponsors, or participants in mentor and befriending programs);
- through avenues accessed by new arrivals in the course of accomplishing other tasks of resettlement. For example, a program developed in Australia incorporates information about health and health care into Adult English as Second Language curriculum;
- community education programs targeted to refugee communities (e.g. through ethnic media, group support programs provided through primary health care services).



**When we arrived here, we had lots of needs. We had been in a refugee camp for a long time. One of my children had a serious health problem. I had a back injury that needed treatment. But we knew nothing. We did not know where to start.**

Resettled refugee



HEALTH



## What information will new arrivals need to access reception health assessment and early health care?

CONSIDER incorporating the following into both pre-departure and post arrival information for new arrivals and those providing support to them:

- the benefits of making contact with a doctor as soon as possible after arrival;
- information about the relationship between health and residency status;
- whether appointments are important; how they can be made; and whether it is important to be 'on time' (health care is accessed on an ad hoc basis in many refugee producing countries. Failure to attend, or being late for, appointments can be a source of conflict between resettled refugees and health care providers);
- how to find a doctor and the importance of returning to the same doctor. New arrivals accustomed to accessing health care through large centrally located clinics, may find public hospital emergency departments more familiar and acceptable. However, this may not be appropriate in those countries where the trend is toward providing general medical care through community based general practice;
- how services are paid for or accessed (e.g. fee-for-service, insurance or registration arrangements);
- programs to assist people on low incomes, to meet the costs of health care and pharmaceuticals;
- information about specialist refugee health services where relevant;
- arrangements for interpreters for health care consultations;
- information on services for people with special health care needs (e.g. those with disabilities);
- the culture of the health care system of the receiving country (e.g. confidentiality, the concept of informed consent, doctor–patient relationships);
- any features of the structure or culture of the health system that contrast with those in country-of-origin (e.g. pharmaceuticals tend to be more stringently regulated in receiving countries);
- arrangements for dental health care, immunisation, child health surveillance (with these differing markedly between countries), hearing, optometry and women's health care;
- how specialists are accessed (e.g. in some countries this might be through referral from a general practitioner, while in others specialists can be accessed directly);
- the role of allied health professionals such as social workers and psychologists;
- the importance and role of illness prevention programs and the concept of illness prevention (which may not be a feature of health care in some refugee source countries).

### Building capacity in the wider health system

A number of initiatives have been developed in existing resettlement countries to enhance the capacity of the wider health system to respond to the needs of resettled refugees, including:

- formal partnerships between health services to provide coordinated, multi-disciplinary care either within a



- community or from a specific service setting;
- multi-disciplinary service provider networks to enhance communication, mutual understanding, coordination and referral between providers (e.g. infectious disease and mental health professionals, settlement workers, general practitioners);
- referral protocols between health care providers;
- agency level protocols to ensure that resettled refugees are identified and that they are offered sensitive support (e.g. interpreters);
- funding programs and financial incentives to enable general health care services to meet additional costs associated with providing care to resettled refugees (e.g. to employ bilingual workers, to offer longer consultations);
- partnerships between health services and other settings such as schools to enhance identification and referral of resettled refugees with particular health needs;
- the development of ‘help-desk’ services for health professionals requiring assistance in the management of more complex health issues.

### Work force development and support

There are a number of ways in which existing integration programs have successfully built work force capacity in refugee health. These include:

- identifying professionals with skills and interest in refugee health care (e.g. health professionals from refugee or ethnic communities, nationals with overseas aid experience) and



**When I was pregnant I used to visit the doctors, but it was not always the same doctor. I had to explain all the time my situation. I was feeling alone and helpless.**

Resettled refugee





## A HEALTHY START: ACCESS TO HEALTH CARE



### Using existing resources in emerging resettlement countries

IN BENIN, which has a relatively new resettlement program and a small refugee intake, a doctor is employed to provide general medical care. Some resettled refugees, however, have more complex health needs, sometimes related to past trauma. In these cases the program has approached traditional healers in the community and mental health professionals working in a local non-government agency. These health care providers have worked as a team with the settlement worker, so that health, psychological, emotional and social support can be provided in a coordinated fashion.

recruiting them to work in specialist services or in areas where a large number of refugees settle. These professionals may also be deployed on a sessional basis or in an advisory capacity;

- designing and delivering professional development programs, particularly for those health professionals involved in formalised early assessment or in areas where a large number of new arrivals settle;
- developing resource materials for health professionals;
- providing health professionals with access to cultural consultants/cultural mediators;
- providing health professionals, particularly those in the wider health care system, with access to consultation with a more experienced practitioner to support them in dealing with complex and difficult issues;
- providing debriefing and peer support to health professionals who see many resettled refugees or who have limited peer support, such as medical practitioners in solo practices (see Chapter 3.1).

