

an increased intake, a better response: addressing the health needs of greater numbers of refugees and asylum seekers.

Multicultural Sexual Health Network (MSHN) report



produced by  
Multicultural Health & Support Service  
(MHSS)

Centre for Culture, Ethnicity & Health  
(CEH)

T: +61 3 9418 9929  
E: [inquiries@ceh.org.au](mailto:inquiries@ceh.org.au)

Report for the 1<sup>st</sup> MSHN forum  
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multicultural health  
& support service



centre for  
culture,  
ethnicity  
& health

# introduction

The Multicultural Sexual Health Network (MSHN) is an initiative of Multicultural Health and Support Service (MHSS), a program of the Centre for Culture Ethnicity and Health (CEH). MHSS aims to address the poorer health outcomes for migrant and refugee communities regarding the highly complex and culturally sensitive issues of HIV/AIDS, hepatitis and sexually transmissible infections (STI).

We collaborate with communities and agencies to improve access to information, support, testing and preventative health messaging. We aim to increase culturally responsive service delivery. In order to do this MHSS works with:

- Communities from refugee and migrant backgrounds (including international students and asylum seekers);
- Generalist agencies; and;
- Multicultural organisations including ethno- specific services.

A recurrent theme that has emerged in MHSS' consultations with stakeholders is the need for a multi-sectoral approach that takes into account the complexities of the sexual health and wellbeing of people from CALD backgrounds. This has led to the creation of the **Multicultural Sexual Health Network (MSHN)**

## about the network

MSHN is a platform that brings together stakeholders from different sectors—such as education, employment, resettlement, housing and health—to discuss emerging sexual health issues and strategies to ensure better health and wellbeing of people from refugee, asylum seeker, migrant, and international student backgrounds. **The network will act as a hub for information sharing, referral, enhanced service coordination, treatment model development and multi-sectoral advocacy.**

MSHN was launched on the 23rd of April 2013 by Georgie Crozier, MLC Parliamentary Secretary for Health and Member for Southern Metropolitan Region in the Legislative Council. The launch brought together over 80 professionals working across government, university, service sector, and multicultural, ethno-specific and religious organisations.

*Establishing a forum that works across a wide range of sectors enables enhanced service coordination and a more effective and strategic approach to addressing BBV and STIs in migrant and refugee communities*

## the forum

The forum focused on how the service sector could best address the needs of refugees and asylum seekers particularly given the significant increase in humanitarian intake announced in August 2012. The government announcement of the humanitarian increase can be viewed on the Department of Immigration and Border Protection website at the following link:

<http://www.minister.immi.gov.au/media/cb/2012/cb189459.htm>

## presentations

### **Georgie Crozier, MLC, Parliamentary Secretary for Health and Member for Southern Metropolitan Region in the Legislative Council**



*Georgie Crozier, Parliamentary Secretary for Health, Member for Southern Metropolitan Region in the Legislative Council*

Ms Crozier described sexual health as a multifaceted issue, influenced by a wide range of factors such as gender, sexuality, media, sexual health literacy, cultural backgrounds, migration experiences, access to information, community connectedness, and personal decision making. Ms Crozier remains a strong advocate regarding the sexual and reproductive health of vulnerable groups.

The Department's commitment to sexual health is articulated within:

- The Victorian Public Health Plan (2011-2015)
- The Victorian Health Priorities Framework 2012-2022: Metropolitan Health Plan
- The Victorian Health Priorities Framework 2012-2022: Rural and Regional Health plan.

In line with this commitment, Ms Crozier reported that in 2012, the Department of Health had commissioned extensive consultations with Victorian health and community service sectors to identify the health needs of asylum seekers and people from refugee backgrounds. Key themes that had emerged from the consultation included the need for flexible and culturally responsive service delivery.

The recommendations put forward from that consultation included:

- Adopting a family-centred approach<sup>1</sup> to health;
- Timely and consistent sexual and reproductive health care and information; and
- Building an evidence base for sexual health promotion.

Ms Crozier commended MHSS for establishing MSHN, an initiative that encourages collaboration and joint partnerships in the service sector.

### **Marissa Whight, Acting Manager of Humanitarian Settlement Program at the Department of Immigration and Border Protection**

Ms Whight provided an overview of recent changes to the humanitarian program. These included:



*Marissa Whight, Acting Manager,  
Humanitarian Settlement,  
Department of Immigration and Citizenship*

- A doubling of the offshore (refugee) component from 6,000 to 12,000. The remaining visa grants (of 8,000) were set aside for the onshore component, made up of protection visas granted to asylum seekers and special humanitarian program.
- Increased intake of refugees from countries of first asylum in middle-east and south-west Asia. In particular, a rise in the number of

Afghanis resettled from Pakistan and Iraqis from Syria, Jordan, Turkey and Lebanon. She also reported an increase in the number of Afghanis, Iraqis and Iranians arriving through Indonesia and Malaysia.

