

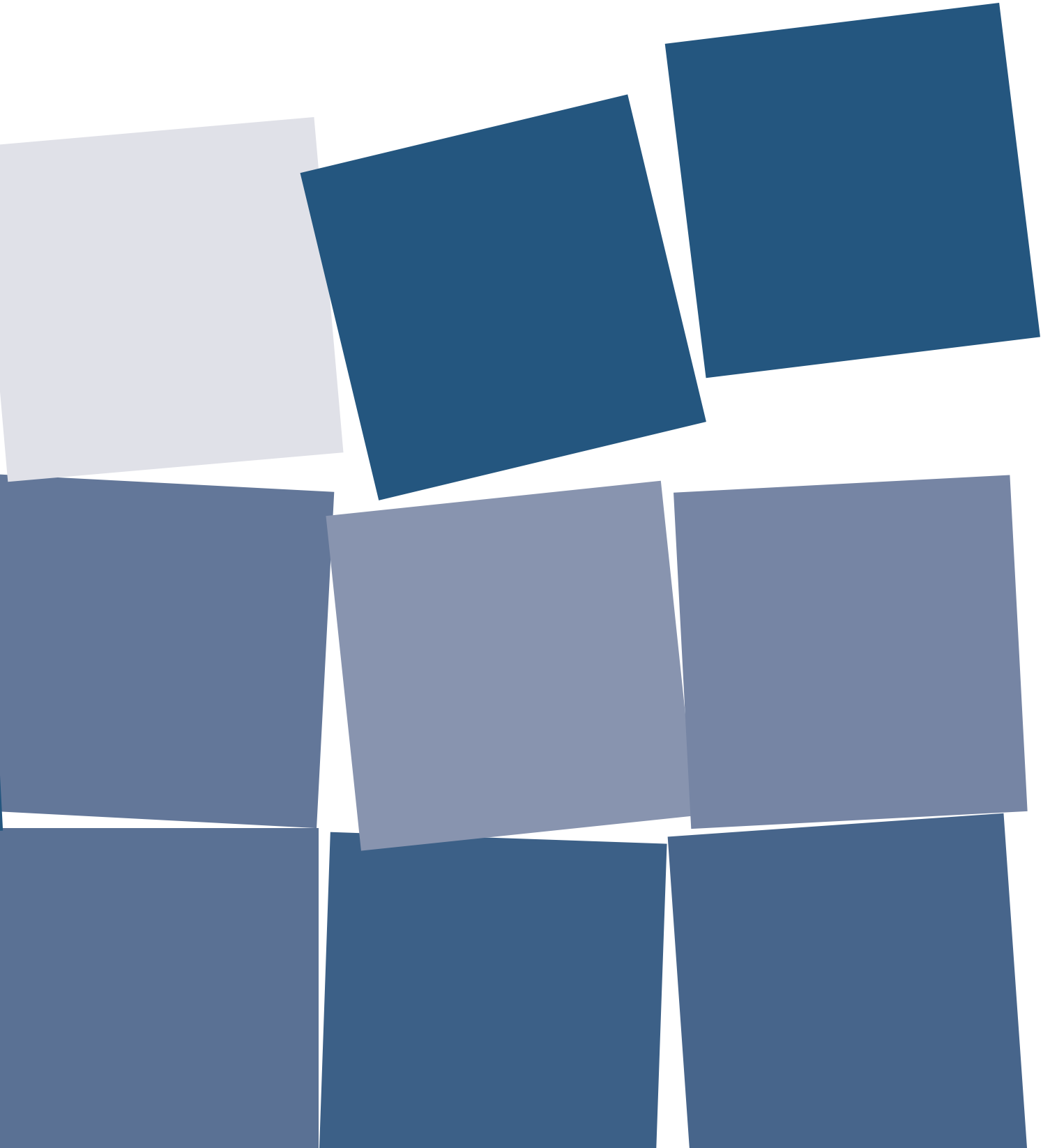


Department of Education and
Early Childhood Development

Victorian Child and
Adolescent Monitoring System

Refugee Status Report

Background Information,
Methodology and Data Sources



Published by the Communications Division
for Data, Outcomes and Evaluation Division
Office for Children and Portfolio Coordination
Department of Education and
Early Childhood Development

Melbourne
July 2011

© State of Victoria (Department of Education
and Early Childhood Development) 2011



The copyright in this document is owned
by the State of Victoria. No part may be
reproduced by any process except in
accordance with the provisions of the
Copyright Act 1968, the National Education Access
Licence for Schools (NEALS) (see below) or with
permission.

An educational institution situated in Australia which
is not conducted for profit, or a body responsible
for administering such an institution, may copy
and communicate the materials, other than third
party materials, for the educational purposes of the
institution.

Authorised by the Department of Education
and Early Childhood Development,
2 Treasury Place, East Melbourne, Victoria, 3002.

This document is also available on the internet at
www.education.vic.gov.au/statewideoutcomes

Contents

1. Migration: Historical overview	2
An historical overview of humanitarian settlement in Victoria since the 1970s.	
2. Humanitarian entry visas to Australia	10
Information about visas sourced from the Commonwealth Department of Immigration and Citizenship website, including details of visa numbers, names, programs and types.	
3. Methodology and data sources	15
Further information about project methodology and data sources (including the service providers' questionnaire).	
4. Detailed source country profiles	29
Demographic information from the 2006 Census of Population and Housing on the 10 most frequent source countries for humanitarian program entrants to Victoria.	
5. Detailed tables of metropolitan and rural resettlement locations	30
Information from the Commonwealth Department of Immigration and Citizenship Settlement Reporting Facility about the resettlement location of humanitarian program entrants to Victoria.	
6. Health screening	32
Further information on pre- and post-arrival health screening, including examples of post-arrival screening protocols.	
7. References	36

1. Migration: Historical overview

Since the end of the Second World War, around 6.5 million people have settled in Australia, including over 700,000 refugees and people in humanitarian need.¹ This section provides a summary of humanitarian settlement in Australia over the last 40 years and describes the major changes in policy, demographics and settlement services for each decade.

The 1970s

Legislation and policy

The 'White Australia' policy on immigration officially ended with the election of the Whitlam Government in December 1972, following 25 years of policy and legislative change.² The policy dated to Federation in 1901 and favoured European immigration, restricting migration by applicants from other countries. In 1973, the Labor Whitlam Government took further steps to end racial discrimination in migration by:

- developing policy in which race was no longer a factor in selecting migrants
- legislating that all migrants were eligible for citizenship after three years of permanent residence
- ratifying international agreements relating to immigration and race.²


The Whitlam Government simultaneously reduced the overall migration intake, such that numbers of non-European migrants did not increase until the Liberal Fraser Government came into office in 1975.

In 1972, the Commonwealth delegated guardianship of unattached refugee minors to state welfare authorities.¹ Prior to this time, guardianship of unattached refugee minors had been a federal responsibility under the *Immigration (Guardianship of Children) Act 1946*.²

The Whitlam Government abolished the Department of Immigration in 1974³ and formed the Department of Labour and Immigration in its place. It then allocated settlement services to other federal government departments. In 1976, under the Fraser Government, settlement services were reintegrated under the renamed Department of Immigration and Ethnic Affairs.⁴

¹ Information provided by the Victorian Refugee Minor Program, March 2009. An Unaccompanied Humanitarian Minor (UHM) is a Humanitarian entrant younger than 18 years without a parent to care for them. Currently, UHM are referred to as UHM wards (where the young person has no parent or guardian aged over 21 years to care for them; in which case the Minister for Immigration and Citizenship or State welfare authorities become their legal guardian); or UHM non-wards (where the young person has a relative aged over 21 years to care for them in Australia, this person becomes their legal guardian). Previously UHM wards were known as unattached minors; while UHM non-wards were known as detached minors.

² The Immigration (Guardianship of Children) Act was introduced to provide legal status to children who would otherwise have no legal guardian.



Regular, planned humanitarian intake as part of the migration program commenced in 1977–78⁵ and, in the late 1970s, the interdepartmental Determination of Refugee Status Committee was established to review cases where refugee status had been refused.⁴

Demographics

In the 1970s, significant intakes of humanitarian entrants came from:

- Chile, after the end of the Allende Government in 1973
- Lebanon, following the outbreak of civil war in 1976
- Vietnam, Laos and Cambodia, after the end of the Vietnam war in 1975.^{5,6}

By 1979, Asia had become the largest regional source of migrants, providing 29% of Australia's humanitarian intake.³ Many of the early Indochinese entrants arrived by boat, while subsequent Vietnamese refugees arrived after spending time in refugee camps in other parts of South-East Asia.⁷

Settlement services

Settlement support services for refugees in Australia developed in response to needs highlighted in a number of reports. They included the Senate Standing Committee on Foreign Affairs and Defence's 1976 report, *Australia and the refugee problem*, and the 1978 Galbally report, *Review of post-arrival programs and services for migrants*.⁸ These reports examined the challenges that humanitarian entrants faced, including access to employment, lack of recognition of overseas qualifications, and the need for English language classes, interpreter access, affordable housing and health care.

In 1975, a medical screening clinic for refugees commenced at the Fairfield Infectious Diseases Hospital,⁹ with over 99% of refugee entrants to Victoria receiving complete refugee health assessments. Other states developed refugee-screening programs, which were run as part of their public health programs.¹⁰

In 1976, a pilot Migrant Resource Centre (MRC) opened in Melbourne to provide settlement support for newly arrived refugees. Three years later, migrant hostels were established as hubs for services to refugees, and the Committee for the Allocation of Loan Funds to Refugees in Centres (CALFRIC) provided interest free-home loans to help refugees move out of hostels into stable accommodation.⁸

In 1979, the newly formed Australian Refugee Advisory Committee recommended the creation of the Community Refugee Settlement Scheme (CRSS).¹¹ Under this scheme, refugee entrants fulfilling specific criteria were matched with communities and supported with the help of community volunteers. The CRSS aimed to integrate refugees within the community, create an awareness of Australia's resettlement program and alert people to the challenges refugee entrants faced.⁷ While initially developed for Vietnamese and Indochinese refugees, it proved to be a useful model for service delivery to refugees from other places.

Also in 1979, the Migrant Projects Subsidy Scheme was established to provide funding to coordinate settlement services for migrants, thereby easing the move from the early post-arrival services to longer-term settlement services.⁸

The 1980s

Legislation and policy

The Special Humanitarian Program (SHP) was introduced in 1981. It assists people who have suffered substantial discrimination amounting to gross violation of human rights in their home country. Applications for entry under the SHP require support by a proposer.^{3,1}

In 1980–81, the Victorian Refugee Childcare Program developed into the Refugee Child Care Unit, which cared predominantly for ‘unattached’ humanitarian minors during this period.

In 1983, Australian state governments formed a Working Party on Refugee Children in response to evidence that refugee minors were experiencing difficulties in settlement and, in the following year, the working party produced a report, Refugee Children. In 1985, a cost-share agreement forged between the Commonwealth and state governments established specific funding to the states for Refugee Minor Programs, which then expanded to include both ‘unattached’ and ‘detached’ minors.

Demographics

In the 1980s, Australia accepted significant intakes of humanitarian entrants from:

- Indochina
- Latin America
- Eastern Europe
- The Middle East.^{5,12}

Nearly 22,000 people arrived as humanitarian entrants in 1981–82; however, by the second half of the 1980s there were 11,000–12,000 humanitarian entrants per year.⁵ The caseload shifted from predominantly refugee entrants early in the decade, to predominantly SHP entrants by the late 1980s.

In contrast to recent years, during the 1980s, Australia accepted very few humanitarian entrants from Africa. In 1983–84, only 106 of 14,769 humanitarian arrivals to Australia were from Africa, mostly from Ethiopia.¹²

Between 1981 and the end of the decade, no asylum seekers arrived by unauthorised boat³ and, until mid-1989, there were fewer than 500 onshore refugee applications per year.¹³

Settlement services


In the early 1980s, the CRSS expanded to provide settlement services to Eastern European refugees and, by the mid-1980s, to all refugees and SHP entrants.

By 1981, 19 MRCs established around Australia were providing longer-term settlement assistance for refugees.⁸ Later, in 1988, the Migrant Projects Subsidy Scheme became the Migrant Access Projects Scheme (MAPS) with a continued focus on providing funding to enable migrants to address long-term settlement needs.

