



New and emerging communities



In SESLHD

In the five-year period between 1 July 2012 and 30 June 2017, a total of 64,257 newly-arrived migrants settled in SESLHD,

with most arriving under the Family Reunion and Skilled Migration Programs and a small number arriving as Humanitarian entrants.^{1,2}

Population profile

The top 10 major non-English speaking countries of birth from which new arrivals came included

China (16,118), India (3,630), Nepal (3,400), Philippines (2,137), Indonesia (1,668), France (1,429), Bangladesh (1,310), Thailand (1,209), Brazil (1,035) and Vietnam (950).

One in four new arrivals to the District came from China.²

More than a third (36%) of new arrivals settled in Georges River and Bayside LGAs.²

Issues and challenges

In 2016, SESLHD undertook a needs and assets assessment of new and emerging communities. Extensive community and staff consultations, together with a review of various data sources identified the following priority groups:

- Nepalese community;
- Bangladeshi community; and
- Chinese grandparents caring for children under the age of five years.

Key issues identified for new and emerging communities included:

- **language barriers to accessing health services** - there is a paucity of translated health information and there is a lack of community knowledge about interpreter services;
- **low levels of health literacy**, particularly in relation to preventative health care as well as allied health services and the public health system;
- **difficulties with navigating the health system** - there is a strong reliance on family members to support access to health services and health information;
- **bilingual General Practitioners (GPs)** are a trusted source of health care and community members often travel long distances and experience long waiting times to see a GP who speaks their language;
- **cost of health care**, including cost of medications, specialist health care and transport; particularly for community members on temporary visas, costs of health care can be prohibitive, and some people wait to return to their country of origin to access health care;
- **family living arrangements** can impact on the health of some community members including overcrowding, pressures of familial parenting arrangements and domestic and family violence; and
- **factors which impact on the health of new arrivals and their access to health care** including the impact of migration journey, stress associated with migration and settlement and the impact of torture and trauma, for people refugee and refugee-like backgrounds.³

1. Includes whole of Sydney LGA.

2. DIAC Settlement Reporting Facility, Settlement Database.

3. New and Emerging Needs and Assets Assessment: New and Emerging Communities, Diverseworks, August 2016.