#### Capacity building in refugee and wider communities

The refugee and wider communities have an important role in both providing practical support to people accessing health services and in assisting them to understand and negotiate the health care system and to act as their advocates within it.



## Information for professional education and development

CONSIDER incorporating information on the following in professional education and development programs:

- country background information. A list of sources can be found on page xi;
- how refugee patients can be identified;
- protocols for the identification and management of communicable disease;
- what, if any, investigations have been performed in the context of formal pre-departure or reception health assessment or screening;
- the importance of offering overall health assessment (particularly in countries where this is not offered through a formalised program);
- the impact of trauma and

torture and how this can be addressed in care (e.g. dealing with a disclosure, making referrals);

- allied health services available to resettled refugees, in particular, specialist services for survivors of trauma and torture;
- booking and working with interpreters;
- cultural and religious factors affecting relationships with health care providers;
- cultural views of health and illness. For example, some resettled refugees are from cultures where explanatory models of illness differ from the bio-medical approach advocated in many resettlement countries;
- cultural and religious factors that may affect

health care provision. For example, the bruises left by 'cupping', a traditional healing method in some Asian cultures, may be mistaken for abuse in children. Some resettled refugees use traditional remedies which may result in adverse reactions if taken in conjunction with bio-medicines;

- key features of the structure and culture of the health care system in countries-of-origin (e.g. the relative importance of appointment systems, doctor-patient relationships, the role of traditional healing methods);
- the importance of self care (including peer support and debriefing) to avoid stress and burn-out.

This potential has been tapped in a number of countries of resettlement through capacity building activities such as befriending and volunteer programs. In some countries these programs have a specific focus on health. In others, health issues have been built into broader social support programs.

### Special health services for resettled refugees

The overall goal in planning post arrival health services should be to ensure that resettled refugees have access to the same range and quality of services provided nationals.

Nevertheless, specialist services and programs do have a critical role in an overall strategy of ensuring that the wider health care system is responsive to resettled refugees.





## INTEGRATION IN PRACTICE

### The Victorian Mosque project

“  
**At home when we are shy to talk to a male doctor we have the opportunity to go to a female. But here we don't have that choice. We also have difficulty with the language...of course you want to explain yourself and so maybe he doesn't understand what you want to say.**  
 Resettled refugee

“  
**We are used to a doctor who touches us, listens to our chest, but here it's just conversation. And because we are foreigners and they are not touching us we think that maybe they are afraid to get infectious diseases like AIDS. We have all these things in our minds.**  
 Resettled refugee

THROUGH its trauma counselling service, the Victorian Foundation for Survivors of Torture (VFST) in the Australian state of Victoria became aware of the particularly horrific experiences new arrivals from Iraq had been subject to prior to fleeing. Accordingly it decided that intensive efforts would be made to reach this community.

Initial contact was made through a Mosque in the area in which many

entrants from Iraq settle. In the course of delivering information sessions about health care in Australia, it became apparent that in addition to health concerns, many were experiencing problems with resettlement, which the community was struggling to address (e.g. immigration matters, housing and employment).

In collaboration with the Red Cross, the VFST developed a training program to assist established members of the Mosque community to offer advocacy and support to new arrivals. The Red Cross contributed its expertise in resettlement related matters, while the VFST assumed responsibility for the health components.

One of the significant barriers to accessing resources faced by the Iraqi

community was a reluctance to assert their needs to service providers. As a result of their past experiences of persecution, they feared that they would suffer reprisals if they did. Accordingly the emphasis in the training program was on developing an understanding of the Australian health care system, the rights of service users within it and strategies for ensuring access to appropriate support.

