



Health
South Eastern Sydney
Local Health District

IMPLEMENTATION PLAN FOR THE NSW REFUGEE HEALTH PLAN 2011-16

*A Plan for improving health, access and service
delivery to refugee and humanitarian entrants who
settle in the South Eastern Sydney Local Health District*



SESLHD Refugee Health Implementation Plan

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Foreword

It is with great pleasure that I present to you the South Eastern Sydney Local Health District Implementation Plan for the *NSW Refugee Health Plan 2011 – 2016*.

The *SESLHD Refugee Health Implementation Plan* aims to build on the achievements of the former South Eastern Sydney Illawarra Area Health Service (SESIH) Refugee Health program, and prepare the Local Health District to best meet the challenges of improving the health and settlement outcomes for people from refugee and refugee-like backgrounds living in our District.

Over the past four years there have been a number of significant policy developments at the State level that are relevant to refugee health. The *NSW Refugee Health Plan 2011-2016* which outlines eight strategic priorities for improving the health and well being of refugees and asylum seekers and includes a best practice model for refugee healthcare. *NSW Health Policy & Implementation Plan for Healthy Culturally Diverse Communities 2012-2016*, the strategic state-wide policy for improving the health of NSW residents from backgrounds which are culturally, religiously and linguistically diverse. This plan serves as NSW Health's multicultural forward plan under the NSW Multicultural Policies and Services Program and identifies refugees as a priority population who experience poorer health outcomes than other migrants. The *NSW Multicultural Mental Health Plan 2008-2012* also identified refugees and torture and trauma survivors as an at risk population group.

Another major development was commencement of the Refugee Health Nurse program in metropolitan Sydney, centrally coordinated by the NSW Refugee Health Service and offering outreach services to our District.

Underpinning the development of the *SESLHD Refugee Health Implementation Plan* is the recognition of the key service provision roles of refugee health nurses, General Practitioners, specialist health professionals and multicultural health services. A key principle underpinning the plan was working in partnership with key service partners, including the Sydney Children's Hospital Network, and state wide organisations, such as the NSW Refugee Health Service and the NSW Service for the Treatment and Rehabilitation of Torture and Trauma Survivors. The plan also recognises the importance of consulting with communities and non-government organisations to help inform the decisions about healthcare priorities.

Accordingly, a Refugee Health Coordination Group was established in June 2012 to lead the planning and implementation process. The group is led by the Multicultural Health Service and comprises representatives from the above mentioned services as well as key SESLHD clinical and non-clinical services and programs.

It is only through a sustained commitment to working together that we will improve the health and wellbeing for people of refugee and refugee-like backgrounds living in South Eastern Sydney.



Terry Clout
Chief Executive
South Eastern Sydney Local Health District

Executive Summary

The South Eastern Sydney Local Health District *Refugee Health Implementation Plan* has been developed in response to the *NSW Refugee Health Plan 2011-2016* which outlines eight strategic priorities and included a best practice model for refugee healthcare. Central to the best practice model are Refugee Health Nurses who conduct on-arrival health assessments with follow up comprehensive health assessments by General Practitioners (GPs) or specialised refugee health clinics.

In 2011-12, the NSW government allocated \$1.5 million dollars per annum to expand the program of Refugee Health Nurses (RHNS) across NSW. As a result, in metropolitan Sydney, the NSW Refugee Health Service (RHS) has increased the pool of Refugee Health Nurses and expanded their outreach services. This included a population based allocation of FTE 0.2 of outreach services to South Eastern Sydney Local Health District (SESLHD).

The former South Eastern Sydney Illawarra Health (SESIH) demonstrated a significant interest in and commitment to the health of refugees. The achievements of the SESIH Refugee Health Program are summarised in this document.

The refugee population in SESLHD is characterised by a small but significant number of new Humanitarian arrivals per year (approximately 150 people) from countries such as China, Iran, Iraq, Egypt and Bangladesh. There is also a significant older refugee population, particularly in the Eastern Suburbs.

Key partners in developing and delivering the initiatives of the SESLHD Refugee Health Implementation Plan are:

- SESLHD Multicultural Health Service
- Sydney Children's Hospital Network, Randwick Campus
- NSW Refugee Health Service
- NSW Service for the Treatment and Rehabilitation of Torture and Trauma Survivors
- Asylum Seeker Centre of New South Wales
- Settlement services
- Medicare Locals
- Health Language Services
- Diversity Health Coordinators in SESLHD hospital facilities
- Child Youth Women and Family Health
- Key services within SESLHD, including Women's Health, Public Health Unit, Infectious Diseases, Mental Health, Maternal and Child Health, Youth Health, Sexual Health, Oral Health, Chest Clinics, Aged Care
- Consumer representatives/community members/advocates

The immediate priorities identified in the SESLHD Refugee Health Implementation Plan are:

- to establish a SESLHD Refugee Health Coordination Group (RHCG) to oversee the implementation of the plan
- to implement the best practice model of refugee healthcare in SESLHD
- to continue to implement the targeted health screening in Beverley Hills Intensive English Centre
- to continue the longitudinal study of refugee children in their first three years of settlement
- to conduct a forum on the health needs of older refugees

Introduction

Refugees and asylum seekers

The 1951 United Nations Convention relating to the Status of Refugees defines refugees as people who are outside of their country of nationality or habitual residence, and have a well-founded fear of persecution because of their race, religion, nationality, membership of a particular social group or political opinion¹.

Asylum seekers, also known as 'offshore applicants' are people who have arrived in Australia and have lodged an application for refugee status. If successful, they will be granted permanent protection and residency in Australia. Asylum seekers who arrived in Australia with a valid visa (student, tourist visas etc) are able to live in the community while their refugee status is being determined. Those who arrived without a valid visa are held in Immigration Detention Centres of community detention. Entitlements for healthcare and social support services vary depending on visa type (see Appendix 3). In 2009, NSW Health approved fee waivers for specified public health services to community based asylum seekers who are Medicare ineligible².

For the purpose of this plan, the term refugee will be used to encompass people arriving in Australia on refugee/humanitarian visas, asylum seekers applying for refugee status in Australia and people of refugee-like background who have arrived under the Family Migration or other programs.

Policy and Planning Context

The SESLHD Refugee Health Implementation Plan has been developed in response to the NSW Refugee Health Plan 2011-2016³, which mandated that Local Health Districts (LHDs) implement a number of strategic actions, under the eight strategic priorities, which are:

1. To develop health policies and plans which prioritise and are inclusive of refugee health
2. To ensure, in collaboration with General Practitioners and other partners, universal access to health assessment and assertive follow-up for all newly arrived refugee and humanitarian entrants
3. To promote refugee health and wellbeing
4. To provide high quality specialised refugee health services
5. To develop specific targeted responses to refugee need within mainstream services
6. To foster the provision of high quality mainstream care to refugees
7. To foster research and evaluation relevant to the health of refugees
8. To monitor and evaluate the NSW Refugee Health Plan 2011–2016

This plan affirms the principles outlined in the NSW Refugee Health Plan 2011-2016, which are:

1. To affirm a strong commitment to human rights, gender equity and social justice.
2. To value and respect refugee resilience, survival and hope for the future.
3. To value cultural, religious and linguistic diversity and recognise the significant cultural, social and economic contribution of refugees to NSW.
4. To affirm the right of refugees as consumers to participate in health service policy, planning and care delivery, to be treated with dignity and respect and to have their privacy respected.
5. To recognise the importance of refugee empowerment and control over their own health and wellbeing.

¹ United Nations (UN), 1951, *Convention Relating to the Status of Refugees*, Geneva: United Nations.