In the early 1980s, the Refugee Childcare Unit used migrant hostels to accommodate unattached minors on arrival, as well as three community-based houses for isolated minors where care arrangements had broken down.⁴

³ A proposer may be an Australian citizen or permanent resident, an eligible New Zealand citizen or an organisation based in Australia.

⁴ Information provided by the Victorian Refugee Minor Program, March 2009.



During the 1980s, all humanitarian program entrants to Victoria received health screening through the Fairfield Infectious Diseases Hospital. A review of refugee medical screening in NSW in 1985 recommended that a central register in each state should record details of immigration status in reported cases of tuberculosis, syphilis and leprosy. Soon after, in April 1986, Australia's Health Ministers accepted a recommendation to consider standards for refugee health screening and the formation of a nationally coordinated data collection system.¹⁴

In 1987, the Victorian Foundation for Survivors of Torture (VFST), known as Foundation House, began providing health services and support for refugees and asylum seekers who had experienced torture and trauma prior to their arrival in Australia.

The 1990s

Legislation and policy

A significant review of the Refugee Minor Program undertaken in 1990 preceded a national review in 1994. The 1990 review noted program constraints and problems with resources, and recommended a new service delivery model.⁵

A Special Assistance Category (SAC) visa introduced in 1991⁶ resulted in assistance to groups with close links to Australia who did not meet the requirements of the refugee or SHP categories, but who had been subjected to severe hardship.⁵ In the same year, mandatory detention was introduced in response to an increase in asylum seekers arriving by boat. From August 1991, people arriving in Australia without a valid visa were held in detention pending deportation until they claimed asylum and were able to demonstrate they were refugees within the definition of the Refugee Convention.³

In 1992, the *Immigration (Education) Act 1971* was amended so that newly arrived migrants aged 18 or older with less than 'functional English' were eligible for 510 hours of English teaching.¹⁵ In the following year, the Refugee Review Tribunal was established as an independent statutory body to review and make decisions regarding refugee status.¹⁶

Amendments to the *Migration Regulations* in 1994 meant that every individual seeking a protection visa had to submit an application, whereas previously a single protection visa application could include an entire family.¹³

The Department of Immigration and Ethnic Affairs went through a number of name changes and restructures during the 1990s, emerging in March 1996 as the Department of Immigration and Multicultural Affairs (DIMA).

In 1996–97, onshore refugees were included in the humanitarian program intake for the first time,⁵ resulting in a significant reduction in the number of offshore visas granted. The introduction of the 'split family provision' of the program in 1997 meant that refugees and SHP entrants could sponsor family members under both the family and the humanitarian visa streams.⁸

Throughout the 1990s (and continuing through the next decade) there were legislative and policy changes relating to asylum seekers and the system of temporary protection. Prior to the late 1980s, asylum seekers with a genuine claim for protection were granted permanent residence. The Temporary Entry Permit system was used in the late 1980s and early 1990s, ending in 1993.³ Under this system, onshore asylum claimants were only eligible for temporary entry permits initially. If they were found to have an ongoing need for protection after four years, and humanitarian program places were available, they could apply for permanent residence.¹⁷

⁵ Information provided by the Victorian Refugee Minor Program, March 2009.

⁶ The SAC was no longer in operation by 2001.

Temporary Protection Visas (TPVs) were reintroduced in October 1999. Unauthorised arrivals to Australia who were found to be refugees received a TPV.¹⁸ The Border Protection Legislation Act, passed in Federal Parliament in November 1999, gave the Minister for Immigration power to declare safe third countries. According to Safe Third Country Provisions, people seeking asylum in Australia are not permitted to do so if they could have sought protection in another country in transit to Australia. The ability of TPV holders to apply for a Permanent Protection Visa (PPV) after three years varied.⁷ Until the TPV system was revoked in 2008, some TPV holders were never eligible for PPVs. TPV visa holders had different settlement support entitlements to PPV holders and could not re-enter Australia if they departed, or sponsor family members to migrate to Australia.¹⁹

Demographics

In the 1990s, Australia accepted significant intakes of humanitarian entrants from:

- People's Republic of China (PRC). In 1990–91 onshore asylum claims peaked at 16,248 with 77% from PRC¹³
- Burma (under the Special Assistance Category in the early 1990s)
- Cambodia (the majority of 2000 asylum seekers arriving by boat over 1990–95 were from Cambodia)³
- Former Yugoslavia, including Croatia, Bosnia-Herzegovina and Kosovo (in 1999–2000, 4000 Safe Haven Visas – a new visa category – were granted to Kosovars)⁵
- Iraq and Afghanistan (with numbers increasing in the late 1990s)
- East Timor (about 1900 Safe Haven Visas were granted to East Timorese onshore in 1999–2000).⁵

Settlement services

The Fairfield Hospital screening clinic closed in January 1992, coinciding with the closure of the migrant hostel reception system for new arrivals and a shift in focus to community resettlement. The expectation of federal and state governments at the time was that new arrivals would access care through local General Practitioners (GPs).⁶


In 1992, the Early Health Assessment and Intervention (EHAI) program commenced after a pilot study by VFST in response to a wave of refugees from the former Yugoslavia who were in poor physical and mental health and having difficulty accessing services in primary care.⁶ The EHAI offered direct specialist assistance to people suffering trauma as a result of their refugee experience and acted as a broker to access other health services. More intensive support, such as direct advocacy to health care providers, was offered on an 'as needs' basis for refugee entrants only. In the case of SHP entrants, the onus was on the proposer to facilitate access to health care.⁶

In 1996, the VFST developed collaborative networks with community health services to improve new arrivals' access to health care, starting with the Western Region Health Centre. The first refugee health nurse was appointed the same year.

In 1997, the Special Needs Dental Program commenced at seven public dental clinics, providing access to dental care for survivors of torture and trauma. The following year saw the start of the Female and Reproductive Rights Education Program (FARREP).

A federally funded initiative aimed at strengthening the role of general practice in providing refugee health care ran from 1999 to 2001. Known as the Refugee Health and General Practice Development Program, it was a partnership between the Western, Monash, Dandenong and Greater South Eastern Divisions of General Practice, VFST, the Victorian Transcultural Psychiatry Unit, the Victorian Infectious Diseases Service and the Department of Human Services (DHS).⁶ The program played an important role in the development of a network of GPs with a special interest in refugee health, which led to the publication in 2000 of the first edition of *Promoting Refugee Health: A handbook for doctors and other health care providers caring for people from refugee backgrounds*.²⁰

⁷ The ability of TPV holders to apply for a PPV varied with their countries of transit (according to the 'Safe Third Country Provisions') and also subsequently with their site of arrival (if they arrived in an 'excised offshore zone' after legislative changes in 2001 excising offshore territories from Australia's migration zone).



By 1996, the CRSS was organising settlement services to one-third of humanitarian program entrants, using volunteer groups to provide personalised support. These groups were eligible for funding from DIMA to assist with the material needs of early settlement, including housing and health care costs.⁸ In 1997, the Migrant Access Project Scheme (MAPS) and the Grant in Aid program⁸ were rolled into the Community Service Settlement Scheme (CSSS). As well, a national settlement program,⁸ the Integrated Humanitarian Settlement Strategy (IHSS) was established, providing the overarching framework for settlement support by 2001.

From 2000 on

Legislation and policy

After 2000, there were ongoing developments in the system of temporary protection. Amendments to the *Migration Regulations* in November 2000 meant that people entering Australia with fraudulent documents were entitled to a TPV only. In September 2001, legislation was passed excising external territories from the Australian migration zone, meaning people arriving in these territories could not claim asylum in Australia.¹³ In the same year, detention centres were established in Nauru, Christmas Island and Papua New Guinea to hold asylum seekers while their claims were processed, and additional visa types were introduced.⁹

The TPV system¹⁰ was abolished in August 2008. Since this time, all applicants for protection visas found to be refugees are granted permanent protection. For people in Australia holding TPVs, a Resolution of Status (ROS) visa was introduced.²¹

In 2003, the Victorian Minister for Health endorsed the development of Victoria's first refugee health strategy, leading to the VFST publication, *Towards a health strategy for refugees and asylum seekers in Victoria* (2004).²² The main focus of the report was prioritising primary health care for refugees, including a recommendation to establish sentinel sites for early health assessment of refugees in community health services. This was followed in 2005 by the launch of the Victorian Refugee health and wellbeing action plan 2005–08.²³

Since December 2005, the Victorian Government has provided free access to all hospital services for Medicare ineligible asylum seekers. In 2006, this assistance was extended to state-funded dental and ambulance services.⁸

Also in 2006, the Victorian Government funded General Practice Victoria, the peak body for Victoria's Divisions of General Practice, to develop a Refugee Health Assessment tool, providing guidance on assessment and screening investigations. In May 2008, the Federal Government introduced a new Medicare item number for the health assessment of humanitarian program entrants.

In 2007, the second edition of the VFST publication, *Promoting Refugee Health: A handbook for doctors and other health care providers caring for people from refugee backgrounds*,²⁴ was released and the Victorian Refugee Health Network⁸ was established under the leadership of VFST, with funding from DHS, the Department of Immigration and Citizenship (DIAC) and the Lord Mayor's fund. The network includes a reference group of representatives from government (state and federal), primary health care, specialist health care, mental health, settlement services and asylum seeker agencies. In 2008, the network launched a website (<http://www.refugeehealthnetwork.org.au>).

Also in 2007, after a number of name changes, the Department of Immigration and Multicultural Affairs (DIMA) became the DIAC.

In June 2008, the Victorian Government extended the kindergarten fee subsidy to children in refugee and asylum seeker families. Under the scheme, families with Refugee, Special Humanitarian, Temporary Protection and Bridging Visas have access to 10 hours a week of free kindergarten.²⁵ The Refugee health and wellbeing action plan 2008–2010, published in November 2008, provided a progress report and a blueprint for future efforts.²⁶

⁸The Grant in Aid program was established in the 1960s. It was a funding program for organisations employing social workers providing generalist services to migrants.

⁹These included the Secondary Movement Visas, for entrants who had spent more than seven days in transit in a country which could have offered protection (at the time these entrants could only ever qualify for a TPV) and the Return Pending Visa, for TPV holders found to be no longer in need of protection.

¹⁰Both onshore and offshore temporary protection visas were abolished.

In 2009, the Victorian Multicultural Commission released Victoria's multicultural policy, All of Us.¹¹ All of Us re-affirms the Victorian Government's commitment to multiculturalism and sets out the ways in which we can achieve a socially progressive society that reaps the social, cultural and economic benefits that are inherent within a multicultural Victoria. Key policy themes of All of Us, are that multiculturalism:

- advances equality and human rights
- supports our cultural, linguistic and religious diversity
- fosters unity and promotes harmony
- boosts our economic advantage.

The Victorian Multicultural Commission also contracts partner organisations around Victoria to deliver the Refugee Action Program (RAP).¹² The RAP is a Victorian Government initiative that aims to strengthen and empower communities from a refugee background to achieve sustainable settlement outcomes.

Specifically, the RAP empowers communities from a refugee and humanitarian background to:

- participate in and engage with their local communities
- access existing services
- identify local issues and concerns
- plan tailored, community-owned responses
- enhance local capacity and improve settlement outcomes.

In the 2010-11 State Budget, the Victorian Government provided funding of \$3.8 million over 4 years for essential support services to unaccompanied refugee minors and to ensure their successful transition into independent living, employment and training (Stronger Futures for Refugee Youth).

Demographics

Since 2000, the humanitarian program has predominantly resettled people from African, Middle Eastern and South West Asian countries.²⁷ Notable demographic changes to the intake for Victoria include:

- a peak in entrants from African source countries in 2004–05 (particularly Sudan), followed by a decrease in 2006–07²⁸
- an increase in the intake from Burma (Myanmar), commencing 2005–06
- a change in composition of the humanitarian program intake. The SHP component outnumbered the refugee component from 2000–01, until 2004–05 when half of the program places were allocated to refugee visas. There has also been an increase in the Woman at Risk visa, which comprised 16.3% of refugee visas in 2006–07.²⁸

¹¹ For further information about All of Us, see: <http://www.multicultural.vic.gov.au/all-of-us/the-policy>.

¹² For further information about the RAP, see: <http://www.multicultural.vic.gov.au/projects-and-initiatives/supporting-refugees/refugee-action-program>.



Settlement services

The Asylum Seeker Resource Centre (ASRC), the Refugee and Asylum Seekers Health Network (RASHN) and the Immigrant health clinic at the Royal Children's Hospital (RCH) commenced in 2001.