This project has made a significant contribution to the Iraqi community's capacity to support resettled refugees. The Mosque now has a team of volunteer advocates trained to assist new arrivals to access both health and resettlement services. This helps to reduce dependency on specialist services and to normalise their experiences.

In addition to developing the skill base of the community, this project has been instrumental in increasing the resources available to address resettlement concerns, with the Red Cross and a local support agency continuing to offer a service at the Mosque. It also demonstrates the ways in which health and

resettlement concerns can be addressed in an integrated fashion.

## The advantages of specialist refugee health services

IN SOME COUNTRIES, initial health assessment may be provided through a specialist service or program, with arrangements for ongoing support being arranged through a community based provider. The advantage of this system is that management can be structured and resourced to accommodate the intensive patient care needs typically experienced by new arrivals at the time of reception (e.g. longer consultations, interpreters). If provided by a multi-disciplinary team from the one premises, this system also minimises the organisational effort that would otherwise be involved in accessing multiple health care providers in different venues.

Through their contact with a large volume of resettled refugees, specialist services are in a position to identify and document trends and issues; to explore and model appropriate responses to these and to develop specialist expertise. This information, together with their particular focus on refugee health care, provides a basis for:

- developing and delivering professional development programs and resources for health care providers in the wider health care system;
- providing secondary consultation to other health care providers;
- planning appropriate responses to care in the wider health care system;
- raising awareness of and advocating the needs of resettled refugees to other health care providers, government and refugee and wider communities.

Specialist services may also play an important role in providing support to resettled refugees with particularly complex needs.

However, there are a number of problems associated with establishing special refugee health services as a sole response to their needs:

- Specialist services seldom attract sufficient resources to meet the needs of all new arrivals.
- Specialist services alone may work against providers in the wider health care system developing skills and

confidence in caring for resettled refugees and in assuming responsibility for their support.

- In those countries where refugee resettlement programs struggle for legitimacy, there is the risk that specialist services will become health care 'ghettos' with poor staffing and facilities.
- In many countries of resettlement, resettled refugees are placed across a broad geographic area, making it difficult to ensure access to a specialist service.
- Unless specialist services can be provided in local communities, their capacity to develop relationships with, and subsequently link new arrivals to, resources and services at the local level is limited.
- Specialist services may serve to pathologise the refugee experience and cast resettled refugees as different.
- Health care providers caring for large numbers of people with complex needs may be vulnerable to burn-out.





## INTEGRATION IN PRACTICE

## The Canadian bridge program

The Bridge Community Health Clinic was established in Vancouver, Canada in 1994 as a collaborative venture of a major hospital; an agency providing resettlement support to new immigrants; a health promotion service; Vancouver's health authority; and other agencies providing mental health, family and resettlement support to culturally diverse communities.	immunisation, cervical screening) and links them with resettlement and mental health services where required. From the outset, however, the collaborators were of the view that it would be neither possible nor in the interests of refugee communities to establish a clinic for refugees as an alternative to health care services provided in the general community. Not only would such a clinic struggle to meet the needs of all new arrivals settling in Vancouver, new arrivals would continue to experience difficulties in accessing health care in their local communities. Accordingly, the service plays an important role in enhancing the capacity of the wider health system to meet the needs of new arrivals. It does this by:	accrued in the course of its direct service and liaison with health care providers to raise awareness of the needs of resettled refugees among service providers, government and the wider community; • providing formal training opportunities for medical, nursing and other health professionals as well as professional development programs to practising health care providers. A significant factor in the success of the clinic has been its collaborative orientation and its emphasis on building partnerships with other health services in the community. Through collaboration the clinic has been able to draw on the combined skills and resources of a number of agencies and to adopt a holistic approach, incorporating both health and resettlement concerns as well as both curative and preventative approaches. Through partnership the clinic has been able to facilitate clients' access to the range of specialist and allied health care services required by new arrivals in the early resettlement period (e.g. dental care).
The clinic was established recognising that refugees settling in Vancouver were struggling to access health services, the result of language and cultural barriers and difficulties in either paying for care or securing health insurance.		
The Bridge Community Health Clinic offers a health assessment service to resettled refugees, which is free-of-charge. On-site interpreters speaking nine community languages between them are available to clients unable to speak English. As well as screening for communicable disease and addressing obvious physical health concerns, the clinic introduces new arrivals to preventative health care programs (e.g.	• developing partnerships with other health and resettlement support providers to ensure coordinated service delivery to new arrivals; • referring clients to services in their local community following initial assessment and management; • using the information	

