

November 2017

Quota refugees' access to health and disability services

Report summary of a mapping
exercise undertaken by the
Ministry of Health and
Immigration New Zealand

Foreword

Tēnā koutou katoa

This report on a mapping exercise undertaken by the Ministry of Health and Immigration New Zealand provides a comprehensive overview of quota refugees' access to health (including mental health) and disability services at the pre-resettlement stage offshore through to arrival at the Mangere Refugee Resettlement Centre and into their communities.

In order to shape a diverse picture across a wide range of experiences, we held workshops in all the settlement locations and continued our discussions at the National Refugee Resettlement Forum 2017.

We would like to thank all those who participated in and contributed to this mapping exercise. The valuable information and insights provided have been essential to better understand the integrated health services support that refugees receive during the pre-resettlement and settlement phases.

This exercise has also helped us to identify a number of areas of good practice across settlement locations and some opportunities to further strengthen health services coordination in New Zealand.

The New Zealand Refugee Resettlement Strategy recognises the importance of health and wellbeing in supporting good settlement outcomes for refugees through families enjoying healthy, safe and independent lives.

The resulting report provides a solid overview of how health and disability services contribute to improved settlement outcomes for refugees and is a useful foundation for considering the impacts of future changes to broader health and disability services in New Zealand.

Thank you again for all the valuable input from participants across the settlement locations.

Nā māua noa, nā

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Purpose of mapping exercise

To better understand quota refugees' access to the New Zealand health and disability system, an exercise has been undertaken by the Ministry of Health with support from Immigration New Zealand to map their access to health and disability services in their first two years in New Zealand. Each step of quota refugees' settlement journey to and in New Zealand has been considered: from off-shore health screening prior to arrival, to arrival and the six week reception programme at Mangere Refugee Resettlement Centre (MRRC) in Auckland, and then to settlement in the community.

This mapping exercise entailed a survey being sent to relevant health agencies and personnel, and workshops in the refugee settlement locations. In addition, the theme of the annual National Refugee Resettlement Forum (NRRF 2017) in May 2017 - *Refugee health and wellbeing: connecting within and across the health system* - further informed this information-gathering exercise.¹

This report summarises the input from participants who attended the regional workshops and/or the NRRF 2017 and/or completed the survey.

The summary report is structured as follows:

- A. Off-shore immigration health screening
 - B. Mangere Refugee Resettlement Centre
 - C. In the community
 - D. Regional good practices and initiatives
 - E. Linkages and learnings from the NRRF 2017
- Annex one – Health and disability system

Sections A – C describe the key points where quota refugees access the health (including mental health) and disability system.

Section D identifies some of the best practices and initiatives that have been developed by health and disability service providers in the settlement locations to strengthen the services they provide and also support quota refugees to access health services.

Section E identifies some of the key linkages between refugees' health and wellbeing and other areas of settlement, and the key learnings from the discussions that were had at the NRRF 2017.

¹ Immigration New Zealand, [National Refugee Resettlement Forum 2017](#) *Refugee health and wellbeing: connecting within and across the health system*, Wellington, 24-25 May 2017

A. Off-shore immigration health screening

All refugee cases referred to New Zealand to be considered by Immigration New Zealand (INZ) for resettlement under the Refugee Quota Programme undergo off-shore immigration health screening.

On behalf of INZ, the International Organisation for Migration coordinates panel physicians to complete the off-shore immigration health screening ([Limited Medical Certificate](#)) for each refugee referred to New Zealand. The screening includes:

- medical history and physical examination
- blood tests (mandatory blood tests include – full blood count, serum creatinine, and HIV 1 and 2²)
- chest X-ray

Refugees who have one of the following five non-waivable health conditions is not eligible to be resettled in New Zealand under the Refugee Quota Programme, unless they are granted residence by the Minister of Immigration:

- those requiring dialysis treatment; or
- those with severe haemophilia; or
- those with a physical, intellectual, cognitive and/or sensory incapacity that requires full time care, including care in the community; or
- those who currently have Tuberculosis (TB) – any form including pulmonary and non-pulmonary TB, multidrug-resistant TB (MDR-TB), and extensively drug-resistance TB (XDR-TB) and have not completed full treatment for TB as outlined in the New Zealand Guidelines for TB Treatment; or
- those who have had a history, diagnostic findings or treatment for MDR-TB or XDR-TB unless cleared by a New Zealand Respiratory or Infectious Disease Specialist.

Prior to travelling to New Zealand, quota refugees receive appropriate and relevant treatment. This includes selected immunisation to respond to any outbreaks in countries/camps with sufficient lead-in time to complete the treatment prior to departure to New Zealand. Where a refugee is found to be TB positive, travel to New Zealand is deferred and treatment is commenced off-shore.