The Victorian Immigrant Health Program, based at the RCH, gained funding for the period 2002–04 to coordinate health services for children of refugee backgrounds and to identify key areas of refugee health policy development and research. In 2003, a formal refugee mental health clinic started at VFST.

The Refugee health and wellbeing action plan 2005–08 outlined the Refugee Health Nurse Initiative²⁹ and endorsed the further development of sentinel sites within community health services to provide timely and accessible support for new refugee arrivals. The initiative started in 2005, with 4.5 nursing positions in nine community health centres, and had expanded to 11.5 positions by 2008, and 16 positions by 2010.

By 2001, settlement services for the first six months after arrival in Australia were all provided through IHSS. In 2005, funding for MRCs and the CSSS was rolled into the Settlement Grants Program (SGP)⁸ to provide project-based funding for longer-term settlement services. Since October 2005, Adult Multicultural Education Services (AMES) and consortium partners have been contracted to provide IHSS for Victoria.

2. Humanitarian entry visas to Australia

The following list has been compiled from information on the Department of Immigration and Citizenship website, which lists the visa number, name and program as well as information about the visa type.^{30, 31} Some of these visas are no longer available (as indicated); details are included for historical reference.¹³

200: Refugee

Program: Offshore refugee

For people subject to persecution in their home country, who are outside their home country, and who are in need of resettlement. The applicant must be outside Australia at the time of application and when the visa is granted. The majority of applicants who are considered under this category are identified and referred by the UNHCR to Australia for resettlement. Applicants may also be sponsored under the split family provisions by an immediate family member who is an Australian citizen or permanent resident who has been given a Refugee Visa. This is a permanent visa; with the right to work and study and to propose or sponsor people for permanent residence, access to government settlement services, Medicare, the welfare system and the right to return if the holder leaves Australia. This visa may also be granted to people if they are certified by a relevant Minister as being in a specified class of persons and at risk of harm for reasons related to being in that class. (These amendments were designed to facilitate locally engaged Iraqi citizens who worked collaboratively with the Australian Defence Force in Iraq and were at risk of harm because of this work.)

201: In-Country Special Humanitarian

Program: Offshore refugee

For people who are subject to persecution in their home country and are still living there, or who have been sponsored by a family member who is an Australian citizen or permanent resident and has been given an In-Country Special Humanitarian Visa. This is a permanent visa, with access to government settlement services and the welfare system, family reunions, Medicare and the right to return if the holder leaves Australia. Places in this visa subclass are limited.

¹³ This report was drafted prior to the introduction of the Resolution of Status visa (851). The information on the temporary protection visas that were abolished and replaced by the visa 851 was current as per DIAC at the time of writing but may no longer be available in this form.



203: Emergency Rescue

Program: Offshore refugee

For people who suffer persecution in their home country who satisfy refugee criteria; where there are urgent and compelling reasons for resettlement in Australia. This is a permanent visa, with access to government settlement services and the welfare system, family reunions, Medicare and the right to return if the holder leaves Australia. Places in this visa subclass are limited.

204: Woman at Risk

Program: Offshore refugee

For women living in a country other than their home country, who are subject to persecution or registered by UNHCR as being of concern. This is a permanent visa, with access to government settlement services and the welfare system, family reunions, Medicare, and the right to return if the holder leaves Australia.

851: Resolution of Status

Program: Refugee

Commenced on 9 August 2008 when the temporary protection arrangements ended. Holders of the following visa subclasses became eligible for visa 851, as these subclasses were abolished from this date:

- 785 Temporary Protection
- 447 Secondary Movement Offshore Entry (Temporary)
- 451 Secondary Movement Relocation (Temporary)
- 695 Return Pending.

This is a permanent visa, with access to government settlement services and the welfare system, family reunion (through the offshore humanitarian program), Medicare, and the right to return if the holder leaves Australia.

447: Secondary Movement Offshore Entry (Temporary)

Program: Refugee

(Abolished 9 August 2008, replaced by Resolution of Status visa subclass 851.)

This visa was a temporary visa available to an offshore entry person who was outside their home country; met standard offshore health and character requirements; entered Australia 'unlawfully' at a place outside Australia's migration zone; and was subject to persecution or substantial discrimination in their home country or was a female registered as being of concern to UNHCR.

The visa was valid for three years. Holders of this visa were not entitled to permanent residence, although they were eligible for Special Benefit, Rent Assistance, Family Tax Benefit, Child Care Benefit, Double Orphan Pension, Maternity Allowance and Maternity Immunisation Allowance (all means tested). They were also able to gain access to Medicare benefits, and were eligible for referral to the early health assessment and intervention program and torture/trauma counselling. Holders of this visa were able to work and receive Job Matching from Centrelink; however, they were not entitled to family reunification and could not return if they left Australia.

451: Secondary Movement Relocation (Temporary)

Program: Refugee

(Abolished 9 August 2008, replaced by Resolution of Status visa subclass 851.)

The subclass 451 visa was an offshore temporary visa, which was available to a person who was outside their home country; was not an offshore entry person; had left their country of first asylum where they had effective protection; had not entered Australia; and was subject to persecution or substantial discrimination or was a female registered as being of concern to UNHCR. The subclass 451 visa was a five-year visa, which enabled the holder to gain access to a permanent protection visa after four-and-a-half years if there was a continuing need for protection. Holders of this visa were eligible for Special Benefit, Rent Assistance, Family Tax Benefit, Child Care Benefit, Double Orphan Pension, Maternity Allowance and Maternity Immunisation Allowance (all means tested). They were also able to gain access to Medicare benefits, and were eligible for referral to the early health assessment and intervention program, torture/trauma counselling and were able to work and receive Job Matching from Centrelink. However, holders were not entitled to family reunification and could not return if they left Australia.

202: Global Special Humanitarian

Program: Offshore Special Humanitarian Program (SHP)

For those outside their home country who are subject to substantial discrimination, amounting to gross violation of human rights, in their home country. A proposer, who is an Australian citizen, permanent resident or eligible New Zealand citizen, or an organisation that is based in Australia, must support applications for entry under the SHP. This is a permanent visa, with access to government settlement services and the welfare system, family reunion, Medicare, and the right to return if the holder leaves Australia.

866: Permanent Protection Visa (PPV)

Program: Onshore

For those who are arrived in Australia with valid travel documents and within Australia's migration zone; and who subsequently applied for protection. This is a permanent visa, with access to government settlement services and the welfare system, family reunion, Medicare, and the right to return if the holder leaves Australia.



785: Temporary Protection Visa (TPV)

Program: Onshore

(Abolished 9 August 2008, replaced by Resolution of Status visa subclass 851.)

This visa was for people who arrived in Australia without valid travel documents, or spent more than seven days in a country where they could have sought protection on the way to Australia, and who subsequently applied for protection visas on or after 20 October 1999 and were found to require protection. Asylum seekers held in detention found to be refugees were usually released on this TPV. This was a temporary visa for three years, with limited access to welfare. Visa holders were eligible for Special Benefit, Rent Assistance, Family Tax Benefit, Child Care Benefit, Double Orphan Pension, Maternity Allowance and Maternity Immunisation Allowance. They were also able to gain access to Medicare benefits, and were eligible for referral to the early health assessment and intervention program and torture/trauma counselling. TPV minors were eligible for the ESL–New arrivals funding. TPV holders were not eligible for family reunion or the right to return if they left Australia.

786: Temporary Humanitarian Concern

Program: Onshore

Created to provide Temporary Safe Haven visa holders, who were identified as persons of humanitarian concern, with continued lawful residence in Australia. This was a temporary visa, valid for up to 36 months. Visa holders were not able to apply for permanent protection.

695: Return Pending

Program: Onshore

(Abolished 9 August 2008, replaced by Resolution of Status visa subclass 851.)

This visa was for people with TPV or Temporary humanitarian visas who were found not to be owed protection in Australia. This visa enabled people to have lawful status to remain in the community with access to relevant benefits (as per visa 785 above) for a period of 18 months while they made arrangements to leave Australia. People currently holding a Return Pending visa will continue to do so until they have their status resolved permanently.

010, 020, 030, 040, 050: Bridging visas A–E

Program: Bridging visas

Bridging visas are temporary visas that allow non-citizens to remain lawfully in Australia while they apply for a substantive visa. Bridging visas A, B, C and E may all have work restrictions. Bridging visa D is a five-day visa that allows the holder to apply for another bridging visa. Prior to 2009, if a person applied for a bridging visa more than 45 days after arrival in Australia they were not

given permission to work as part of their visa conditions.¹⁴ People holding Bridging visas are able to access Medicare if they have permission to work or they have a parent/spouse/child who is an Australian citizen or permanent resident. The Bridging visa B is the only visa that permits return to Australia; all other Bridging visas cease when the holder leaves Australia.

- **Bridging visa A** is for people arriving lawfully (holding a substantive visa) in Australia who apply for a protection visa. People holding this visa have the right to work and study and are able to access Medicare.
- **Bridging visa B** is for people with an existing Bridging visa A or B who have substantial reasons to travel overseas during the course of their substantive visa application.
- **Bridging visa C** is for people in Australia who do not hold a substantive visa and have made a valid application for a substantive visa, and who have not been located by DIAC. This visa does not provide permission to work, although permission may be granted in some circumstances. This Bridging visa cannot be granted to someone who has been granted a Bridging visa E since they last held a substantive visa.
- **Bridging visa D** are visas for five working days used for unlawful or prospective unlawful applicants in Australia, where there are delays in the substantive visa application. They are also used for non-applicants where there are delays in considering their eligibility for bridging visa E.
- **Bridging visa E** is for people who are unlawful in Australia and have been located by the DIAC. These visas are also used for people who have been previously granted a Bridging visa E and for Bridging visa D holders. They may be granted to people making arrangements to depart, people applying for substantive visas, people seeking judicial review or Ministerial intervention, and for people in detention.

¹⁴ This was commonly known as the '45-day rule'. The 45 day rule was abolished in the 2009–10 federal budget, with the introduction of a new system conferring work and Medicare rights on asylum seekers who comply with the Migration Act.



3. Methodology and data sources

Introduction

In the course of preparing this report, the authors:

- consulted directly with 37 key refugee stakeholder/groups to elicit key themes, identify unpublished datasets, and map services in Victoria
- developed a questionnaire and received responses from over 90 service providers, representing 77 organisations in metropolitan, rural and regional areas of Victoria
- evaluated both the published literature and unpublished primary source materials. Much of the material sourced has not been published previously and some was extracted specifically for this report
- assessed international data to benchmark where Victoria stands.

The report draws on datasets that capture information about refugee status where available; however, very few datasets were found to include this information. In much of the new data presented, country of birth is used as a proxy or substitute for refugee status, including the 10 most frequent countries of origin for Humanitarian Program entrants to Victoria over the period 1996–2007.

Data were collected and collated from a wide variety of sources, including medical literature; government information and policy documents; the Department of Immigration and Citizenship; Department of Human Services; Department of Health, Department of Education and Early Childhood Development; Department of Justice; and the Australian Bureau of Statistics 2006 Census of Population and Housing.¹⁵

The report uses the established Victorian Child and Adolescent Outcomes Framework of 35 outcomes of children’s health, wellbeing, development, learning and safety.

Where possible, comparison is made between refugee children and young people and other children and young people in Victoria and/or Australia. In general, the data presented are population data, not samples of a population; so statistical testing was not required.

Use of country of birth as a proxy for refugee status

Most data sources on the health of children in Victoria do not record refugee status, and proxy measures for refugee status are required to measure the health and wellbeing of this group of children and young people.

For the purposes of this report, a decision was made to use country of birth as a proxy for refugee or refugee-like if the majority of entrants from a given country arrived under the humanitarian or family reunion streams.

¹⁵ The report relies on data from the 2006 Australian Bureau of Statistics 2006 Census of Population and Housing for purposes of population estimates/comparability as the next Census of Population and Housing will not take place until 2011.

The Department of Immigration and Citizenship (DIAC) electronic Settlement Reporting Facility (SRF) was accessed for details on humanitarian entrants to Victoria for the period 1/7/1996 to 1/1/2008.³² This time period corresponds to the earliest data recorded on the SRF (1 July 1996) and a date within the time period of this report (1 January 2008). The humanitarian visa categories in the SRF were examined. These are:

- Humanitarian: Refugee
- Humanitarian: Special Assistance
- Humanitarian: Special Humanitarian Program
- Onshore: Humanitarian.