² NSW Department of Health (NSW Health), 2009, *Asylum Seekers - Medicare Ineligible - Provision of Specified Public Health Services*. Available at http://www.health.nsw.gov.au/policies/pd/2009/PD2009_068.html

³ NSW Department of Health (NSW Health), 2011, *NSW Refugee Health Plan 2011-2016*, Sydney: NSW Department of Health. Available at http://www.health.nsw.gov.au/policies/pd/2011/PD2011_014.html

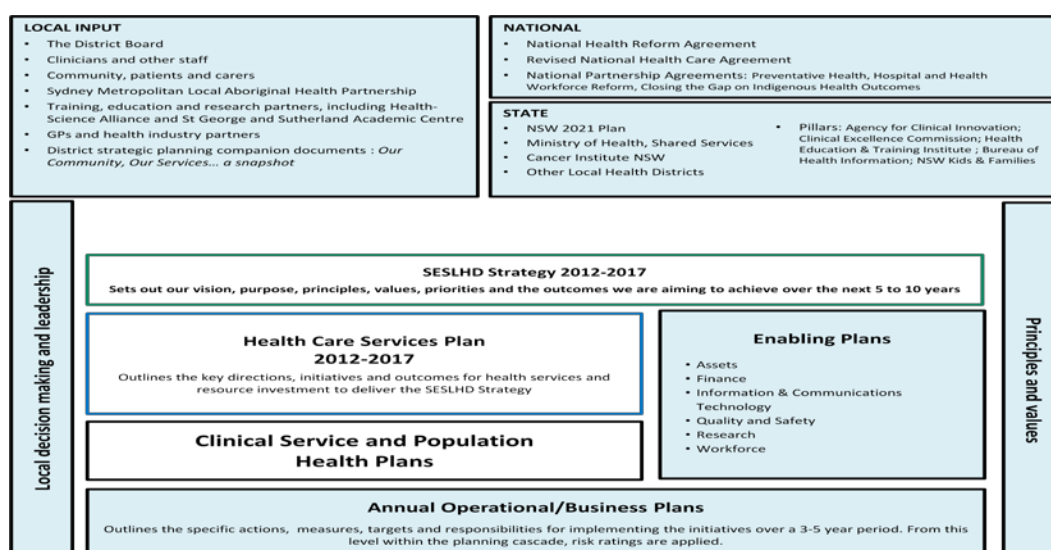
6. To recognise the right to high quality, accessible, culturally respectful, linguistically appropriate, affordable healthcare services including comprehensive health assessment on arrival, ongoing primary health care and secondary and tertiary services.
7. To emphasise the importance of prevention, health promotion, community development and partnerships as critical for the protection, sustainability and enhancement of refugee health and well-being.

The SESLHD Refugee Health Implementation Plan also acknowledges the broader policy, planning and legislative context, which include:

- United Nations Declaration of Human Rights (1948) and Declaration of the Rights of the Child (1959)
- United Nations Convention relating to the Status of Refugees (1951) and the Protocol relating to the Status of Refugees (1967)
- United Nations Convention on the Rights of the Child (UNCRC) (1990)
- Community Relations Commission and Principles of Multiculturalism Act (2000)⁴
- Community Relations Commission Multicultural Planning Framework (2009)⁵
- NSW Health Multicultural Mental Health Plan 2008-2012⁶
- NSW Health Policy Directive (2009) Asylum Seekers – Medicare Ineligible – Provision of Specified Public Health Services⁷
- NSW Health Policy Directive (2009) Interpreters - Standard Procedures for Working with Health Care Interpreters⁸
- NSW Health Policy and Implementation Plan for Healthy Culturally Diverse Communities 2012-2016⁹

Importantly, as with all SESLHD health service plans, activities within the SESLHD Refugee Health Implementation Plan are reflective of the Districts overarching Strategy 2012-2017 and Health Care Services Plan 2012 - 2017. The following diagram illustrates the Districts planning framework which has been informed and endorsed by the SESLHD Board and other key governance structures.

South Eastern Sydney Local Health District Planning Framework



⁴ Available at http://www.crc.nsw.gov.au/legislation_and_policy/principles_of_multiculturalism

⁵ Available at http://www.crc.nsw.gov.au/data/assets/pdf_file/0007/10978/Multicult_Planning_Framework.pdf

⁶ Available at http://www.health.nsw.gov.au/policies/pd/2008/PD2008_067.html

⁷ Available at http://www.health.nsw.gov.au/policies/pd/2009/PD2009_068.html

⁸ Available at http://www.health.nsw.gov.au/policies/pd/2006/PD2006_053.html

⁹ Available at: http://www.health.nsw.gov.au/policies/pd/2012/PD2012_020.html

The District aims to provide high quality appropriate prevention and care to all people, including those from vulnerable population groups. To achieve this, it is guided by a range of state and local key strategies and plans, including the NSW Refugee Health Plan 2012- 2016, which have been developed to:

- Support national, state and local planning efforts to achieve systems of care that meet the specific needs of vulnerable populations
- Achieve equity in health care access and quality, and address concerns faced by vulnerable populations
- Document and track health care quality for vulnerable populations

Best practice refugee healthcare

The NSW Refugee Health Plan 2011-2016 outlined a best practice model for refugee healthcare, the components of which are:

- High quality health service provision
 - On-arrival primary care assessment
 - Comprehensive health assessment
 - Psycho-social and torture and trauma assessment, treatment and complementary services
 - Linkage and access to primary care services including GPs, nurses and multicultural healthcare personnel
 - Referral to culturally competent mainstream health services
 - Systems for quality improvement, data collection, research and evaluation.
- Supportive infrastructure
 - Interpreters
 - Culturally competent providers
 - Partnerships
- Health promotion and improvement
 - Health literacy and health system information provision
 - Health education and promotion targeting the specific needs of refugees
 - Community development, attention to the social determinants of health and social connectedness

Early (on arrival) universal health assessments are designed to provide the first point of contact with health services and identify health issues which require further/ comprehensive assessment. These may be undertaken by a Refugee Health Nurse or a GP.

Comprehensive health assessments should be undertaken by a GP or Refugee Health (medical) Clinic in accordance with relevant guidelines and policies including those developed by:

- Royal Australasian College of Physicians (RACP) 2007¹⁰
- Australasian Society for Infectious Diseases (ASID) 2009¹¹

The plan identified key implementation issues associated with the best practice model including:

- increasing and developing the role of Refugee Health Nurses
- increasing the number of Refugee Health Nurses in NSW
- ensuring adequate specialised refugee health/referral clinics

¹⁰ Royal Australasian College of Physicians (RACP) 2007, *Towards better health for refugee children and young people in Australia and New Zealand: the RACP perspective*, Sydney: RACP.

¹¹ Australasian Society for Infectious Diseases (ASID) 2009, *Diagnosis, management and prevention of infectious in recently arrived refugees*. Available at <http://www.asid.net.au/downloads/RefugeeGuidelines.pdf>.

In 2011-12, the NSW government allocated \$1.5 million dollars per annum to expand the program of Refugee Health Nurses (RHNS) across NSW. As a result, in metropolitan Sydney, the NSW Refugee Health Service (RHS) has increased the pool of Refugee Health Nurses and expanded their outreach services. This included a population based allocation of FTE 0.2 of outreach services to South Eastern Sydney Local Health District (SESLHD).

Refugees in SESLHD

The refugee population in SESLHD is characterised by:

- a small but important number of new Humanitarian arrivals per year, this includes people entering on 200, 201, 202, 203 and 204 visas
- a high proportion of new arrivals from China, compared with the rest of NSW
- an increasing number of people from refugee-like backgrounds who are not formally identified as refugees, these include people from China and the emerging Nepalese and Bangladeshi communities who arrive, for example, under the Family Migration Program
- a small but significant number of asylum seekers who reside or access services in SESLHD, including the non-government organisations such as the Asylum Seekers Centre in Surry Hills and local boarding houses
- an increasing number of people who have been released from immigration detention on 866 visas, commonly single men 25-34 years.
- an increasing number of people in community detention
- a significant older refugee population, particularly in the Eastern Suburbs.