Medical records

Quota refugees' off-shore medical records are received electronically by INZ via *eMedical* (INZ's online health processing system). INZ health eligibility assessment is undertaken through INZ's internal online electronic system.

The off-shore medical records of quota refugees are transferred from INZ to the Refugee Health Screening Services³ (RHSS) at the Mangere Refugee Resettlement Centre (MRRC).

² New Zealand resettles up to 20 HIV positive refugees each year.

³ Auckland Regional Public Health Service is the Public Health Unit (PHU) for the Auckland region (Auckland, Counties-Manukau and Waitemata DHBs). The PHU is hosted by the Auckland DHB and is funded predominantly by the Ministry of Health.

B. Mangere Refugee Resettlement Centre

On arrival in New Zealand, all quota refugees are accommodated at MRRC where they participate in a six-week reception programme. This includes health screening, treatment and referral as required and health promotion.

The RHSS medical centre provides acute primary health care services for quota refugees at the MRRC on a 'walk-in' basis. The GP service at the medical centre provides assessment, treatment and referral if required for clients with chronic or complex health conditions identified on screening. Quota refugees requiring immediate secondary/tertiary hospital level assessment and care are referred by RHSS as appropriate.

Health screening and services

Quota refugee health screening undertaken at MRRC by RHSS universally includes:

- medical history and physical examination
- core set of tests (for example, specific blood, urine, stool tests)
- oral health assessment and any urgent treatment

Other tests are undertaken depending on the quota refugee's age and/or gender or if clinically indicated (for example pre-natal and post-natal support for pregnant quota refugees).

Immunisation

The vaccination status of all quota refugee adults and children is assessed and an appropriate catch-up programme is planned as per the [New Zealand Immunisation Schedule](#).

TB screening

Adult quota refugees aged 15 years and over, undergo a chest X-ray and are referred to an Auckland Hospital Respiratory Physician if abnormalities are detected. All quota refugee children under 15 years have a Mantoux test.

Disability assessment and support

At MRRC quota refugees with a physical, intellectual and/or sensory impairment or disability are assessed by Taikura Trust⁴ to identify their support needs and supports referrals to services in the community.

Mental health

Refugees As Survivors New Zealand Trust (RAS) offers mental health services for quota refugees at the MRRC. Services include mental health assessment, initial treatment and referral.

Dental care

Basic dental care is offered to adults and children at the MRRC (for example, fillings, extractions), and referrals are made to the DHB if emergency dental treatment is required.

Medical and mental health records

Quota refugees are provided a discharge health summary by RHSS, which they are advised to provide to their GP once registered in the community.

⁴ A Needs Assessment and Service Coordination (NASC) organisation in Auckland contracted by the Ministry of Health. Other NASC's in the settlement locations are Disability Support Link (Waikato), Enable (Manawatu), Life Unlimited (Wellington), Support Works (Nelson), LifeLinks (Canterbury), and Access Ability (Otago and Southland).

RHSS transfer quota refugee medical records electronically to the relevant GPs via *GP2GP* (Medtech's electronic patient record transfer system). Where Medtech is not available, hard copies are mailed to relevant Public Health Units (PHUs), DHBs and some Public Health Organisations (PHOs) and GPs. For individual cases that are complex and need more urgent follow up, RHSS contacts the Transition (Public Health) Nurse at the PHU directly with information by phone or email. Immunisation data is transferred to the National Immunisation Register (NIR) via Medtech (Patient Management System).

A second set of records (but not a full copy) and any referrals are sent to the relevant PHU in the settlement location (each region varies). This is mainly for following up on TB investigations, if needed.

Quota refugees' mental health records compiled by RAS are sent directly to specialist mental health consultants but are not usually forwarded to the relevant PHU/DHB except where the person has been seen and referred by RHSS in which case the referral will usually include the notes or a report from RAS.

C. In the community

Quota refugees are settled in the following settlement locations: Auckland region, Hamilton, Palmerston North, Wellington region, Nelson, Dunedin and Invercargill (first refugee cohort to be settled in Invercargill will be in March 2018).

While quota refugees are not currently settled in Christchurch, this location was included in the mapping exercise given its long-standing experience settling refugees. Invercargill was not included as the mapping exercise preceded its establishment as a settlement location.

In addition to GPs, key health and disability agencies that support refugee settlement include PHOs, DHBs⁵, PHUs and other Crown Entities under the New Zealand Public Health and Disability Act 2000⁶, and NGOs, including specialist providers of health and disability services to refugees⁷.

In addition, the New Zealand Red Cross (Red Cross) is contracted by INZ to provide settlement support services to quota refugees in the community for up to 12 months after their arrival in the settlement locations. The settlement support includes a community orientation and linking refugees to the services they need in the community (such as health services, English language classes, schools and employment). As part of the contract with INZ, Red Cross supports quota refugees to enrol with their GP.