The 10 most frequent source countries for humanitarian intake to Victoria over this time period were identified, and then the total number of entrants by all visa streams was examined for each country of interest (see Table 3.1). These 10 countries comprised over 80% of the total humanitarian intake over this time period.

For all countries except Iran, the proportion of entrants arriving under the skilled visa streams was below 5%, and for six of the 10 countries, it was below 2%. On this basis, it seemed reasonable to use country of birth as a proxy for refugee or refugee-like background where needed, noting that data on people from Iran should be interpreted with caution.

Table 3.1: Migrants to Victoria by visa stream, for most common humanitarian source countries, 1/7/1996 to 1/1/2008

Country	Humanitarian stream	Family stream	Skilled stream	Total entrants
Sudan	7,660 (96.2%)	286 (3.6%)	17 (0.2%)	7,963 (100%)
Iraq	5,099 (80.4%)	1,132 (17.9%)	108 (1.7%)	6,339 (100%)
Afghanistan	4,085 (77.1%)	1,193 (22.5%)	19 (0.4%)	5,297 (100%)
Former Yugoslavia not further defined ¹⁶	3,361 (77.4%)	783 (18.0%)	182 (4.2%)	4,342 (100%)
Bosnia-Herzegovina	1,902 (86.8%)	249 (11.4%)	38 (1.7%)	2,190 (100%)
Burma	1,816 (89.1%)	134 (6.6%)	88 (4.3%)	2,039 (100%)
Ethiopia	1,447 (55.1%)	1,122 (42.7%)	59 (2.2%)	2,628 (100%)
Somalia	1,271 (68.6%)	563 (30.4%)	17 (0.9%)	1,852 (100%)
Croatia	1,163 (86.1%)	161 (11.9%)	26 (1.9%)	1,350 (100%)
Iran	1,071 (55.8%)	326 (17.0%)	524 (27.3%)	1,921 (100%)

Source: Department of Immigration and Citizenship, Settlement Reporting Facility, accessed 1 February 2008. These figures are derived from multiple searches on the SRF; however, there are minor discrepancies between the total entrants for each country and the sum of the humanitarian, family and skilled streams. Also, numbers on the SRF fluctuate, depending on the date of access. These numbers vary slightly from those in the main Refugee Status Report, which used figures accessed in August 2008.

¹⁶ Terminology as per DIAC Settlement Reporting Facility.



Refugee data

In general, refugee status or visa type was not documented in the datasets used to compile this report. The communicable diseases, mental health, justice system, student wellbeing, family services and perinatal databases recorded country of birth only.¹⁷ Population level surveys on the health of Victorian children did not provide information on refugee children and young people.¹⁸ Many of the agencies providing direct services to children and young people of a refugee background did not record refugee status in a manner that allowed data collection and analysis. This presented enormous challenges in mapping services. Figures on service use were compiled by contacting individual agencies. Some data are composite or estimated figures.

On initial inspection, consistent recording of refugee status would appear to facilitate data collection. However, this gives rise to four questions with methodological implications.

1. When do people stop being refugees?

By definition, as soon as people arrive in Australia they are no longer refugees. They may identify as refugees in the initial settlement period; however, it is unclear what happens in the longer term. If people are less likely to nominate refugee status with increasing duration of settlement, the ability to monitor long-term health is reduced. People may choose not to disclose their refugee status at all, which will also affect data accuracy.

2. How is refugee defined?

There may be different interpretations based on visa status, self-perception, or UNHCR¹⁹ definitions. There are many different visa types for humanitarian entry; only one of these is called a 'Refugee visa'. Half the intake arrives on SHP visas and could truthfully answer 'No' if they thought the question related to visa status alone. People administering surveys may have limited awareness of visa systems or the subtleties of definitions. Other issues arising from this question are the potential to miss family visa entrants from a refugee-like background, and the difficulty in collecting and analysing information on visa number.

3. Would this information allow adequate distinction between groups?

Even if refugee status were easy to document, it would not obviate the need to collect country of origin information. Common sense dictates people from Bosnia and Sudan may not be comparable.

4. How would this be asked?

It is not necessarily a straightforward (or polite) question to ask 'Are you a refugee?'

Country of birth and arrival date are demographic details that are easy to collect and are likely to be consistent responses over time. These questions are straightforward and can be asked early in an interview, in any sector. They are not perfect surrogates for refugee status, but if both pieces of information are recorded, they can be used as a proxy. They capture a refugee-like group when utilised with an understanding of humanitarian crises and global events. Collection of these details allows comparison between country of origin groups and comparison between new arrivals and those settled for a longer time. If these details were collected consistently as a baseline, data analysis would be vastly improved.

¹⁷ Arrival date in Australia is not recorded.

¹⁸ Surveys examined were the School Entry Health Questionnaire (SEHQ), the National Health Survey 2004–05, the Longitudinal Study of Australian Children, the Victorian Child Health and Wellbeing Survey, the Victorian Population Health Survey 2005 and the Australian Early Development Index. There was inadequate demographic information to define refugee-like in some surveys (including the SEHQ), and no survey included specific data on refugee children and/or young people.

¹⁹ United Nations High Commissioner for Refugees.

Census of Population and Housing data

The population of interest is children and families of a refugee-like background in Victoria, including children born to refugee parents after arrival in Victoria. The national Census of Population and Housing collects information on country of birth, arrival date in Australia (by year), ancestry and language.

There is no perfect way to identify children and families of a refugee background using the Census. Using country of birth alone is problematic, in that some communities have a long history of migration to Victoria, notably countries comprising the former Yugoslavia. Using arrival date as an additional criterion identifies the more recent group from the humanitarian source countries of interest; however, this strategy misses children born in Victoria to parents of a refugee background. The ancestry parameter may identify additional numbers, but cannot be used to compare numbers to the Department of Immigration and Citizenship, Settlement Reporting Facility (DIAC SRF), which uses country of birth. Also, information on ancestry is difficult to interpret. For example, in the 2001 Census of Population and Housing, the ancestry of Sudan-born entrants to Australia comprised 43% Dinka, 32% Sudanese (not defined), 9% African (not defined), 7% Nuer and 9% not recorded/other.³³ Language is also an unsuitable basis for selection; families speak multiple languages and languages are not specific to countries.

An extensive effort was made by the Australian Bureau of Statistics in the 2006 Census of Population and Housing to obtain accurate information on Culturally and Linguistically Diverse (CALD) communities. Strategies were developed and implemented for 12 months prior to the census. These included close liaison with community groups, the Victorian Multicultural Commission and Migrant Resource Centres; translated brochures about the census (although the census form itself was only available in English); drop in centres; use of the census form in the Adult Multicultural Education Program; and access to Translation and Interpreting Services for help to complete the census form.

The 10 most frequent source countries for humanitarian entrants to Victoria for the period 1 January 1997²⁰ until the 2006 census date (8 August 2006) were the same 10 countries as those used elsewhere in the report and they also comprised over 80% of the total humanitarian intake for this time period (see Table 3.2).²¹

Households were identified using the birthplace of household reference person²² (for the 10 humanitarian source countries of interest) with arrival date 1997–2006. All usually resident- linked persons 0–17 years within these households were included. This had the advantage of including children born in Victoria to refugee families and identifying households of different compositions, such as sibling groups or broader family groups. ‘Parent’ was not used as a criterion to define the reference person; in CALD communities the person with the highest level of functional English may complete the form (and this may be an adolescent or child) and other family structures or household compositions may have been missed by this search. The arrival date of 1997 or later was chosen as this provided a means to compare numbers with DIAC SRF.

There was no single comparable country coding in the Census of Population and Housing for the ‘former Yugoslavia’ code used by the DIAC SRF (see Table 3.3). For 2006 Census of Population and Housing data, the composite ‘Balkan States’ used birthplace of household reference person in any of Slovenia, South East Europe not further defined, Montenegro or Serbia. Croatia and Bosnia-Herzegovina were included individually in the 10 countries of interest for both DIAC SRF and census data.

In total, this strategy identified 31,670 people (12,240 aged less than 18 years). This count compares to 31,119 entrants to Victoria from the 10 most frequent humanitarian source countries (all visa streams) recorded on the DIAC SRF for the same time period.²³ Comparative figures by country of birth are shown in Figure 3.1. In the cohort identified in the 2006 Census of Population and Housing, 11.4% were born in Australia; however, the total numbers are a similar magnitude. There is a non-response rate across all questions in the Census of Population and Housing³⁴ and a non-response rate can be assumed for non-English speaking groups. However, Census of Population and Housing data have been used to provide information on social indicators in the absence of other datasets.

²⁰ The Census of Population and Housing records arrival date by year only.

²¹ Although Burma was still one of the 10 most common Humanitarian source countries of origin, it ranked 5th for the period 1/7/1996 to 1/1/2008, and 10th for the period used to extract data from the 2006 Census (1/1/1997 to 8/8/2006).

²² The household reference person is the person completing the census form.

²³ A simpler search strategy for the 2006 Census of Population and Housing using country of birth with arrival date 1997–2006 identified 27,900 persons in total.

Table 3.2: Migrants to Victoria by visa stream, for most frequent humanitarian source countries, 1/1/1997 to 8/8/2006 (census period of relevance)

Country	Humanitarian stream	Family stream	Skilled stream	Total entrants
Sudan	6,892 (97.3%)	177	15	7,084
Iraq	4,472 (80.7%)	956	111	5,539
Former Yugoslavia not further defined ²⁴	3,348 (78.6%)	726	20	4,258
Afghanistan	3,318 (77.3%)	956	20	4,294
Bosnia-Herzegovina	1,896 (88.9%)	198	37	2,132
Ethiopia	1,307 (58.6%)	874	48	2,229
Somalia	1,255 (71.8%)	479	11	1,746
Croatia	1,160 (88.3%)	128	25	1,313
Iran	961 (58.9%)	270	399	1,630
Burma	712 (79.6%)	100	81	894
Total	25,321 (81.4%)			31,119

Source: Department of Immigration and Citizenship, Settlement Reporting Facility (DIAC SRF), accessed: 1 February 2008. These figures are derived from multiple searches on the SRF, there are minor discrepancies between the total entrants for each country and the sum of the humanitarian, family and skilled streams.

Table 3.3: Country coding for entrants from countries of former Yugoslavia

Geography	DIAC SRF	Census of Population and Housing		
		1996	2001	2006
North to south				
Slovenia	Croatia	Slovenia	Slovenia	Slovenia
Croatia	Bosnia-Herzegovina	Croatia	Croatia	Croatia
Bosnia-Herzegovina	FYNFD ²⁵	Bosnia-Herzegovina	Bosnia-Herzegovina	Bosnia-Herzegovina
Montenegro	Federal Republic Yugoslavia	FYNFD	Federal Republic Yugoslavia	SEE NFD ²⁸
Serbia (Kosovo, Metohija)	FYROM ²⁶	FYR Serbia Montenegro ²⁷	FYROM	Montenegro Serbia (incl. Kosovo)
Macedonia		FYROM		FYROM

²⁴ Terminology as per Settlement Reporting Facility, DIAC.