Consistent with the NSW refugee population:

- newly arrived refugees are highly diverse in relation to their ethnicity, age, class, religion and socio-economic status
- most Humanitarian entrants speak little or no English on arrival
- 40–50% of Humanitarian entrants are children and young people.

In addition:

- the presence of the international airport within SESLHD means that there are a number of “transitioning clients” of the settlement services that may require urgent medical attention on arrival before settling in other LHDs in NSW
- there are two Intensive English Centres (IECs) in SESLHD, located at Beverly Hills and Kogarah. IECs offer intensive language support for 3 to 4 terms for newly arrived high school aged students prior to enrolment at the student’s local high school.

Recent Arrivals

There are approximately 150 new Humanitarian arrivals to SESLHD per year comprising people settling in SESLHD through the Refugee program (visa subclass 200 and 204), Special Humanitarian program (visa subclass 202) and the Onshore program (866). Table 1 details arrivals for the five year period July 2006 to June 2011.

Main Countries of Birth	Number
China	177
Iran	101
Iraq	75
Egypt	64
Bangladesh	58
Nepal	30
Indonesia	18
Mongolia	18
Zimbabwe	16
Turkey	14
Sierra Leone	12
Sri Lanka	11
Liberia	11
Other	177
Total	782

See Appendix 4 for more information.

These numbers are likely to under-represent the numbers of people from refugee and refugee-like backgrounds in the community as they do not include (1) people arriving through the Family Migration Program who come from refugee-like backgrounds, (2) people on bridging visas in the community who are seeking asylum, (3) people in community detention or (4) people who have relocated into or out of SESLHD after initial settlement (secondary settlement).¹³

¹² DIAC Settlement reporting facility, downloaded 20/10/11

¹³ Accurate figures for these groups are not available

Older refugees

The discussion paper *Caring for Older Refugees*¹⁴ identifies older refugees as a special needs group. The number of people over the age of 65 with refugee or refugee-like experiences is difficult to estimate as refugee status is not recorded by health services, aged care services or government agencies once a person has become an Australian citizen. Many older refugees and displaced persons arrived shortly after World War II and are now approaching old age. Others have arrived as skilled migrants or under the family migration stream. A very small number arrive each year to SESLHD as Humanitarian entrants (approximately 5 per year in the past 5 years).

Common countries of origin for older refugees arriving shortly after World War II are:

- Estonia
- Latvia
- Lithuania
- Ukraine
- Slovenia
- Hungary
- Italy
- Germany
- Poland
- Belarus
- Russia.

Asylum seekers

As noted above, there are a small but significant number of asylum seekers who reside or access services in SESLHD, including the non-government organisations such as the Asylum Seekers Centre in Surry Hills and local boarding houses.

¹⁴ NSW Refugee Health Service (RHS), 2007, *Caring for Older Refugees in NSW: A discussion paper*, Sydney: NSW Refugee Health Service. Available at <http://www.sswahs.nsw.gov.au/sswahs/refugee/pdf/OlderRefugees.pdf>

Health status of refugees

Recent arrivals

Refugees are recognised as one of the most vulnerable groups within society with specific health needs related to their backgrounds and experiences. Common health issues include:

- infectious diseases (such as malaria, parasitic infections, tuberculosis, Hepatitis C and sexually transmitted diseases)
- vaccine preventable diseases (such as Hepatitis B, measles, mumps and rubella)
- chronic health conditions (such as heart disease, diabetes, hypertension and peptic ulcer disease)
- growth and nutritional problems, particularly in children (such as Vitamin D deficiency and iron deficiency)
- incomplete immunisation
- poor oral health
- mental health conditions (such as post traumatic stress disorder, depression and anxiety)

The NSW Refugee Health Plan 2011-2016 identified that (1) social connectedness, (2) nutrition and food security and (3) health literacy and preventative health care are priority issues in meeting the needs of newly arrived refugees.

Older refugees

Common health conditions for older refugees arriving post World War II are:

- age related memory loss (this may be associated with loss of English language skills and triggering of suppressed memories associated with the refugee experience)
- mental health conditions (including post-traumatic stress disorder, depression and anxiety)
- increased mortality
- increased heart disease
- lowered immune system function
- stress-related psychosomatic illnesses¹⁵

The Caring for Older Refugees discussion paper identified that key issues for older refugees included:

- ongoing settlement needs
- financial security
- cultural needs and loss of status
- social isolation
- carer support.¹¹

Asylum seekers

The health status of asylum seekers is generally similar to that of refugees arriving in Australia under the Humanitarian program. Their poor physical and mental health may be further exacerbated by the stress and anxiety associated with:

- poor access to health care
- an uncertain future and fear of a negative assessment of their refugee application
- lack of resources and work rights.¹⁶

¹⁵ NSW Refugee Health Service (RHS), 2007, Caring for Older Refugees in NSW: A discussion paper, Sydney: NSW Refugee Health Service. Available at <http://www.sswahs.nsw.gov.au/sswahs/refugee/pdf/OlderRefugees.pdf>

¹⁶ Cited in NSW Department of Health (NSW Health), 2011, NSW Refugee Health Plan 2011-2016, Sydney: NSW Department of Health. Available at http://www.health.nsw.gov.au/policies/pd/2011/PD2011_014.html

Current Service Context

Health Service

The former South Eastern Sydney Illawarra Health Service (SESIH) demonstrated a significant interest in and commitment to the health of refugees. Key achievements included:

- Research project: Sydney Children's Hospital (SCH) Refugee Child Health project (2006-2007)
 - The aim of this project was to conduct a needs assessment of refugee children in SESIH and develop strategies to address these needs
 - Funding was provided by SESIH Multicultural Health Service (MHS) and the SCH Foundation

- Research project: Building sustainable and collaborative health service networks for refugee children and young people (2007-2008)
 - The aim of this project was to investigate issues for GPs and other health care providers with the aim of developing a sustainable and collaborative health service system for newly arrived refugee children and their families
 - Funded through UNSW Faculty of Medicine Grant (\$30,000) and Greater Eastern and Southern Child Health network (GESCHN) Project funding (\$137,800)

- Establishment of the GP Hospital Collaborative Care Model (2007)
 - The model of care was established as a partnership between Sydney Children's Hospital (SCH) The Wollongong Hospital (TWH), the SESIH Multicultural Health Service (MHS) and the Illawarra Division of General Practice (IDGP).
 - The model placed a network of refugee-friendly General Practitioners (GPs) in private practice at the centre of care for newly arrived refugee children and their families. Settlement services link families directly with identified GPs who provide both routine comprehensive health assessment on arrival and ongoing care. GPs are supported by specialists at SCH and TWH as well as the Refugee Health Nurse.
 - The Illawarra area was chosen as the site for initial implementation of the model as this region had the highest number of new arrivals to SESIH, most of whom were unattached families without existing family and/or community supports (in line with DIAC's regional settlement program).
 - In its first eighteen months of operation, the model achieved screening rates of 100% for children and 98% for adults on UNHCR supported refugee visas settling in the Illawarra.
 - The model was never fully implemented in the St George/Sutherland and Eastern Suburbs areas, with ad hoc relationships with GPs developed around individual client needs.

- Establishment of the SCH Refugee Child Health Clinic (2007)
 - This specialised refugee health clinic was established in response to the needs identified through the Refugee Child Health project and as part of the broader GP Hospital Collaborative Care Model

- Development of GP guidelines "Health Screening of Newly Arrived Refugees - Advice For GPs in South Eastern Sydney and Illawarra Area Health Service" (2007)
 - These guidelines were developed in 2007 and later revised in 2010, in line with the RACP and ASID guidelines
 - The guidelines contain advice to GPs regarding health screening for newly arrived refugees, treatment and management options, local referral pathways and access to specialist support and advice.