District Health Boards and Public Health Units

DHBs/PHUs⁸ process the referrals as appropriate and follow up public health cases (LTBI for example). Public Health (Transition) Nurses or similar roles in most settlement regions have a more comprehensive role and conduct health transition visits (home visits), make specialist referrals through the DHB's and provide other support that links with the work of the Red Cross and other agencies.

⁵ And their support agencies, such as the Northern Regional Alliance (Auckland and Northland).

⁶ Including the Health Promotion Agency and Pharmac.

⁷ Such as Refugee Trauma Recovery, Christchurch Resettlement Services, and RAS.

⁸ More commonly it is the Public Health (Communicable Diseases) Nurse at the Public Health Unit who has the Transition Nurse role in the region.

Mental health

Mental health referrals initiated by the RHSS are made to the DHB's/PHU's at the conclusion of the reception programme and are coordinated in the community in the same way as other specialist referrals. Hamilton has a Refugee Mental Health Liaison Nurse, who provides expertise and coordination across mental health service provision including working with GP, community-based psychologists, community mental health nurse and other mental health specialists. Mental health referrals initiated directly by RAS are made to specialist mental health services in the community and linked to the GP through the Red Cross at the time of settlement in the community.

Dental and oral health

Children eligible for publicly funded health and disability services are entitled to free basic oral health services from birth to 17 years of age (until their 18th birthday). Enrolment and dental follow up for children is coordinated through the Public Health (Transition) Nurses or similar roles in most settlement regions in conjunction with the schools.

Adults have to pay privately for the majority of adult dental services. People with disabilities or medical conditions such as mouth cancer may be referred to a hospital for their dental treatment by their usual dental practitioner or GP.

People on low incomes who have a Community Services Card may be able to get emergency dental care, such as pain relief or extractions.

D. Regional good practices and initiatives

This mapping exercise demonstrated that there were regional differences in the ways in which health (including mental health) and disability services are provided in New Zealand.

The below table identifies some of the initiatives and good practices that have been developed by health and disability service providers in the regions to:

- strengthen the services they provide
- support quota refugees' access to the health and disability system (including enhancing experience), and
- support efficiencies and effectiveness of service provision.

Regional good practices and initiatives

Establishment of local alliances, flexible funding approaches and resources that support systems and services and that are able to respond to changing health and disability needs.

Working together across local health and disabilities services to enable coordinated and collaborative approaches to refugee health issues.

Use of technology for efficient and secure medical file transfer, storage and retrieval (including being able to identify refugee who may require interpreters).

Provision of culturally and linguistically diverse (CALD) training for the health workforce including evaluation of implementation of learning, effectiveness and ongoing training provision (www.eCALD.com).

Development of innovative approaches to supporting access to primary health care where low cost access is not available or accessible, such as through the use of vouchers.

Enhance efficiencies and effectiveness for primary health care by establishing “clinics” that can support single or joint activity – such as clinics for GP registration/enrolment, nurse well health checks (triage needed for GP appointment), immunisation clinics.

Health service provision model which includes a dedicated and specialised nurse role such as Transition Nurse/Public Health Nurse/Refugee Coordinator Nurse – provides expertise and coordination of health service provision including referral follow-up, provides refugees with orientation to New Zealand health and disability system and links refugees to relevant agencies and services.

Mental health service provision model which includes a dedicated and specialised nurse role such as Refugee Mental Health Liaison Nurse – provides expertise and coordination across mental health services provision including working with GPs, community-based psychologists, community mental health nurses and other mental health specialists. Includes receipt of discharge summaries from MRRC and referrals and case referral directly to DHB mental health specialists.

E. Linkages and learnings from the NRRF 2017

The NRRF 2017 was held in Wellington on 24 - 25 May 2017. The theme of the forum was *Refugee Health and Wellbeing: connecting within and across the health system*, which enabled participants to increase their understanding of New Zealand’s health and disability system and explore how refugees connect within and across the health system. Following a series of panel discussions and presentations, participants worked in groups to share what they had learned about the health and disability system and the linkages with the other areas of settlement.

The following table outlines the linkages and learnings from that group work and which may provide opportunities to strengthen our delivery and coordination of health services to quota refugees:

Linkages⁹	Learnings¹⁰
Health & wellbeing and housing	Cost barriers to accessing GP services
Health & wellbeing and language proficiency	Language barriers to accessing health and disability services
Health & wellbeing and family violence support / social work	Increasing public sector competency in working with diverse communities

⁹ What are the key linkages between health & wellbeing and other areas of settlement?