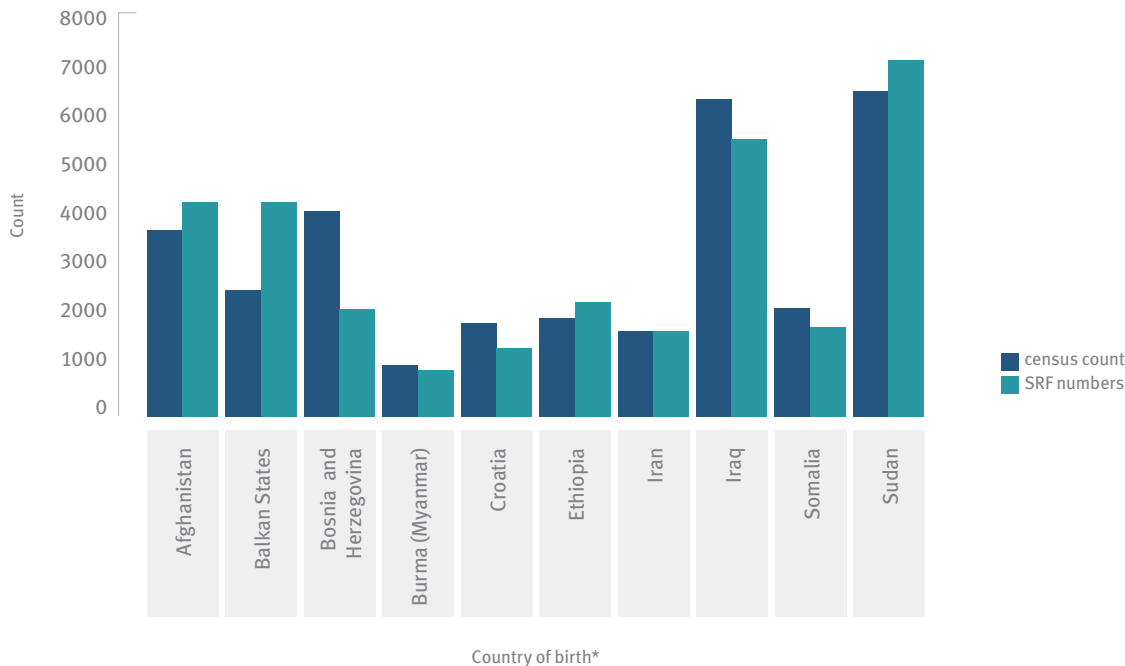
²⁵ Former Yugoslavia, not further defined.

²⁶ Former Yugoslav Republic of Macedonia.

²⁷ Former Yugoslav Republic (of Serbia).

²⁸ South Eastern Europe, not further defined.

Figure 3.1: People of a refugee background in Victoria, by country of birth, 2006 Census cohort compared with DIAC SRF database numbers



A cross-check showed that of the 31,670 people, just over 25,000 were born in the same 10 humanitarian source countries; 3630 were born in Australia (90% of whom were aged less than 10 years at the time of 2006 Census); 2430 were born in other countries (including inadequately described, at sea and not elsewhere classified); while 600 did not state their birthplace. Of the 'other countries', the most common were 'transit countries', including Kenya (388), Egypt (366), Germany (199), Thailand (175) and Pakistan (153).²⁹ Given this information, an assumption has been made that the birthplaces of other household members reflect the ethnicity of the household reference person. There is no way to confirm that this group consists of people entering on humanitarian visas.

Data were obtained on the refugee-like group, including demographic variables, citizenship, English proficiency, education, employment status, income, dwelling type, tenure type, cars per dwelling and internet connection status.

The same data fields were also obtained for Victorians overall (4,717,625 people, of whom 1,126,232 were aged less than 18 years).

Data are presented on 0–17-year-olds from this cohort and compared to all 0–17-year-olds in Victoria. The figures for all 0–17-year-olds in Victoria include 0–17-year-olds of a refugee-like background; however, since there are around 12,000 in the refugee-like group and around 1.126 million for the whole of Victoria, trends in the refugee-like group are not expected to influence data for the whole of Victoria. Where appropriate, information is presented on the cohorts aged 18 and older.

Further information was obtained on counts by country of birth by age and sex without specifying arrival date. These data were used as denominators to calculate rates for other databases where country of birth information was available. The composite Balkan States was based on the different codes used in each of the 1996, 2001 and 2006 Census datasets (see Table 3.3).

²⁹ Transit countries refer to countries where refugees live/pass through between fleeing their home country and the end point of resettlement. Many Sudanese refugees arrived in Australia via Egypt or Kenya; Germany was a transit country for Bosnians; Burmese refugees arrived via Thailand; and Pakistan is a transit country for people fleeing Afghanistan.



Foundation House data

Direct client services data are tabled in the annual reports from the Victorian Foundation for Survivors of Torture (VFST), known as Foundation House. These data are collected to document service delivery, not in a research capacity, and therefore need to be interpreted with caution.

For the period 2004–07, all refugee visa entrants were referred to VFST for assessment as part of the IHSS and seen in the first six months after arrival; SHP entrants were only seen if a need was identified. Data were collected based on a face-to-face interview between clients and trained counsellor advocates working with an interpreter.

Table 3.4 shows the number of clients seen at VFST and the number of refugee and SHP entrants to Victoria over the relevant time periods. Large numbers of people were seen for early assessment; therefore, the figures have relevance for social indicators, despite the referral bias toward refugee entrants.

Table 3.4: Clients seen at Victorian Foundation for Survivors of Torture

	2004–05 ³⁰	2005–06	2006–07	2007–08
Integrated Humanitarian Settlement Support (IHSS) stream VFST	1925	2450	2896	1959
Estimated percentage of total humanitarian intake seen	46.1	67.3	74.4	62.3
Refugee entrants to Victoria	1238	1148	1581	1912
SHP entrants to Victoria	2707	2300	2035	1230
<i>Total humanitarian entrants</i>	<i>4176</i>	<i>3639</i>	<i>3894</i>	<i>3,142</i>

Data on clients seen at Victorian Foundation for Survivors of Torture from annual reports 2004/05 to 2007/08. The IHSS stream detailed in the annual reports refers to refugee entrants and SHP entrants seen in the first 12 months, who did not require long-term counselling.

Data on total humanitarian entrants to Victoria extracted from Department of Immigration and Citizenship Settlement Reporting Facility, accessed January 2008 (and April 2009 for 2007–08 figures).

Communicable and vaccine preventable diseases data

Notifications³¹ of communicable and vaccine preventable diseases for the time period 1999–2007 were obtained from Epidemiology and Surveillance Section, Communicable Diseases Prevention and Control Unit, Department of Human Services in July 2008. Information is not collected specifically on refugee status; these numbers are a composite of country of birth (using the 10 humanitarian source countries of interest) and cases where refugee was noted in the optional comments section. Due to low numbers, data were pooled and it was not possible to calculate rates.

³⁰ In 2004–05, the early assessment stream was called the Early Health Assessment and Intervention (EHA) stream.

³¹ Notifiable conditions should be notified by both the treating clinician and the laboratory performing diagnostic testing.

CAMHS data

The Child and Adolescent Mental Health Service (CAMHS) sees children and young people aged 0–17 years in Victoria. Data on client numbers of children and young people first registered with CAMHS for the period 2001–02 to 2007–08 were obtained from the CAMHS dataset from the Department of Human Services in September 2008. Country of birth was used as a proxy for refugee status, using the 10 humanitarian source countries of interest. Data were also obtained on total client numbers.

Rates of service usage were calculated for the years 2001 and 2006 using the following denominators:

- Humanitarian source countries of interest: unpublished ABS 2001 and 2006 Census of Population and Housing data, country of birth by age, usual residence Victoria³⁵
- Total Victoria: ABS 2008 Estimated Resident Population by age for June 2001 and June 2006.³⁶

The number of 0–17-year-olds born in the source countries of interest by 2006 Census of Population and Housing (n = 8897) seems low considering that the Victorian government school census data for 2006 identified 7247 school age children born in the same countries (i.e. this number does not include 0–4-year-olds and not all students attend government schools). A low denominator will elevate the rates in the refugee-like group. In the absence of other demographic data, 2006 Census of Population and Housing data have been used for rate calculations.

Perinatal data

Data were obtained for the period 1999–2006 from the Victorian Perinatal Data Collection (VPDC) in September 2008. Maternal country of birth was used as a proxy for refugee status, using the 10 humanitarian source countries of interest. Data included live births, still births, perinatal deaths and terminations of pregnancy (for all indications); maternal age, location of confinement, birth weight and estimated gestation. Data were also obtained on all Victorian women. Data were analysed using the Statistical Package for the Social Sciences (SPSS)TM, and the VPDC subsequently reviewed the data analysis.

The following definitions were used:

- Perinatal deaths: the number of still births (death of more than 20 weeks gestation or 400 grams); and neonatal deaths (deaths occurring before 28 days), excluding late termination of pregnancy (TOP) for all causes (maternal medical indications, maternal psychosocial indication, congenital abnormalities)
- Adjusted births: the number of live births and still births (death more than 20 weeks gestation or 400 grams), not including late terminations of pregnancy for all causes (maternal psychosocial reasons, maternal medical conditions and congenital abnormalities)
- Perinatal mortality rate (PMR): the number of perinatal deaths per 1000 adjusted births
- Crude birth rate (CBR): the adjusted births per 1000 total population
- Fertility rate: the number of live births per 1000 women aged 15–44 years.

The perinatal death and adjusted birth figures are different from those published in the 'Births in Victoria' reports due to the different inclusion/exclusion criteria. In this report, the perinatal death and adjusted birth figures exclude late termination of pregnancy for all causes (as above). In the 'Births in Victoria' reports, perinatal death and adjusted birth figures exclude late termination of pregnancy for maternal psychosocial indications only.



Crude birth rates were calculated for the years 2001 and 2006 using the following denominators:

- Humanitarian source countries of interest: unpublished ABS 2001 and 2006 Census of Population and Housing data, country of birth by age, usual residence Victoria³⁵
- Total Victoria: ABS 2008 Estimated Resident Population by age for June 2001 and June 2006.³⁶

Fertility rates were calculated for the years 2001 and 2006 using the same data sources for denominators, but only including women aged 15–44 years from the respective datasets.

Other notes

- the number of adjusted births to women born in the humanitarian source countries of interest is expected to increase each year as the population increases
- in the pooled data on births by maternal age group: total births include births where maternal age is unknown
- in pooled data on confinements by hospital category: the figures relate to confinements (pregnancies) not total births
- in pooled data on birth weight: total includes live births where birth weight was unknown
- in pooled data on estimated gestation: total includes births where gestational age was unknown.

Government school data

Refugee new arrival ESL students

Data on new arrival English as a Second Language (ESL) students for the period 2004–08 were obtained from the ESL Unit of the Department of Education and Early Childhood Development (DEECD) in June 2009. Country of birth was used as a proxy for refugee status, using the 10 humanitarian source countries of interest. These data represent all new arrivals over a 12-month period; therefore, numbers for 2008 may be a slight underestimate due to variation in source countries by this year.

Refugee students in government schools

Data for the period 2006–08 were obtained from the DEECD in August 2008. Although refugee status has been recorded in government school census data since 2007, these data were not available. Country of birth was used as a proxy for refugee status, including the 10 humanitarian source countries of interest. Data were obtained on country of birth, region and school type by year for students identified as non-English speaking, non-fee paying and without limitation on year of arrival. School type included language, primary, secondary and special education (special developmental schools, special schools and schooling for deaf children). These data are collected in the annual school census process completed in August of each year in all government schools in Victoria (i.e. they are cross-sectional data). Figures for a given year represent the number of students at the school census of the year prior, consistent with other DEECD reporting.

A search using a larger number of countries (Afghanistan, Bosnia-Herzegovina, Burma (Myanmar), Burundi, Congo and Democratic Republic of Congo, Côte d'Ivoire, Croatia, Eritrea, Ethiopia, Ghana, Guinea, Iran, Iraq, Kenya, Liberia, Rwanda, Sierra Leone, Somalia, Sudan, Tanzania, Uganda, Yugoslavia) only increased the total number of students by 10%. The data presented relate to students born in the 10 source countries of interest to maintain consistency across the report.

Special education

Data on the number of students in Victorian schools and the number of students in special education born in the 10 humanitarian source countries of interest were obtained as above. Information on the total number of students in Special Education and the total number of students in Victorian schools was obtained from DEECD's published Summary Statistics for Victorian Schools, March 2008³⁷ and March 2009.

Literacy and Numeracy achievement data

The 2008 and 2009 literacy and numeracy results were provided by the Victorian Curriculum and Assessment Authority (VCAA). Country of birth was used as a proxy for refugee status, including the 10 humanitarian source countries of interest. National Assessment Program: Literacy and Numeracy (NAPLAN) results for Victorian students overall were sourced from the NAPLAN National Reports 2008 and 2009.^{38, 39}

Program for Students with Disabilities (PSD)

Data were obtained from the Student Wellbeing Division of the DEECD in September 2008. Country of birth was used as a proxy for refugee status, using the 10 humanitarian source countries of interest. These are cross-sectional figures on the number of students with current PSD funding and the number of students eligible for new PSD funding next year. Applications are new applications, Years 6–7 reviews, or reappraisals. No retrospective data were available.

Rates were calculated using unpublished Victorian government school census data from 1 August 2008, of student numbers by country of birth (for the 10 humanitarian source countries of interest), and DEECD data on total student numbers.