- Establishment of 1 FTE Refugee Health Nurse (2007)
 - This position was funded through the SESIH Multicultural Health Service to support the GP Hospital Collaborative Care Model and the health needs of refugees within SESIH
- Establishment of the Refugee Health portfolio in SESIH Multicultural Health Service (2008)
 - This portfolio was established to develop the capacity of health services within SESIH to meet the health needs of refugees and to support the Area-wide Refugee Health Coordination Group
- Establishment of SESIH Area-wide Refugee Health Coordination Group (2008)
 - this intersectoral committee was established to provide a coordinated response to the health needs of refugees in SESIH
 - the committee included representatives from MHS, SCH, TWH, IDGP, GPs, RHS, STARTTS, Population Health, Public Health Unit, Women's Health, Sexual Health and a community representative
- Research project: Longitudinal study of refugee children (2010 – 2013)
 - the aims of this project are (1) to investigate the physical health, development and psychological wellbeing over the first three years of settlement and (2) to identify post arrival factors contributing to favourable health outcomes
 - a part-time Refugee Health Nurse and part-time Refugee Health Fellow employed through SCH to conduct annual health assessments on a cohort of refugee children (0-12 years) living in the Illawarra region
 - Funding for the project was obtained through Foundation Markets for Children (\$158,000) and MHS (\$80,000)
- Community partnership project: Optimising Health and Learning– targeted health screening for refugee and other vulnerable newly arrived students (2011-2014)
 - This is a targeted health screening project conducted at Beverly Hills Intensive English Centre (BHIEC)
 - The aim of the project is to improve early identification of and intervention for health issues likely to impact on student learning for refugee and other vulnerable new arrival students enrolled in the IEC
 - Funding for the project has been obtained through the Schools First Awards program (\$25,000 in 2010; \$100,000 in 2011) and is held by BHIEC
 - Funding is used to implement a nurse led screening clinic in BHIEC (2011-2014) and a Western Sydney based IEC (2012-2014); with significant in-kind contributions from project partners in each of the local areas
 - The vision for the project is to successfully advocate for a sustainable long term health screening program in all IECs in NSW
- Supporting refugee projects in SESIH through the MHS Cultural Diversity Health Enhancement Grants Program
 - 2008/2009 Evaluation of the appropriateness of mental health screening for newly arrived refugee children *Service Development/Research Project*
 - 2009/2010 Good health for refugees *Community Outreach Project*
 - 2010/2011 Promoting health and wellbeing in our newly arrived students *Healthy Communities Project*
 - 2008 -2011 Refugee health factsheets *Multilingual Resources*
 - Health checks on arrival
 - Vitamin D deficiency
 - Strongyloidiasis
 - Schistosomiasis
 - Sickle cell disease

- Hepatitis B
- Hepatitis C.

In 2011, as part of a restructure of health services in NSW, the former SESIH was reorganised into the South Eastern Sydney Local Health District (SESLHD) and the Illawarra Shoalhaven Local Health District (ISLHD), with Sydney Children's Hospital (SCH) becoming part of the Sydney Children's Hospitals Network (SCHN).

Resources attached to the former SESIH Refugee Health Program now reside across these three entities, namely:

- Refugee Health Portfolio continues to be held within the SESLHD Multicultural Health Service
- 1 FTE Refugee Health Nurse position continues in the ISLHD Multicultural Health Service; 0.2 FTE Refugee Health Nurse resources within SESLHD commenced recently, provided by Refugee Health Service
- Refugee Child Health Clinic continues to operate from Sydney Children's Hospital Randwick, as part of SCHN.

Specialist refugee health services

The Service for the Treatment and Rehabilitation of Torture and Trauma Survivors (STARTTS) provides a number of services in the district including:

- an outreach counselling service for people of refugee and refugee like backgrounds one day per week, based at Rockdale Community Health Centre
- a regular clinical support meeting for HSS workers located at St George MRC and Sydney Multicultural Community Services
- weekly assessment of asylum seekers at Vincentian House in Surry Hills and Red Cross' city office
- active participation in the school-community partnership project - Optimising Health and Learning.

Medicare Locals

Most health care to refugees is provided through mainstream services and it is well recognised that General Practitioners (GPs) have a key role to play in comprehensive health assessment on arrival (particularly in areas where there are lower numbers of new arrivals) as well as the on-going care of refugees. The former Illawarra Division of General Practice (DGP) was a key partner in establishing the GP-Hospital model of care, as was the St George DGP in developing the targeted health screening program at BHIEC.

As of 1 July 2012, two Medicare Locals were established in SESLHD, namely:

- South Eastern Sydney (SES) Medicare Local
- Eastern Sydney (ES) Medicare Local.

Settlement services and other non-government organisations

In 2011, there was a change in provision of settlement services funded through Department of Immigration and Citizenship (DIAC). The newly funded Humanitarian Settlement Service (HSS) providers in SESLHD are Settlement Services International (SSI) who have close links with the funded post-HSS Settlement Grant Program (SGP) providers, namely Sydney Multicultural Community Services (SMCS), St George Migrant Resource Centre (StG MRC) and Gynea Community Aid and Information Service (GCAIS).

The Asylum Seeker Centre of NSW (ASC), a state-wide service supporting asylum seekers, is located within SESLHD. The ASC operates a GP clinic one half day per week which is supported

by a part-time nurse/health caseworker. 1 FTE Refugee Health Nurse has been allocated to the ASC as part of the NSW Refugee Health Plan 2011-2016.

Other non-government organisations operating within SESLHD with a significant interest in refugees and asylum seekers include the Red Cross, St Vincent de Paul and Jesuit Refugee Service.

Strategic Priorities

Partners in developing and delivering the plan

Key partners in developing and delivering initiatives of the SESLHD Refugee Health Implementation Plan are:

- SESLHD Multicultural Health Service (MHS)
- Sydney Children's Hospital (SCH), Randwick
- NSW Refugee Health Service (RHS)
- NSW Service for the Treatment and Rehabilitation of Torture and Trauma Survivors (STARTTS)
- Asylum Seeker Centre (ASC)
- Settlement services (Settlement Services International, Sydney Multicultural Community Services, St George Migrant Resource Centre, and Gymea Community Aid and Information Service)
- Local Government as applicable
- Eastern Sydney and South Eastern Sydney Medicare Locals
- Diversity Health Coordinators in SESLHD hospital facilities
- Health Promotion Service
- Health Language Services (HLS)
- Child Youth Women Family Health
- Key clinical services within SESLHD, including Women's Health, Public Health Unit, Infectious Diseases, Mental Health, Maternal and Child Health, Youth Health, Sexual Health, Oral Health, Chest Clinics, Aged Care.

Key actions

Key actions for SESLHD are articulated under the eight strategic priorities identified in the NSW Refugee Health Plan 2011–2016 (see Table 2).

The immediate priorities identified in the SESLHD Refugee Health Implementation Plan are:

- to establish a SESLHD Refugee Health Coordination Group (RHCG) to oversee the implementation of the plan
- to implement the best practice model of refugee healthcare in SESLHD
- to continue to implement the targeted health screening in Beverley Hills Intensive English Centre
- to continue the longitudinal study of refugee children in their first three years of settlement
- to conduct a forum on the health needs of older refugees.