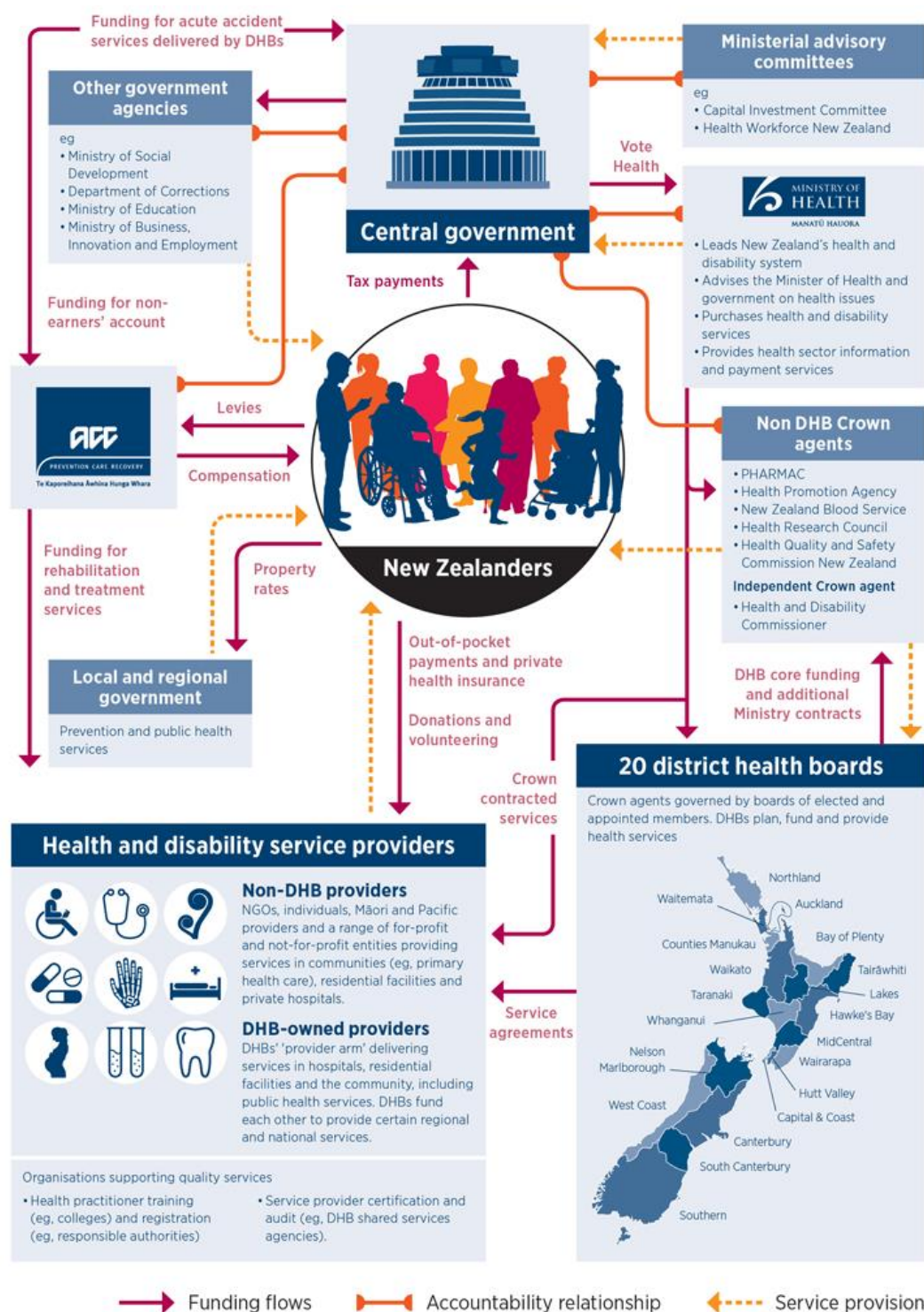
¹⁰ What are the key learnings from today’s sessions?

Health & wellbeing and family violence support / social work	Identifying issues early and linking individuals to services in the communities
Health & wellbeing and social and cultural norms	Key role of transition nurses as linkages between MRRC and community health providers, including mental health
Mental health and self-sufficiency	Role of the community in helping navigating health system
Mental health and family reunification policies	Better coordination to facilitate support services while awaiting access to specialist providers, especially in relation to complex situations
Mental health and community support	Importance of reducing mental health stigma
Disabilities and housing	Better coordination of disability support services provision in the community, especially for complex cases
Role of health promotion, education and screening to facilitate access to services	Understanding the complexity of the referral processes and timeframes across the regions

Annex One – Health and disability system

New Zealand's health and disability system is made up of a complex network of organisations and people, working collectively to achieve better health outcomes for all New Zealanders, so all New Zealanders *live well, stay well and get well*¹¹. This complexity makes the system difficult to understand and navigate.

Figure 1: The New Zealand Health and Disability System



¹¹ [New Zealand Health Strategy](#)