Family services data

Data were obtained from the Client Relationship Information System database (previously Family Services database) from the Children, Youths and Families Division of the Department of Human Services in June 2008. These include the number of 0–17-year-olds involved with intensive family support services as either lead clients themselves or linked to lead clients aged 18 or older (typically a parent).

Country of birth was used as a proxy for refugee status, using the 10 humanitarian source countries of interest. Rates of service use for the years 2001 and 2006 were calculated using the following denominators:

- Humanitarian source countries of interest: unpublished ABS 2001 and 2006 Census of Population and Housing data, country of birth by age, usual residence Victoria³⁵
- Total Victoria: ABS 2008 Estimated Resident Population by age for June 2001 and June 2006.³⁶

The number of 0–17-year-olds born in the source countries of interest by 2006 Census of Population and Housing (n = 8,897) seems low considering the Victorian Government school census data for 2006 identified 7247 school age children born in the same countries (i.e. this number does not include 0–4-year-olds and not all students attend government schools). A low denominator will elevate the rates in the refugee-like group. In the absence of other demographic data, 2006 Census of Population and Housing data have been used for rate calculations.



Literature search strategies

The Medline and PsycINFO databases from 1996 to 2010 were used as they represent the relevant literature to the current humanitarian intake. Searches were performed in October 2007 using the following search strategies. Citations of relevant papers were reviewed.

Post-arrival health screening

- refugees
- diagnostic techniques, digestive system or diagnostic techniques, respiratory system or diagnostic tests, routine or mass screening
- limit to 'all child (0–18 years)'.

The search term 'mass screening' was the Medline search term of relevance. The addition of 'routine screening' and 'respiratory and digestive system screening' Medline search terms only identified one additional reference. Australian data were prominent in recent citations. In total, 46 studies were identified.

Immunisation

- refugees
- immunisation or seroepidemiologic studies
- limit to 'all child (0–18 years)'.

This identified 48 articles, 30 were relevant to the overall report, and 24 related specifically to immunisation. After review of the full text articles, 17 were found to be directly relevant. Other unpublished reports (three) were obtained through the Royal Children's Hospital RCH Immigrant Health Clinic.

Antenatal and perinatal issues

- refugees
- prenatal care, postnatal care, perinatal care, smoking, alcohol drinking or vitamin D deficiency.

This identified 21 articles.

Mental health, exposure to torture, trauma and sexual violence

Medline:

- refugees
- violence, stress disorders, trauma, sex offences, mental health or depression
- limit to 'all child (0–18 years)'
- limit to English language

This identified 156 articles; after review of abstracts, 58 were potentially relevant.

PsycINFO

- refugees
- violence, antisocial behaviour, post-traumatic stress disorder, sex offences, reactive depression, major depression, recurrent depression, anxiety disorders, children's manifest anxiety scale, or anxiety
- limit to 'childhood or adolescence'
- limit to English language.

The PsycINFO search identified an additional 64 citations, of which 28 were potentially relevant after review of abstracts.

Given the large number of abstracts (86) identified on the initial search, individual cases and small case series were excluded; and studies on displaced people in conflict zones and Central American/Mexican/Tibetan groups were also excluded. In total, 38 articles were included.

Education status

- refugees
- educational status
- limit to 'all child (0–18 years)'.

Only five papers were identified by this strategy. Policy documents, discussion papers, direct consultation and primary data analysis were used to compile this section. Information on parent education status was compiled from papers examining health outcomes where this demographic information had been included.

Questionnaire and consultations

The following questionnaire was sent to 128 individuals/agencies. Responses were received from 92 individuals representing 77 organisations. In addition, 37 face-to-face consultations were undertaken in Victoria. This information was used to compile the service mapping and key facilitators and barriers to service delivery. An additional 11 consultations were undertaken with interstate service providers.



Questionnaire: a health and well being status report on refugee children and young people

Name and address of service provider:

What services do you provide for refugees or asylum seekers?

How do refugees or asylum seekers access your service?

Describe any difficulties these clients have accessing your services that you are aware of?

What are your refugee or asylum seeker attendance figures for the last 5 years? (Attach if preferable)

What is the background of the clients who access your service?

With regard to duration post resettlement, which group does your service focus on?

- Very recent arrivals (less than 6 months)
- Recent arrivals (less than 12 months)
- Medium term (less than 5 years)
- Long term (more than 5 years)
- All groups

What proportion of your refugee or asylum seeker clients are children and adolescents?

What are the reasons why refugee or asylum seeker children and young people come to see you or attend your service?

What are the health needs of the refugee or asylum seeker children and young people who attend your service?

What is your access to interpreters? (Tick relevant boxes)

- Onsite Appointment Phone Other

For what proportion of these visits is an interpreter NOT available when needed?

Which other refugee or asylum seeker agencies does your organisation work with?

Do you provide any health promotion education information for refugee or asylum seeker families?

- Yes No

If yes, how is this done?

How do you see culture as affecting refugee or asylum seeker health and presentation patterns? (For example: how illnesses are described, punctuality for appointments, etc. Please comment if there are issues specific to different cultural groups.)

What cultural or health training and resource materials do you access?

What cultural or health training and resource materials would you find useful?

Please add any other comments you wish to make.

If we need further information based on your answers, can we contact you by email or phone?

- Yes No

If you have any questions or need further information about this project please do not hesitate to contact the project team (*details given*).

4. Detailed source country profiles

Country of birth ^{33, 40-47}	Afghanistan	Bosnia-Herzegovina	Burma	Croatia	Ethiopia	Iran	Iraq	Somalia	Sudan	Australia total
Australian population	16,750	24,630	12,380	51,000	5,640	22,550	32,520	4,310	19,050	
Victoria (%)	31.3	36.1	14.5	35.7	55	19.7	26.5	60.8	32.6	
Arrival prior to 1996 (%)	27.1	47.7	66.0	81.9	31	54.7	32.9	28.3	10.3	
Arrival 1996–2000 (%)	23.6	39.0	12.8	9.7	23	16.9	29.7	39.1	10.8	
Arrival 2001–2006 (%)	44.6	11.2	17.3	5.1	41.2	24.9	33.6	25.9	73.4	
Median age (years)	28.9	41.8	46.4	57.2	33.8	40.4	35.7	29.3	24.6	37.1
% aged 0–14	15.8	5.0	3.3	1.4	14.5	7.6	10.3	11.9	26.6	
% aged 15–24	24.5	18.2	8.6	5.6	15.4	14.2	18.4	28.1	24.4	
Languages	Dari Persian Pashto	Bosnian Serbian Croatian	Burmese English Karen	Croatian English Serbian	Amharic English Oromo	Persian English Assyrian	Arabic Assyrian English	Somali English Arabic	Arabic Dinka African	
Speak LOTE at home (%)	97.0	95.0	66.0	83.0	84.0	91.0	96.0	94.0	95.0	
EP very well or well* (%)	68.3	72.5	78.2	75.9	82.1	80.8	70.6	80.5	67.0	
EP not well, not at all* (%)	29.7	26.6	20.8	23.1	15.7	18.1	27.7	16.9	30.3	
Citizenship (%)	75.8	96.1	91.6	96.7	85.7	88.4	85.3	90.6	70.9	
Median individual weekly income aged 15+ (\$)	234.0	299.0	432.0	307.0	342.0	355.0	228.0	214.0	231.0	466.0
Higher qualifications, aged 15+ (%)	33.7	51.8	53.9	45.4	48.8	58.9	36.9	39.9	38.8	52.5
Labour force participation (%)	46.0	53.9	59.3	45.9	59.4	60.3	40.7	41.7	40.3	64.6
Unemployment rate (%)	17.7	7.8	5.3	5.6	13.7	11.7	22.3	30.8	28.5	5.2

Source: 2006 Census of Population and Housing.

* English proficiency for those speaking LOTE (language other than English) at home.

5. Detailed tables of metropolitan and rural resettlement locations

Table 5.1: Humanitarian settlement: metropolitan areas

AMES Area	Government Region	DIAC Statistical Division	Total Humanitarian Program entrants July 1996 – Dec 2007	Percentage	DIAC Statistical Sub-division	Number Special Humanitarian Program entrants July 1996 – Dec 2007
Northern and Western Metropolitan	North and West Metropolitan Region	Melbourne	Sudan	21.5	Inner Melbourne	1,579
			Iraq	14.1	Western Melbourne	7,924
			Afghanist	11.1	Melton – Wyndham	1,386
			Fmr Yugoslavia	9.5	Moreland City	1,180
			Bosnia-Herzegovina	5.5	Hume City	3,301
			Burma	5.4	Northern Middle Melbourne	1,825
			Ethiopia	4.3	Northern Outer Melbourne	1,156
Somalia	3.8		Boroondara City	228		
Croatia	3.1		Eastern Middle Melbourne	1,334		
Iran	3.0		Eastern Outer Melbourne	1,046		
Others	18.8		Yarra Ranges Shire Part A	102		
Total:	32,960		Southern Melbourne	881		
Southern and Eastern Metropolitan	Southern Metropolitan Region		Greater Dandenong City	8,069		
			South Eastern Outer Melbourne	2,500		
		Frankston City	381			
		Mornington Peninsula Shire	< 20			

Source: Department of Immigration and Citizenship Settlement Reporting Facility (accessed 27 June 2008).⁴⁸



Table 5.2: Humanitarian settlement: rural areas

AMES Area	Government Region	DIAC Statistical Division	Total Special Humanitarian Program entrants July 1996 – December 2007	DIAC Statistical Sub-division	Number Special Humanitarian Program entrants July 1996 – December 2007
Rural	Barwon – South Western Region	Barwon	720	Greater Geelong City (Part A)	650
				East Barwon	< 20
				West Barwon	63
		Western District	69	Warrnambool City	67
				Hopkins	< 20
				Glenelg	< 20
	Grampians Region	Central Highlands	113	Ballarat City	113
				East Central Highlands	< 20
				West Central Highlands	< 20
		Wimmera	< 20	North Wimmera	< 20
				South Wimmera	< 20
	Loddon – Mallee Region	Mallee	397	Mildura City Part A	233
				West Mallee	< 20
				East Mallee	163
		Loddon	63	Greater Bendigo City Part A	< 20
				North Loddon	51
				South Loddon	< 20
	Hume Region	Goulburn	927	Greater Shepparton City Part A	791
				North Goulburn	134
				South Goulburn	< 20
South West Goulburn				< 20	
Ovens – Murray		71	Wodonga	63	
			West Ovens – Murray	< 20	
			East Ovens – Murray	< 20	
Gippsland Region	East Gippsland	< 20	East Gippsland Shire	< 20	
			Wellington Shire	< 20	
	Gippsland	181	La Trobe Valley	151	
			West Gippsland	< 20	
			South Gippsland	< 20	

Source: Department of Immigration and Citizenship Settlement Reporting Facility (accessed 27 June 2008).⁴⁸

6. Health screening

Pre-departure health screening

The Migration Act 1958 and health criteria

All permanent entrants to Australia must meet prescribed health criteria defined in the *Migration Act 1958* and its regulations (1994). These health criteria aim to protect the Australian community's standard of public health and safety, expenditure on health and welfare, and access to health services.⁴⁹ People applying for permanent visas to Australia must undergo full visa health assessments to determine if they meet the health criteria;⁴⁹ regardless of their country of origin or the visa type.³²

Visa health assessments are performed by 'panel doctors' appointed by the Australian Government. The majority of panel doctors are contracted through the International Organisation for Migration (IOM). Medical Officers of the Commonwealth (MOC), based in Australia, then determine whether visa applicants meet the health criteria. If DIAC is satisfied an applicant meets health criteria, a visa to travel is granted.

Permanent visa applicants to Australia must also meet a character requirement defined in the *Migration Act 1958*.⁵⁰ The character test is designed to prevent migration of people with substantial criminal records, previous criminal conduct, or where there is a risk to the Australian community.

To give an idea of the magnitude of offshore screening, in 2004–05 there were just fewer than 4.5 million visa applications. Over 400,000 visa health assessments were performed, 161,077 of these required a MOC opinion, and 1224 people did not meet the health requirement.⁵¹ More than 3600 doctors and radiologists overseas perform offshore medical examinations on behalf of DIAC.⁵¹

Visa health assessments

Families undergo their visa health assessments 3–12 months before travel to Australia.⁵² The visa health assessment includes:^{53, 54}

- medical assessment
- developmental assessment of children and young infants³³
- mini-mental state examination in applicants 70 or older
- urinalysis for all applicants 5 years and older 'ideally under observation'
- a Chest X-Ray (CXR) in those aged 11 years or older, or younger if clinical features suggest active tuberculosis (TB) disease, or there is a history of contact with a case of known TB. Prior to mid-2003, CXR was performed only in people aged 16 years or older.⁵⁵

³² Australia has a universal visa system, with around 150 different visa types for entry into the country.