Table 2: Key actions in the SESLHD Refugee Health Implementation Plan				
Strategic Priority	Key Actions	Responsibility	Outcome measures	Timeframe
1. To develop health policies and plans which prioritise and are inclusive of refugee health	1a. Develop a SESLHD Refugee Health Implementation Plan which is consistent with the NSW Refugee Health plan 2011-2016	MHS in consultation with partners (listed above), SESLHD Planning Unit and SESLHD Executive	Plan approved by SESLHD Executive	December 2012
	1b. Establish a SESLHD Refugee Health Coordination Group (RHCG) to oversee the implementation of the plan <ul style="list-style-type: none"> • identify Executive Sponsor • identify reporting lines • invite partners to form the RHCG • establish a mechanism for refugee representative /community member 	MHS in consultation with Executive Sponsor	RHCG established with representation from partners and refugee representative/ community member RHCG meets regularly (at least 4 times per year)	June 2012 Ongoing
	1c. Incorporate the needs of refugees into key SESLHD and ES and SES Medicare Local plans <ul style="list-style-type: none"> • identify LHD and Medicare Local plans in development which have relevance to the needs of refugees within SESLHD. • work with clinical services, Planning Unit and others to incorporate refugees as a special needs group/priority population within these plans 	MHS and RHCG in consultation with Planning Unit and key services (listed above) Medicare Locals	LHD and Medicare Local plans identify refugees as a special needs group/priority population with key actions, responsibilities and timeframes articulated	December 2014

	1d. Collaborate with SCH to meet the needs of children of young people from refugee and refugee-like backgrounds	MHS and SCH in consultation with paediatric clinicians	Involvement of SCH in refugee health coordination group	Ongoing
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Strategic Priority	Key Actions	Responsibility	Outcome measures	Timeframe
2. To collaborate with GPs and others regarding universal access to health assessment and assertive follow up of newly arrived refugee and humanitarian entrants	2a. Implement the best practice model in SESLHD <ul style="list-style-type: none"> • establish a RHS Refugee Health Nurse outreach clinic in SESLHD • provide support and access to rapid advice and referral pathways to Refugee Health Nurses based with RHS and ASC • continue to provide support to SCH Refugee Child Health Clinic • work with SES and ES Medicare Locals to establish a network of refugee-friendly GPs in South Eastern Sydney and Eastern Sydney Medicare Locals • provide GPs with access to education, support rapid advice and referral pathways • develop an agreed refugee health pathway for SESLHD • provide information to settlement services, other non-government organisations and refugee communities regarding health services and supports available within SESLHD 	RHS MHS SCH ASC Medicare Locals Settlement services	Well-defined model of care for newly arrived refugees in SESLHD with roles and responsibilities of partners clearly identified SCH Refugee Health clinic continues to operate in response to local needs and demands.	September 2013 Ongoing
	2b. Implement targeted health screening in Intensive English Centres <ul style="list-style-type: none"> • continue to implement and evaluate the model at Beverley Hills IEC • seek funding to continue the model at BHIEC and expand to other IECs within SESLHD from 2015 	MHS and IEC project partners	Current model of targeted health screening in IECs recurrently funded in IEC within SESLHD	June 2014

Strategic Priority	Key Actions	Responsibility	Outcome measures	Timeframe
3. To promote refugee wellbeing	3a. Provide health information and orientation to health services to newly arrived refugees <ul style="list-style-type: none"> • support settlement services to provide general health information and SESLHD specific health service information • continue to provide information through the targeted health screening project in Intensive English Centres, including St George Hospital tours • continue to provide health information sessions through the Adult Migrant English program (AMEP) • review content of information sessions provided through AMEP programs and frequency of sessions 	MHS RHS St George Hospital Settlement services	Health information sessions delivered through: <ul style="list-style-type: none"> • Settlement services (No of per year) • Intensive English Centres (No of per year) • AMEP program (No of per year) 	Ongoing
	3b. Develop a strategy to improve nutrition of refugees in SESLHD <ul style="list-style-type: none"> • collaborate with RHS Bilingual Community Educators (BCE) program to deliver health education regarding nutrition to refugees • identify potential projects/initiatives and partners and seek funding and/or in-kind support for implementation and evaluation 	RHCG MHS RHS Health Promotion Service	No of BCE sessions conducted Projects/initiatives identified and undertaken	December 2013 December 14 and ongoing

Strategic Priority	Key Actions	Responsibility	Outcome measures	Timeframe
To promote refugee wellbeing continued ...	3c. Develop a strategy to improve oral health of refugees in SESLHD <ul style="list-style-type: none"> • Develop and support referral pathways to access oral health treatment • continue to provide oral health promotion sessions within IECs including the provision of oral health hygiene products • collaborate with RHS Bilingual Community Educators (BCE) program to deliver health education regarding oral health to refugees • identify potential projects and partners and seek funding and/or in-kind support for implementation and evaluation • Provision of oral hygiene products at information sessions. 	RHCG MHS RHS Oral Health Service	Oral health promotion sessions conducted within IECs No of BCE sessions conducted Projects/ initiatives identified and undertaken	September 2013 ongoing ongoing
	3d. Develop collaborative projects to enhance social connectedness <ul style="list-style-type: none"> • target the MHS grants program around social connectedness (2014) • identify potential projects and partners and seek funding and/or in-kind support for implementation and evaluation; • Programs/initiatives offered in SESLHD may include the Family in Cultural Transitions program and refugee youth camps offered through STARTTS 	RHCG MHS STARTTS	Grants program targeted at social connectedness Projects/ initiatives identified and undertaken	April 2014 ongoing

Strategic Priority	Key Actions	Responsibility	Outcome measures	Timeframe
4. To provide high quality specialised refugee health services	4a. As above (2a) - continue to provide support to SCH Refugee Child Health Clinic	As above (2a)	As above (2a)	As above (2a)

Strategic Priority	Key Actions	Responsibility	Outcome measures	Timeframe
5. To develop specific targeted responses to refugee need within health services	5a. Continue to advocate for the use of interpreters and highlight the issues of refugees from small and emerging communities when using interpreters <ul style="list-style-type: none"> continue to incorporate these issues into orientation and other training sessions with health care providers and others 	MHS Health Language Services (HLS)		Ongoing
	5b. Develop a strategy to improve mental health of refugees <ul style="list-style-type: none"> continue to deliver one-day mental health cultural competency training to mental health clinicians which includes needs of refugees (in line with the NSW Multicultural Mental Health Plan) identify opportunities for the delivery of Families in Cultural Transition (FICT) program within SESLHD 	MHS Mental Health Service Transcultural Mental Health HLS STARTTS	Mental health cultural competency training sessions conducted	December 2013
	5c. Develop a strategy to improve health of older refugees <ul style="list-style-type: none"> conduct a forum regarding the health needs of older refugees Develop a one hour training package on older refugees identify potential projects/initiatives and partners and seek funding and/or in-kind support for implementation and evaluation 	RHCG MHS RHS STARTTS Aged Care services	Forum conducted Projects/ initiatives identified and undertaken	November 2012 June 2013 June 2014
	5d. Develop strategy to improve developmental outcomes of refugee children <ul style="list-style-type: none"> develop training regarding specific issues in refugee child development for surveillance and developmental services 	MHS SCH	No of Training programs developed and undertaken	June 2015

Strategic Priority	Key Actions	Responsibility	Outcome measures	Timeframe
To develop specific targeted responses to refugee need within health services continued	5d. Facilitate access of refugee children to health, developmental and school-based assessments - as above (2a, 2b) and below (7b, 7c)	as above (2a, 2b) and below (7b, 7c)	as above (2a, 2b) and below (7b, 7c)	as above (2a, 2b) and below (7b, 7c)
	5e. Identify actions to improve immunisation status of refugees <ul style="list-style-type: none"> • continue to provide targeted immunisation services to refugees through IECs • identify additional actions required in SESLHD 	Public Health Unit RHCG	Immunisation program in IECs continued Additional actions identified and responded to	Ongoing
	5f. Develop a strategy to improve oral health of refugees in SESLHD - as above (3c)	as above (3c)	as above (3c)	as above (3c)
	5g. Develop a strategy to address issues associated with Female Genital Mutilation (FGM) in refugee communities <ul style="list-style-type: none"> • Women's Health Nurse to continue membership on the FGM advisory committee and to be contact person in SESLHD for the state-wide FGM program • Review the St George Hospital FGM clinical guidelines when the state-wide clinical policy is released • Provide education, training and resources to maternity units in SESLHD as required 	FGM Program and SESLHD Child, Youth, Women and Family Health Unit		December 2014