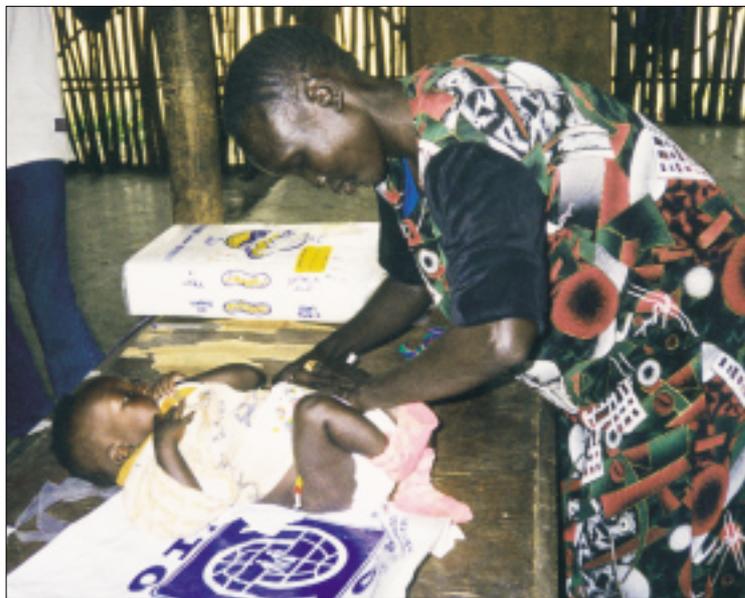
## Provision of information to the wider community

Antipathy toward refugee communities in resettlement countries can be fuelled by a perception that resettled refugees carry diseases which pose a threat to the receiving community or that are a burden on the health care system.

Integration personnel can ensure that receiving communities are accurately and appropriately informed about health matters affecting resettled refugees by:

- emphasising the survival strengths of resettled refugees;
- indicating that many of the health problems experienced by refugee settlers are the result of past deprivation and poor prior health care, most of which can be addressed by intensive but time limited ‘catch-up’ support in the early resettlement period;
- describing measures in place to identify and treat communicable disease.

When providing information, there is a need to strike a balance between identifying the health care needs of refugee settlers while at the same time being careful not to reinforce negative stereotypes of refugee settlers.



**I came at the lowest point in my life. I had been heavily humiliated, eight years of humiliations and I was a ruin. I now feel I am brought back to the level of a human being.**

Resettled refugee



**I suffered torture in my country. So I asked if they could at least examine me. I actually had many problems with my health but now I feel very well. There are no problems. Bravo!**

Resettled refugee



HEALTH



## SUPPORTING A HEALTHY START FOR RESETTLED REFUGEES

### OVERALL HEALTH PROGRAMS WOULD:

- be planned and monitored with input from refugee communities;
- take account of the needs of refugees while at the same time serving public health goals;
- ensure that there are appropriate arrangements in place for new arrivals to access early health assessment;
- incorporate means of monitoring and documenting overall trends and issues for the purposes of professional development and ongoing service improvement;
- make provision for health care providers to access fee-free interpreter services for conducting health consultations with new arrivals;
- incorporate means of informing new arrivals about and orienting them to the health care system of the receiving country and providing them with support and practical assistance to access it;
- have developed a work force development strategy.

### SPECIFIC HEALTH SERVICES PROVIDED TO RESETTLED REFUGEES WOULD:

- be voluntary and confidential;
- be free-of-charge or affordable;
- offer new arrivals choice of gender of treating practitioner;
- offer resettled refugees extended consultation time, multiple consultations (where required) and relevant extra-consultation follow-up;
- offer accredited interpreters;
- be delivered by or involve input from a multi-disciplinary team involving expertise in mental health, communicable disease, allied health and general medical care;
- be delivered by health care professionals with expertise in responding to the special health care needs of resettled refugees, including those determined by cultural differences;
- have well developed links with other health care services involved in refugee health care as well as with services, networks and resources required by new arrivals in the integration process (e.g. employment and housing services);
- provide debriefing and professional support to health care providers, particularly those caring for many refugee patients.