³³ No age range specified.



- Human Immunodeficiency Virus (HIV) screening in those aged 15 years and over, and in those under 15 years if there are clinical indications, a history of blood transfusion, haemophilia or if a parent is HIV seropositive. Unaccompanied minors are also screened for HIV
- Hepatitis B screening in unaccompanied minors, pregnant women or international adoptees and ‘high risk applicants’ (considered by the panel doctor to be at risk, history of hepatitis, jaundice or blood transfusions, clinical evidence of infection and people with tattoos)
- Hepatitis C screening in ‘high risk applicants’ (as above) or if Hepatitis B positive
- syphilis screening (VDRL, RPR or equivalent initially) in any applicant the panel doctor considers to be at risk and refugee applicants aged 15 years and older ‘living in, or who have recently lived in, camp like conditions’.

The visa health assessment places particular emphasis on excluding tuberculosis (TB).⁵³ Where the CXR suggests TB, further testing is required. If active TB disease is diagnosed the applicant has to undergo full treatment, then further testing to confirm treatment success. They are then reassessed for a visa and have to sign a health undertaking.^{54, 56} There are also guidelines for specialist referral if applicants do not meet other health criteria in their visa health assessment.

Given the age criteria on the screening investigations, the visa health assessment is relatively limited for children and early adolescents.

Health Undertakings

A Health Undertaking (HU) is a signed agreement between a visa applicant and DIAC, where the applicant agrees to undergo follow-up health assessment after arriving in Australia. HUs are generated by the visa medical assessment.³⁴ They are used when the applicant has a medical condition that is not a public health risk, but requires follow-up.

Between 15,000–20,000 HUs are generated each year, 90% of these are for TB follow-up.⁴⁹ In Victoria, all HUs relating to TB (in humanitarian and other entrants) are processed through the Western Hospital Migrant Screening Clinic (WHMSC), which deals with TB health undertakings only. There is direct communication between DIAC in Sydney and WHMSC, although IHSS providers are also notified of existing HUs. People aged 16 and over are seen at the WHMSC; those aged younger than 16 years are referred on to the Royal Children’s Hospital.^{35, 36} The WHMSC sees 2500–3000 people annually. Only a small proportion of all HUs are for children and young people; there were approximately 100 HUs in those aged less than 16 years in the 2006–07 year. It is not known how many of this number were humanitarian entrants. Children typically have a health undertaking due to a parent with a history of treated TB disease.³⁷

In 2007, around 10% of the humanitarian intake to Victoria had a HU.⁵⁷ This suggests humanitarian entrants were not overrepresented in HUs in Victoria in this year; they comprised 10% of the overall migration intake and around 10% of HUs that were processed.

Pre-Departure Medical Screening

Pre-Departure Medical Screening (PDMS) was introduced for humanitarian entrants from East and West Africa in August 2005.⁵⁸ Similar programs subsequently commenced in Northern Africa and Thailand (April/May 2006),⁵⁸ Southern Africa (September 2007), and in Pakistan, the Middle East, India and Nepal in late 2007.

These screening programs were introduced to reduce the number of medical issues refugee and SHP entrants presented with after arrival in Australia, and to ensure better onshore follow-up of medical issues. Screening may either be a full PDMS or a short PDMS, depending on the port of departure, facilities available and the group of humanitarian entrants. These assessments occur within one week of departure, ideally within 72 hours.

³⁴ A HU may also be generated by pre-departure medical screening (PDMS) full screening.

³⁵ Consultation with Migrant Screening Clinic Administration, June 2008.

³⁶ Consultation with Department of Human Services Tuberculosis Control Program Staff, June 2008.

³⁷ Consultation with Migrant Screening Clinic Administration, June 2008.

The 'PDMS full' for entrants from East and West Africa includes additional screening investigations and presumptive treatment for parasite infections.³⁸ PDMS full also involves assessment of 'fitness to travel'. People are deemed unfit to fly if they have fever, respiratory symptoms, gastrointestinal symptoms or malaria; if they are unwell and from a camp with recent cholera or measles transmission; or the medical officer suspects development of other diseases, such as TB, measles, cholera or meningitis.

The 'PDMS full' generates a pre-departure results form, a health manifest, and it may also generate a health undertaking. The health manifest contains information on any medical alerts. These documents are sent via DIAC to the IHSS provider and also to the state health representative of the Communicable Diseases Network of Australia. A copy is also given to the entrant. Only refugees and SHP entrants whose travel is arranged by the IOM will be automatically offered PDMS; however, PDMS is voluntary.⁵⁸

The 'PDMS short' is a 'fitness to travel' test. It consists of a physical examination and assessment of respiratory, gastrointestinal symptoms and local conditions/communicable diseases without specific testing. It provides exception reporting only.

Since 2006, a two-tier medical alert system has been used to identify refugees with serious medical conditions. Alerts may be generated at either the visa health assessment or on PDMS. Red alerts relate to entrants who are assessed as fit to fly, but needing medical attention within 24 hours of arrival. In 2007, there were only nine red alert cases to Australia. General (yellow) alerts are entrants assessed as fit to fly but needing medical assessment within 72 hours of arrival.

Post-arrival health screening

Between 1975 and early 1992, Victoria had a centralised program of post-arrival medical screening of refugees, based at the Fairfield Infectious Diseases Hospital. Overall 99.9% of refugees entering Victoria in the period 1975–91 attended for screening.⁹

Currently, there is no uniform protocol in Victoria, or Australia, for post-arrival health screening. There is, however, increasing consensus around the screening tests that should be performed and, in March 2009, the Australasian Society for Infectious Diseases (ASID) published guidelines for the diagnosis, management and prevention of infections in recently arrived refugees.⁵⁹

Three alternative guidelines for initial post-arrival screening are detailed in Table 6.1: from ASID; the Refugee Health Assessment Tool funded by the Department of Human Services and developed through General Practice Victoria, and screening protocols from the Royal Children's Hospital, Melbourne. The latter two protocols include additional investigations of nutritional status.

³⁸ The PDMS full includes a rapid diagnostic test for malaria (and treatment if positive), a single dose of albendazole (for gastrointestinal parasites), a check for skin parasites (and treatment if needed), mumps-measles-rubella vaccination for those aged 9 months to 30 years, and other screening and/or treatment as necessary.



Table 6.1: Suggested post-arrival health screening for Humanitarian entrants to Victoria

<i>Australasian Society for Infectious Diseases (ASID)⁵⁹</i>	<i>Refugee Health Assessment Tool⁶⁰</i>	<i>Royal Children's Hospital Immigrant Health Clinic⁶¹</i>
<p>HIV serology</p> <p>Hepatitis B sAg, sAb, cAb</p> <p>Hepatitis C (HCV)</p> <p><i>Strongyloides</i> serology</p> <p>Faeces microscopy</p> <p>Full Blood Examination (FBE)</p> <p>Malaria thick/thin film and Plasmodium falciparum antigen rapid diagnostic test (RDT)</p> <p><i>Schistosoma</i> serology</p> <p>Syphilis serology</p> <p>Mantoux test or Interferon gamma release assay (IGRA)</p> <p>Sexually Transmitted Infection (STI) screen – Neisseria gonorrhoea and Chlamydia trachomatis screen (urine nucleic acid detection) if sexually active</p> <p><i>Helicobacter pylori</i> screening if history suggestive</p> <p>Catch-up vaccination without serology</p>	<p>Malaria thick/thin film and rapid test</p> <p>Mantoux test or IGRA</p> <p>Hepatitis B sAg, sAb, cAb</p> <p>Hepatitis C (HCV)</p> <p><i>Strongyloides</i> serology</p> <p><i>Schistosoma</i> serology</p> <p>Rubella IgG</p> <p>FBE</p> <p>Liver Function Test (LFT)</p> <p>Ferritin (child or female)</p> <p>Vitamin D (if risk factors)</p> <p>Vitamin A (child)</p> <p>Sexually Transmitted Infection (STI) screen: HIV, syphilis, Neisseria gonorrhoea and Chlamydia trachomatis screen (urine nucleic acid detection or swab PCR) if sexually active</p> <p>Faecal microscopy (child, eosinophilia or symptomatic adult)</p> <p>Breath test: <i>Helicobacter pylori</i> if symptoms</p> <p>Chronic disease/cancer screen</p> <p>Urinalysis (and midstream urine if abnormal)</p>	<p>Full blood examination</p> <p>Ferritin</p> <p>Vitamin D</p> <p>Calcium, phosphate and ALP (parathyroid hormone and renal function if clinical rickets)</p> <p>Vitamin A</p> <p>Malaria screen (thick/thin film and RDT if arrival < 3 months or longer if history non-Pl. falciparum malaria or fevers)</p> <p>Hepatitis B sAg, sAb, cAb</p> <p><i>Schistosoma</i> serology</p> <p><i>Strongyloides</i> serology</p> <p>Faecal specimen</p> <p>Mantoux test</p> <p>STI and HIV screen in sexually active adolescents</p> <p><i>Helicobacter pylori</i> screening if history suggestive</p> <p>Catch-up vaccination without serology</p>

7. References

1. Department of Immigration and Citizenship. Fact Sheet 60: Australia's Refugee and Humanitarian Program [internet]. Canberra: Department of Immigration and Citizenship, Australian Government; 2007 [cited 12 October 2007]. Available from <http://www.immi.gov.au/media/fact-sheets/60refugee.htm>
2. Department of Immigration and Citizenship. Population Flows: Immigration Aspects. 2006–07 ed. [internet]. Canberra: Department of Immigration and Citizenship, Australian Government; 2007 [cited 15 August 2008]. Available from <http://www.immi.gov.au/media/publications/statistics/popflows2006-7/ch4pt02.pdf>
3. Jupp J. From White Australia to Woomera: The Story of Australian Immigration. 2nd ed. Port Melbourne: Cambridge University Press; 2007.
4. Crock ME. Immigration and refugee law in Australia. Leichardt, NSW: Federation Press; 1998.
5. Department of Immigration and Citizenship. Fact Sheet 4: More than 60 Years of Post-war Migration [internet]. Canberra: Department of Immigration and Citizenship, Australian Government; 2007 [cited 15 August 2008]. Available from <http://www.immi.gov.au/media/fact-sheets/04fifty.htm>
6. Department of Immigration and Ethnic Affairs. Review of Activities to 30 June 1977. Canberra: Department of Immigration and Ethnic Affairs, Australian Government; 1977.
7. Department of Immigration and Ethnic Affairs. Review of Activities to 30 June 1981. Canberra: Department of Immigration and Ethnic Affairs, Australian Government; 1981.
8. Refugee Council of Australia. Australia's Refugee and Humanitarian Program: Community views on current challenges and future directions. Sydney: Refugee Council of Australia; February 2008. 113 p.
9. McKay SR. Refugee/migrant screening in Victoria: Report of the Refugee screening unit, Fairfield Hospital. Melbourne: Health Department, Victorian Government; August 1991.
10. Streeton JA. 'Paradise lost? Is there a case for immigrant health screening?'. *Med J Aust* 1987; 146:1–3. 71 p
11. Department of Immigration Local Government and Ethnic Affairs. Australia and immigration, 1788 to 1988. Canberra: Australian Government Printing Service; 1988.
12. Department of Immigration and Ethnic Affairs. Annual Report 1983–84. Canberra: Australian Government Printing Service; 1984.