Strategic Priority	Key Actions	Responsibility	Outcome measures	Timeframe
6. To foster the provision of high quality and accessible mainstream care	<p>6a. Promote accessible and appropriate services by continuing to:</p> <ul style="list-style-type: none"> • continue to develop models of care for refugees applicable throughout state, nationally and internationally • address refugee issues in orientation sessions for new staff • address refugee issues in cultural competency training – priorities include youth health, mental health, sexual health • advocate for and prioritise the special needs of refugees within health settings • conduct annual refugee health forums in SESLHD • collaborate with ES and SES Medicare Locals in the provision of information, education and support to GPs regarding refugee health 	MHS DHCs RHCG Medicare Locals RHS	<p>Refugee health forums conducted</p> <p>No of GP education sessions conducted through South Eastern Sydney and Eastern Sydney Medicare Locals</p>	<p>Annual</p> <p>June 2014</p>
	<p>6b. Develop and support champions for refugee health within SESLHD by:</p> <ul style="list-style-type: none"> • Providing advanced professional development sessions in refugee health to Diversity Health Coordinators, members of the RHCG, MHS staff, bilingual mental health counsellors and others • Providing tools and resources to support education and training initiatives in refugee health 	MHS DHCs RHCG RHS	<p>No of professional development sessions conducted</p> <p>Tools and resources developed and disseminated</p>	<p>September 2013</p> <p>September 2013</p>
	6c. Identify potential projects/initiatives and partners and seek funding and/or in-kind support for implementation and evaluation	RHCG	No of projects/initiatives identified and undertaken	Ongoing

	6d. Provide support to research, publish and advocate on refugee health issues	MHS DHCs RHCG RHS SCH	Research and publication related activities	Ongoing

Strategic Priority	Key Actions	Responsibility	Outcome measures	Timeframe
7. To foster research and evaluation	<p>7a. To develop a system of standardised data collection for newly arrived refugees in SESLHD</p> <p>7b. To collate existing data sources regarding numbers of refugees arriving in and attending school in SESLHD</p> <p>7c. Continue to evaluate the health screening model in Intensive English Centres</p> <p>7d. Continue to conduct the longitudinal study of refugee children over their first three years of settlement in relation to physical health, development and psychological wellbeing</p> <p>7e. Continue to develop an NHMRC partnership project application to expand the longitudinal study of refugee children</p> <p>7f. Continue to identify potential research and evaluation opportunities</p>	<p>MHS SCH RHS IEC project partners Longitudinal study partners</p>	<p>Data collection system developed</p> <p>Local demographic data collated</p> <p>Evaluation of IEC project completed</p> <p>Longitudinal study completed</p> <p>NHMRC application submitted</p>	<p>December 2012</p> <p>December 2012 and Ongoing</p> <p>December 2013</p> <p>December 2013</p> <p>March 2013</p>
8. To monitor and evaluate this plan	8a. Conduct an annual review of key actions and strategies, projects and initiatives developed through the plan	RHCG	Annual progress reports to the SESLHD Executive	Annual

Appendix 1: Abbreviations

AMEP	Adult Migrant English Program
ASC	Asylum Seeker Centre of NSW
ASID	Australasian Society for Infectious Diseases
BCE	Bilingual Community Educator
CALD	Culturally and Linguistically Diverse
DIAC	Department of Immigration and Citizenship
ES	Eastern Sydney
FGM	Female Genital Mutilation
GCAIS	GyMEA Community Aid and Information Service
GP	General Practitioner
HLS	Health Language Services
HSS	Humanitarian Settlement Service
LHD	Local Health District
NHMRC	National Health and Medical Research Centre
MHS	Multicultural Health Service
RACP	Royal Australasian College of Physicians
RHN	Refugee Health Nurse
RHS	NSW Refugee Health Service
SCH	Sydney Children's Hospital, Randwick
SES	South Eastern Sydney
SESLHD	South Eastern Sydney Local Health District
SHP	Special Humanitarian Program
SMCS	Sydney Multicultural Community Services
SSI	Settlement Services International
STARTTS	NSW Service for the Treatment and Rehabilitation of Torture and Trauma Survivors
STG MRC	St George Migrant Resource Centre
UN	United Nations
UNCRC	United Nations Convention on the Rights of the Child
UNHCR	United Nations High Commissioner for Refugees
WHO	World Health Organization

Appendix 2: Glossary of Terms¹⁷

Asylum Seeker

A person who has applied for protection from within Australia as a refugee but has not yet received a determination about their status. According to the UNHCR, an asylum seeker is “an individual who is seeking international protection. In countries with individualised procedures, an asylum seeker is someone whose claim has not yet been finally decided on by the country in which he or she submitted it. Not every asylum seeker will ultimately be recognised as a refugee, but every refugee is initially an asylum seeker’ (UNHCR 2006).

Cultural competence

A set of behaviours, attitudes and policies that support a negotiated process of appropriately caring for people across languages and cultures (Cross et al. 1989). Cultural competence has four interrelated dimensions - systemic, organisational, professional and individual (NHMRC 2005).

Humanitarian entrant

A person who migrates to Australia under one of three migration programs:

(1) the Refugee Program, (2) the Special Humanitarian Program (SHP): people who are outside their country of origin and have been identified as having experienced, or fear, gross discrimination amounting to a substantial violation of their human rights may be granted a Class 202 Visa or (3) the Special Assistance Category: groups with close family or community links to Australia who are in particularly vulnerable situations overseas and who do not meet the criteria for the other categories.

Female Genital Mutilation (FGM)

Female genital mutilation (FGM) comprises all procedures that involve partial or total removal of the external female genitalia, or other injury to the female genital organs for non-medical reasons. The practice is mostly carried out by traditional circumcisers, who often play other central roles in communities, such as attending childbirths. Increasingly, however, FGM is being performed by health care providers. FGM is recognised internationally as a violation of the human rights of girls and women. It reflects deep-rooted inequality between the sexes, and constitutes an extreme form of discrimination against women. It is nearly always carried out on minors and is a violation of the rights of children. The practice also violates a person's rights to health, security and physical integrity, the right to be free from torture and cruel, inhuman or degrading treatment, and the right to life when the procedure results in death.” (WHO Fact Sheet, 2010).

Refugee

Any person who has a well founded fear of being persecuted for reasons of religion, nationality, membership of a particular social group or political opinion; is outside their own country; is unable or unwilling to return to that country because of fear of persecution; and is not a war criminal or person who has committed a serious non-political crime.