13. Department of Immigration and Citizenship. Fact Sheet 61: Seeking Asylum in Australia [internet]. Canberra: Department of Immigration and Citizenship, Australian Government; 2007 [cited 12 October 2007]. Available from <http://www.immi.gov.au/media/fact-sheets/61asylum.htm>
14. Goldstein GB, Reid JC & Keo L. 'A review of refugee medical screening in New South Wales'. *Med J Aust.* 1987; 146:9–12.
15. Moore J, Nicholas H & Deblaquiere J. 'Opening the door': Provision for refugee youth with minimal/no schooling in the Adult Migrant English Program. Canberra: Department of Immigration and Citizenship, Australian Government; 2009. 168 p.
16. Department of Immigration and Ethnic Affairs. Annual Report 1993–94. Canberra: Department of Immigration and Ethnic Affairs, Australian Government; 1994.
17. Department of Immigration Local Government and Ethnic Affairs. Review 1989–90. Canberra: Australian Government; 1990.
18. Department of Immigration and Citizenship. Fact Sheet 2: Key Facts in Immigration [internet]. Canberra: Department of Immigration and Citizenship, Australian Government; 2007 [cited 15 August 2008]. Available from <http://www.immi.gov.au/media/fact-sheets/02key.htm>
19. Department of Immigration and Multicultural and Indigenous Affairs. Fact Sheet 64: Temporary protection visas [internet]. Canberra: Department of Immigration and Multicultural and Indigenous Affairs, Australian Government; 2002 [cited 20 April 2003]. Available from <http://www.immi.gov.au/facts/pdf/64protection.pdf>
20. Foundation House. Promoting Refugee Health: A handbook for doctors and other health care providers caring for people from refugee backgrounds. 1st ed. Melbourne: Foundation House; 2002.
21. Department of Immigration and Citizenship. Fact Sheet 68: Abolition of Temporary Protection visas (TPVs) and Temporary Humanitarian visa (THVs), and the Resolution of Status (subclass 851) visa [internet]. Canberra: Australian Government; 2008 [cited 15 August 2008]. Available from http://www.immi.gov.au/media/fact-sheets/68tpv_further.htm
22. Victorian Foundation for Survivors of Torture: Towards a health strategy for refugees and asylum seekers in Victoria, 2004. Melbourne: Victorian Foundation for Survivors of Torture; 2004. 144 p.
23. Department of Human Services. Refugee health and wellbeing action plan, 2005–2008. Melbourne, Victoria: Department of Human Services, Victorian Government; 2005. 46 p.
24. Foundation House. Promoting Refugee Health: A handbook for doctors and other health care providers caring for people from refugee backgrounds. 2nd ed. Melbourne: Foundation House; 2007.
25. Kindergarten Fee Subsidy – Help with kindergarten for eligible families [internet]. Melbourne: Department of Education and Early Childhood Development, Victorian Government; 2008 [cited 1 September 2008]. Available from <http://www.education.vic.gov.au/oecd/childrens-services/kindergarten-programs/kindergarten-fee-subsidy-help-with-kindergarten-for-eligible-families.html>
26. Refugee health and wellbeing action plan 2008–2010 [internet]. Melbourne: Social Policy Branch, Department of Human Services; 2008 [cited 10 January 2009]. Available from http://www.dhs.vic.gov.au/multicultural/downloads/refugee_act_pln_web.pdf
27. Department of Immigration and Citizenship. Annual Report 2006–07: Output 1.2 Refugee and humanitarian entry and stay. 1.2.1 Offshore Humanitarian Programme. Canberra: Department of Immigration and Citizenship, Australian Government; 2007.
28. Department of Immigration and Citizenship. Fact Sheet 66: Integrated Humanitarian Settlement Strategy [internet]. Canberra: Australian Government; 2007 [cited 8 August 2008]. Available from <http://www.immi.gov.au/media/fact-sheets/66ihss.htm>
29. Department of Human Services. Guidelines for Refugee Health Nurse Initiative. Melbourne: Primary Health Branch; Department of Human Services; 2005.

30. Department of Immigration and Citizenship. Refugee and Humanitarian Entry to Australia [internet]. Canberra: Department of Immigration and Citizenship, Australian Government; 2008 [cited 8 May 2009]. Available from <http://www.immi.gov.au/visas/humanitarian/offshore/visas.htm>
31. Department of Immigration and Citizenship. Form 1024i – Bridging visas [internet]. Canberra: Department of Immigration and Citizenship, Australian Government; 2007 [cited 8 May 2009]. Available from <http://www.immi.gov.au/allforms/pdf/1024i.pdf>
32. Department of Immigration and Citizenship. Settlement Reporting Facility: Top 10 countries by migration stream for State/Territory: Victoria. 1/7/1996–1/1/2008 [internet]. Canberra: Department of Immigration and Citizenship, 2008 [cited 1 February 2008]. Available from <http://www.immi.gov.au/living-in-australia/delivering-assistance/settlement-reporting-facility/index.htm>
33. Department of Immigration and Citizenship. Community Information Summary. Sudan-born [internet]. Canberra: Australian Government; 2007 [cited 24 July 2008]. Available from http://www.immi.gov.au/media/publications/statistics/comm-summ/_pdf/sudan.pdf
34. Australian Bureau of Statistics. 2914.0.55.001 – 2006 Census Non-Response Rates Fact Sheets, 2006 [internet]. Canberra: Australian Bureau of Statistics; 2007 [cited 12 February 2008]. Available from <http://www.abs.gov.au/AUSSTATS/abs@.nsf/DetailsPage/2914.0.55.0012006?OpenDocument>
35. Australian Bureau of Statistics. 2006 Census of Population and Housing. Canberra: Australian Bureau of Statistics; unpublished data, accessed June 2008.
36. Australian Bureau of Statistics. ‘Population by age and sex, Australian states and territories, June 2002 to June 2007’ – Table 2: Estimated resident population by single year of age, Victoria. Datacube: Excel Spreadsheet, cat. no. 3201 [internet]. Canberra: Australian Bureau of Statistics; 2008 [cited 1 August 2008]. Available from [http://www.ausstats.abs.gov.au/ausstats/abs@archive.nsf/0/0327BF179F4613B9CA25748200142E0B/\\$File/320101.xls](http://www.ausstats.abs.gov.au/ausstats/abs@archive.nsf/0/0327BF179F4613B9CA25748200142E0B/$File/320101.xls)
37. Summary Statistics for Victorian Schools. March 2008 [internet]. Melbourne: Department of Education and Early Childhood Development, Victorian Government; 2008 [cited 8 June 2008]. Available from http://www.eduweb.vic.gov.au/edulibrary/public/publ/research/publ/Brochure2008March-brc-v1_0-20080331.pdf
38. 2008 National assessment program. Literacy and numeracy: Achievement in reading, writing, language conventions and numeracy. Canberra: Ministerial Council for Education, Early Childhood Development and Youth Affairs (MCEECDYA), Australian Government; 2009. 205 p.
39. 2009 National assessment program. Literacy and numeracy. Achievement in reading, writing, language conventions and numeracy. Canberra: Ministerial Council for Education, Early Childhood Development and Youth Affairs (MCEECDYA), Australian Government; 2010. 342 p.
40. Department of Immigration and Citizenship. Community Information Summary: Afghanistan-born [internet]. Canberra: Australian Government; 2007 [cited 24 July 2008]. Available from http://www.immi.gov.au/media/publications/statistics/comm-summ/_pdf/afghanistan.pdf
41. Department of Immigration and Citizenship. Community Information Summary: Burma (Myanmar)-born [internet]. Canberra: Australian Government; 2007 [cited 24 July 2008]. Available from http://www.immi.gov.au/media/publications/statistics/comm-summ/_pdf/burma.pdf
42. Department of Immigration and Citizenship. Community Information Summary: Croatia-born [internet]. Canberra: Australian Government; 2007 [cited 24 July 2008]. Available from http://www.immi.gov.au/media/publications/statistics/comm-summ/_pdf/croatia.pdf



43. Department of Immigration and Citizenship. Community Information Summary: Iraq-born [internet]. Canberra: Australian Government; 2007 [cited 24 July 2008]. Available from http://www.immi.gov.au/media/publications/statistics/comm-summ/_pdf/iraq.pdf
44. Department of Immigration and Citizenship. Community Information Summary: Bosnia and Herzegovina-born [internet]. Canberra: Australian Government; 2007 [cited 24 July 2008]. Available from http://www.immi.gov.au/media/publications/statistics/comm-summ/_pdf/bosnia-herzegovina.pdf
45. Department of Immigration and Citizenship. Community Information Summary: Iran-born [internet]. Canberra: Australian Government; 200 [cited 24 July 2008]. Available from http://www.immi.gov.au/media/publications/statistics/comm-summ/_pdf/iran.pdf
46. Department of Immigration and Citizenship. Community Information Summary: Somalia-born [internet]. Canberra: Australian Government; 2007 [cited 24 July 2008]. Available from http://www.immi.gov.au/media/publications/statistics/comm-summ/_pdf/somalia.pdf
47. Department of Immigration and Citizenship. Community Information Summary: Ethiopia-born [internet]. Canberra: Australian Government; 2007 [cited 24 July 2008]. Available from http://www.immi.gov.au/media/publications/statistics/comm-summ/_pdf/ethiopia.pdf
48. Department of Immigration and Citizenship. Settlement Reporting Facility [internet]. Canberra: Department of Immigration and Citizenship; 2008 [cited 27 June 2008]. Available from <http://www.immi.gov.au/living-in-australia/delivering-assistance/settlement-reporting-facility/index.htm>
49. Australian National Audit Office. Administration of the Health Requirement of the Migration Act 1958. Canberra: Australian National Audit Office; 2007. Audit Report No. 37 2006–07. 156 p.
50. Department of Immigration and Citizenship. Fact Sheet 79: The Character Requirement [internet]. Canberra: Department of Immigration and Citizenship, Australian Government; 2007 [cited 20 April 2009]. Available from <http://www.immi.gov.au/media/fact-sheets/79character.htm>
51. Administration of the Health Requirement of the Migration Act 1958 [internet]. Canberra: Australian National Audit Office; 2007 [cited 13 June 2008]. Available from http://www.anao.gov.au/director/publications/auditreports/2006-2007.cfm?item_id=87C11E3D1560A6E8AA1299908B6D8ABA
52. Department of Health and Ageing. Pre-departure communicable diseases health screening protocols for refugees arriving from Africa [internet]. Canberra: Australian Government; 2006 [cited 17 March 2008]. Available from [http://www.health.gov.au/internet/wcms/publishing.nsf/Content/BCDB4D20259A5537CA25712C001EA82F/\\$File/health_screen_protocol_1Feb06_.pdf](http://www.health.gov.au/internet/wcms/publishing.nsf/Content/BCDB4D20259A5537CA25712C001EA82F/$File/health_screen_protocol_1Feb06_.pdf)
53. Health Policy Section, Department of Immigration and Multicultural Affairs. Instructions for panel doctors and radiological examination of Australian visa applicants. Canberra: Australian Government; January 2007.
54. Department of Immigration and Citizenship. Form 1071i. Health requirement for permanent entry into Australia [internet]. Canberra: Department of Immigration and Citizenship, Australian Government; 2008 [cited 11 March 2008]. Available at: <http://www.immi.gov.au/allforms/pdf/1071i.pdf>
55. Department of Immigration and Citizenship. Legislation Change – 1 July 2003. Lowering of x-ray screening age [internet]. Canberra: Department of Immigration and Citizenship; Australian Government; 2003 [cited 10 July 2006]. Available from http://www.immi.gov.au/legislation/amendments/lc01072003_9.htm

56. Department of Immigration and Citizenship. Fact Sheet 22: The Health Requirement [internet]. Canberra: Department of Immigration and Citizenship, Australian Government; 2007 [cited 17 March 2008]. Available from <http://www.immi.gov.au/media/fact-sheets/22health.htm#Diseases>
57. Department of Immigration and Citizenship. Review of Predeparture Medical Screening (PDMS): Questionnaire for health providers. Canberra: Department of Immigration and Citizenship; 2008.
58. Refugee Pre-departure Screening. Humanitarian Branch, Humanitarian Process Business Section, Department of Immigration and Citizenship. personal communication; 2007.
59. Murray RJ, Davis JS, Burgner DP, et al. Australasian Society for Infectious Diseases Writing Group. Diagnosis, management and prevention of infections in recently arrived refugees. Sydney: Australasian Society for Infectious Diseases; Royal Australasian College of Physicians; 2008. 101 p.
60. General Practice Divisions of Victoria (GPDV). Refugee Health Assessment Tool [internet]. Melbourne: GPDV; 2007 [cited 20 March 2008]. Available from <http://www.gpdv.com.au/Documents/Refugee%20Health%20Assessment%20Template%2012%20December%202007.pdf>
61. Paxton G. Immigrant Health Clinic Guidelines, Royal Children's Hospital: Initial assessment and screening [internet]. Melbourne: Royal Children's Hospital; 2007 [cited 7 January 2008]. Available from http://www.rch.org.au/immigranthealth/resources.cfm?doc_id=10814