¹⁷ Adapted from the NSW Refugee Health Plan 2011-2016

Appendix 3: Entitlements of Humanitarian Entrants and Asylum Seekers by program category¹⁸

	Humanitarian Entrants			Asylum seekers	
	Offshore program		Onshore program	Community detention	In community
	Refugee	Special Humanitarian Program (SHP)	Onshore visa		
Visa subclasses	200; 201, 203,204	202	866 Permanent Protection Visa	No visa	Bridging Visa A (BVA) Bridging Visa C (BVC) Bridging Visa E (BVE)
Medicare	✓	✓	✓	IHMS Network of providers	Attached to work rights Medicare ineligible – see NSW Health Asylum Seeker policy
Health care card	✓	✓	✓	x	x
PBS	✓	✓	✓	Through IHMS	x
STARTTS	✓	✓	✓	✓	✓
RHS	✓	✓	✓	✓	✓
Translation and interpreting services	✓	✓	✓	interpreting only no document translation	interpreting only no document translation
Income support	✓	✓	✓	Some through Red Cross	Some through Red Cross (ASAS and CAS programs)
Work Rights	✓	✓	✓	x	Some as of 2009
English classes	~510 hours Through AMEP	~510 hours Through AMEP	Up to 510 hours > 25yrs Up to 910 hours <25yrs and low schooling Through AMEP	Limited access to short term classes; Children have access to IECs and ESL support through schools	x Some classes run through NGOs such as NSW ASC
Airfares to Australia	✓	Proposer	x	x	x
Short term accommodation	✓	Proposer (HSS support if required)	On needs basis	Red Cross rented properties	x
Assistance to find long term accommodation	✓	Proposer +/- HSS	On needs basis	x	x
Household goods	✓	Proposer +/- HSS	On needs basis	x	x
Settlement Support	HSS (6 -12 months)	HSS if required (6 -12 months)	HSS on needs basis	x	x
Education	✓	✓	✓	Varies	x
Family reunion	✓	✓	✓	x	x
Travel Overseas	✓	✓	✓	x	Only BVC

¹⁸ Adapted from Foundation House, 2012, Promoting Refugee Health: a guide for doctors, nurses and other health care providers caring for people from refugee backgrounds, 3rd edition.

Appendix 4: SESLHD Refugee Health Coordination Group Membership

1. MEMBERSHIP

The membership of the South Eastern Sydney Local Health District (SESLHD) Refugee Health Coordination Group includes representatives from services and programs that work to address issues of inequities in service access and health outcomes for people from refugee and refugee-like backgrounds.

Membership includes representatives from:

- SESLHD Multicultural Health Service (MHS)
- Sydney Children's Hospitals Network (SCH), Randwick
- NSW Refugee Health Service (RHS)
- Service for the Treatment and Rehabilitation of Torture and Trauma Survivors (STARTTS)
- Asylum Seeker Centre (ASC)
- Settlement services (Settlement Services International, Sydney Multicultural Community Services, St George Migrant Resource Centre, and Gymea Community Aid and Information Service)
- Medicare Locals
- Diversity Health Coordinators in SESLHD hospital facilities
- Health Language Services (HLS)
- Planning Unit
- Public Health Unit (PHU)
- Oral Health
- HARP Unit
- Child Youth Women and Family Health
- Key clinical services including Women's Health, Infectious Diseases, Mental Health, Maternal and Child Health, Youth Health, Chest Clinics and Aged Care Services
- Consumer representatives/community members/advocates

Appendix 4: Settlers under the Humanitarian Migration Stream July 2005 to June 2011 by LGA of intended settlement

SOUTH EASTERN SYDNEY LHD BY LGA

BOTANY BAY (C)

Age on Arrival	00-05	06-11	12-15	16-17	18-24	25-34	35-44	45-54	55-64	65+	Total
AFGHANISTAN	0	0	0	0	*	*	0	0	*	0	*
BANGLADESH	*	*	0	0	*	*	6	0	0	0	6+
BURUNDI	0	0	0	0	0	*	0	0	0	0	*
CHINA PEOPLES REP	0	0	0	0	0	0	*	0	*	0	*
COLOMBIA	0	0	0	0	0	0	0	0	*	0	*
FIJI	0	0	0	0	0	0	*	0	0	0	*
FMR U.S.S.R.	0	0	*	0	0	0	*	*	0	0	*
INDONESIA	0	0	0	0	0	*	0	0	0	0	*
IRAN	0	0	0	0	*	7	*	0	0	0	7+
IRAQ	*	*	*	*	8	9	*	*	*	0	17+
MALAYSIA	*	0	0	0	*	0	0	0	0	0	*
MAURITANIA	0	*	0	0	0	*	0	0	0	0	*
NEPAL	0	0	0	0	0	*	0	0	0	0	*
PAKISTAN	0	0	0	0	*	0	0	0	0	0	*
SIERRA LEONE	0	0	*	0	0	0	0	0	0	0	*
SRI LANKA	0	0	0	0	0	0	*	0	0	0	*
SYRIA	*	0	0	0	0	0	0	0	0	0	*
TURKEY	0	0	0	0	0	*	0	0	0	0	*
TURKMENISTAN	0	0	0	0	0	*	0	0	0	0	*
ZIMBABWE	0	0	0	0	*	0	0	0	0	0	*
Total	*	*	*	*	8+	16+	6+	*	*	0	82

KOGARAH

Age on Arrival	00-05	06-11	12-15	16-17	18-24	25-34	35-44	45-54	55-64	65+	Invalid	Total
AUSTRALIA	*	0	0	0	0	0	0	0	0	0	0	*
BURMA	0	0	0	0	0	0	0	0	*	0	0	*
CHINA PEOPLES REP	0	0	*	*	*	0	*	*	0	0	0	*
EGYPT ARAB REP OF	0	0	0	0	*	*	0	0	0	0	0	*
FIJI	*	*	*	0	0	0	*	0	0	0	0	*
FORMER YUGOSLAVIA	0	0	0	0	0	0	*	0	0	0	0	*
IRAN	0	0	0	0	0	*	0	0	0	0	0	*
IRAQ	0	*	*	0	*	0	*	0	0	0	0	*
MONGOLIA	0	0	0	0	*	0	0	0	0	0	0	*
NEPAL	0	0	0	0	0	*	*	0	*	0	0	*
SRI LANKA	0	*	0	0	0	0	0	0	0	0	0	*
ZIMBABWE	*	*	*	0	0	*	0	0	0	0	0	*
Total	*	*	*	*	*	*	*	*	*	0	0	42

HURSTVILLE

Age on Arrival	00-05	06-11	12-15	16-17	18-24	25-34	35-44	45-54	55-64	65+	Invalid	Total
AUSTRALIA	*	*	*	0	0	0	0	0	0	0	0	*
BAHRAIN	0	0	0	0	*	*	*	0	0	0	0	*
BANGLADESH	0	*	0	0	*	*	*	0	0	0	0	*
BURMA	0	0	0	0	*	0	0	0	0	*	0	*
CHINA PEOPLES REP	*	*	*	*	12	22	30	13	8	7	0	92+
COLOMBIA	0	0	0	0	0	0	*	0	0	0	0	*
EGYPT ARAB REP OF	*	*	0	0	*	8	*	0	*	0	0	8+
INDONESIA	*	0	0	0	*	*	0	0	0	0	0	*
INVALID VALUE	0	0	0	0	0	0	0	0	0	0	*	*
IRAN	0	0	*	0	*	*	*	*	*	0	0	*
IRAQ	0	0	*	0	0	*	0	0	0	*	0	*
MALAYSIA	0	0	0	0	*	0	0	0	0	0	0	*
MONGOLIA	0	0	0	0	0	0	0	*	0	0	0	*
NEPAL	0	*	0	0	*	*	0	0	0	0	0	*
NOT RECORDED	0	0	0	*	*	0	0	*	0	0	0	*
SIERRA LEONE	0	0	0	0	*	*	0	0	0	0	0	*
SRI LANKA	0	0	0	0	0	*	0	0	*	0	0	*
SUDAN	*	0	0	0	*	*	*	0	0	*	0	*
SYRIA	0	0	0	0	0	*	0	0	0	0	0	*
ZIMBABWE	*	0	0	0	0	*	0	0	0	0	0	*
Total	*	*	*	*	12+	30+	30+	13+	8+	7+	*	188

RANDWICK

Age on Arrival	00-05	06-11	12-15	16-17	18-24	25-34	35-44	45-54	55-64	65+	Invalid	Total
ALGERIA		0	0	0	0	*	0	0	0	0	0	*
ANGOLA	0	0	0	0	0	*	0	0	0	0	0	*
AUSTRALIA	0	*	*	0	0	0	0	0	0	0	0	*
BANGLADESH	0	0	0	0	*	*	*	*	0	0	0	*
BURMA	0	0	0	0	0	*	0	0	0	0	0	*
BURUNDI	0	0	0	0	*	*	0	0	0	0	0	*
CAMEROON REP	0	0	0	0	0	*	0	0	0	0	0	*
CHINA PEOPLES REP	0	0	*	*	*	0	*	0	0	0	0	*
CONGO REPUBLIC	*	0	0	0	0	0	0	0	0	0	0	*
EGYPT ARAB REP OF	0	*	0	0	0	*	*	0	0	0	0	*
ENGLAND	0	*	0	0	0	0	0	0	0	0	0	*
FMR U.S.S.R.	0	0	0	0	*	*	0	*	0	0	0	*
GERMANY	0	0	*	0	0	0	0	0	0	0	0	*
INDIA	0	0	0	0	0	*	0	0	0	0	0	*
INDONESIA	0	0	0	0	*	0	0	0	0	0	0	*
IRAN	0	*	*	0	6	21	*	*	0	0	0	27+
IRAQ	*	*	0	*	*	*	*	6	*	0	0	6+
IVORY COAST	0	0	0	0	0	*	0	0	0	0	0	*
JORDAN	*	0	0	0	0	0	0	0	0	0	0	*
KUWAIT	0	0	*	0	0	0	0	0	0	0	0	*
LEBANON	0	0	0	0	*	0	0	0	0	0	0	*
MONGOLIA	0	0	0	0	0	0	*	0	0	0	0	*
NEPAL	0	0	0	0	*	0	0	0	0	0	0	*
PAKISTAN	0	0	0	0	*	0	0	0	0	0	0	*
RUSSIAN FEDERATION	0	0	*	0	0	0	0	0	0	0	0	*
RWANDA	0	0	0	0	0	*	0	0	0	0	0	*
SAUDI ARABIA	0	0	*	0	0	0	0	0	0	0	0	*
SIERRA LEONE	0	0	0	0	*	0	0	0	0	0	0	*
SUDAN	0	0	*	0	0	0	0	0	0	0	0	*
SYRIA	*	0	0	0	0	*	0	*	0	0	0	*
UNITED ARAB EMIRATES	*	0	0	0	0	0	0	0	0	0	0	*
U.S.A	*	0	0	0	0	0	0	0	0	0	0	*
UZBEKISTAN	0	0	0	0	*	0	0	*	0	0	0	*
ZIMBABWE	0	0	0	0	0	0	*	*	0	0	0	*
Total	*	*	*	*	6+	21+	*	6+	*	0	0	112

ROCKDALE

Age on Arrival	00-05	06-11	12-15	16-17	18-24	25-34	35-44	45-54	55-64	65+	Invalid	Total
AFGHANISTAN	0	0	0	0	*	0	0	0	0	0	0	*
ALGERIA	0	0	0	0	0	0	*	0	0	0	0	*
AUSTRALIA	9	*	*	0	*	0	0	0	0	0	0	9+
BAHRAIN	0	0	0	*	*	0	0	0	0	0	0	*
BANGLADESH	*	0	*	0	7	*	*	*	0	0	0	7+
BELGIUM	0	*	0	0	0	0	0	0	0	0	0	*
BHUTAN	0	0	0	0	*	0	0	0	0	0	0	*
BURMA	0	0	*	*	0	0	*	0	0	0	0	*
CHINA PEOPLES REP	*	*	*	*	*	10	8	6	*	*	0	24+
COLOMBIA	*	0	0	0	*	*	0	0	0	0	0	*
EGYPT ARAB REP OF	*	*	*	0	*	13	*	*	*	*	0	13+
ETHIOPIA	0	0	0	0	0	*	*	0	0	0	0	*
FMR U.S.S.R.	0	0	0	0	0	*	0	0	0	0	0	*
GEORGIA	0	0	0	0	0	0	*	0	0	0	0	*
GUINEA	*	0	0	0	0	0	0	0	0	0	0	*
INDIA	0	0	0	0	0	*	*	*	0	0	0	*
INDONESIA	*	*	0	0	*	*	*	*	0	0	0	*
IRAN	0	0	0	0	8	*	0	0	0	0	0	8+
IRAQ	*	0	0	*	*	*	*	*	*	0	0	*
ISRAEL	0	0	0	0	0	*	0	0	0	0	0	*
KENYA	0	0	0	0	*	0	0	0	0	0	0	*
KUWAIT	0	0	0	0	0	*	0	0	0	0	0	*
LEBANON	0	0	0	0	0	*	0	0	0	0	0	*
MONGOLIA	0	0	0	0	*	*	*	0	0	0	0	*
NEPAL	0	0	0	0	*	6	8	*	*	0	0	14+
NIGERIA	0	0	0	0	*	0	*	0	0	0	0	*
PAKISTAN	0	0	0	0	*	*	*	0	0	0	0	*
PHILIPPINES	0	0	0	0	*	0	0	0	0	0	0	*
RWANDA	0	*	0	0	*	0	*	0	0	0	0	*
SAUDI ARABIA	0	0	0	0	0	*	0	0	0	0	0	*
SERBIA	0	0	0	0	0	0	*	0	0	0	0	*
SIERRA LEONE	0	0	0	0	0	*	0	0	0	0	0	*
SRI LANKA	0	*	0	0	0	*	*	0	0	0	0	*
SUDAN	0	0	0	0	*	0	0	0	0	0	0	*
SYRIA	0	0	0	0	0	0	*	0	0	0	0	*
TONGA	0	0	0	0	0	*	0	0	0	0	0	*
TURKEY	0	0	0	0	0	*	0	0	0	0	0	*
UGANDA	*	*	*	0	0	*	0	0	0	0	0	*
UZBEKISTAN	0	0	*	0	*	0	0	0	0	0	0	*
ZIMBABWE	0	0	0	0	*	0	*	0	0	0	0	*
Total	9+	*	*	*	15+	29+	16+	6+	*	*	0	217

SUTHERLAND SHIRE

Age on Arrival	00-05	06-11	12-15	16-17	18-24	25-34	35-44	45-54	55-64	65+	Invalid	Total
ALGERIA	0	0	0	0	0	0	*	0	0	0	0	*
AUSTRALIA	*	0	0	0	0	0	0	0	0	0	0	*
EGYPT ARAB REP OF	*	*	0	0	0	*	*	*	0	0	0	*
INDIA	0	0	0	0	*	0	0	0	0	0	0	*
INDONESIA	0	0	0	0	0	0	0	*	0	0	0	*
IRAN	*	0	0	0	0	7	0	0	0	0	0	7+
IRAQ	*	*	*	*	0	*	*	*	*	*	0	*
JORDAN	0	*	0	0	0	0	0	0	0	0	0	*
KENYA	0	*	*	0	0	0	0	0	0	0	0	*
LIBERIA	0	*	*	0	0	*	0	0	0	0	0	*
NEPAL	0	0	0	0	0	0	*	0	0	0	0	*
SAUDI ARABIA	*	0	0	0	0	0	0	0	0	0	0	*
SIERRA LEONE	0	0	0	*	0	*	0	0	0	0	0	*
SOMALIA	0	0	0	*	0	0	0	0	0	0	0	*
SUDAN	0	*	0	0	*	*	0	0	0	0	0	*
UGANDA	0	0	0	0	0	*	0	0	0	0	0	*
Total	*	*	*	*	*	7+	*	*	*	*	0	65