- The Department of Immigration and Border Protection, in partnership with the UNHCR, continues to resettle refugees from Africa, the Middle East and Asia.
- By the end of June 2013, approximately 5,200 humanitarian entrants will have settled in Victoria.
- Between 1st of July 2012 and 30th of June 2013, the Humanitarian Settlement Service (HSS)<sup>2</sup> in Victoria planned to provide support to over 4,400 humanitarian entrants, including 250 women at risk clients.
- The top five nationalities of refugee entrants to Australia were from Afghanistan, Myanmar (Burma), Iraq, Pakistan and Iran.
- The Department of Immigration and Border Protection is currently settling new humanitarian arrivals in North-East suburbs in Melbourne, such as Hume, Darebin and neighbouring municipalities.

<sup>1</sup> This approach recognitions that working collaboratively with the families brings about better health outcomes for everyone in the unit.

<sup>2</sup>

- Victoria has over 950 humanitarian entrants living in community detention.
- Of the 13,500 humanitarian entrants in Australia who were on bridging visas by mid-April 2013, about 4,200 of them were living in Victoria.

Ms Whight acknowledged MSHN as an important referral pathway for workers with clients with specific health needs to access support.

**Celia McMichael, Lecturer and Research Fellow, Faculty of Humanities and Social Sciences, La Trobe University**



*Dr Celia McMichael, Lecturer and Research fellow, La Trobe University*

In her presentation, Dr McMichael advocated the importance of a cross-sectoral approach to BBVs and STIs in migrant, refugee, asylum seeker and international student populations.

Key issues raised by Dr McMichael included:

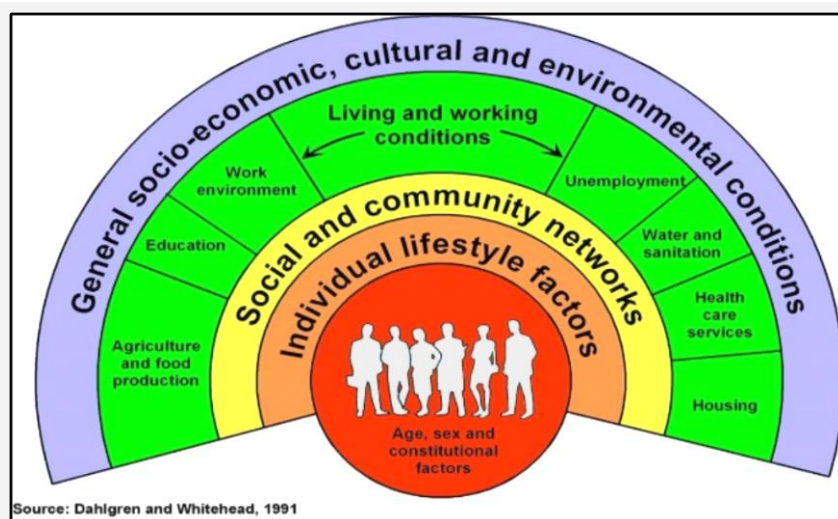
- **Substantial health** disparities between the Australian-born population and those born overseas.
- **Health is shaped by** culture and other broader social, economic and political factors that surround ethnic diversity.
- Sexual health is not just a clinical issue and that while it includes BBVs and STIs, it also encompasses unplanned pregnancy,

contraception, the ability to have a responsible, satisfying and safe sex life, the capacity to maintain respectful intimate relationships, and the ability to exercise reproductive rights.

Dr McMichael argued that sexual health outcomes for multicultural communities are not only influenced by beliefs about health and illness, but also by societal factors, such as access to housing, education and language services.

Dr McMichael used the figure schema of the determinants of health to emphasise that promoting sexual health requires a broader focus that takes into account individual health and individual risk-factors, and societal determinants of health.

### Schema of the determinants of health<sup>3</sup>



Dr McMichael identified that the promotion of sexual health in multicultural communities can benefit from a multi-sectoral approach. She acknowledged MSHN as an important forum that will address the underlying determinants of sexual health through collaboration across sectors.

### **Ambi Kaur, Refugee Health Nurse from Dousta Galla Community Health**



*Ambi Kaur, refugee health nurse, Dousta Galla Community Health*

Ms Kaur shared her experiences in her role as a refugee health nurse. Key issues raised by Ms Kaur:

- Health practitioners document only certain information about the client, it is crucial for service providers to share information, if they are to understand the diverse needs of a particular client.
- The main challenge that health practitioners experience in their work is to

establish trust with clients from CALD communities. Upfront challenges associated with language, housing, employment, education and discrimination affect the sexual health outcomes of a client.

- It is important for health practitioners to understanding health belief systems in order to be more effecting in meeting the needs of their clients.
- There is a gap in addressing the sexual health needs of CALD men.

Podcasts from the forum and presentation by speakers can be accessed at [http://ceh.org.au/our-programs/our\\_programs\\_mhss/mshn#forum](http://ceh.org.au/our-programs/our_programs_mhss/mshn#forum)

<sup>3</sup> Dahlgren, G. and Whitehead, M. 1991. Policies and strategies to Promote Equity in Health, Institute for Future Studies, Stockholm

# where to from here ?

During the workshop participants discussed strategies to improve service coordination and address barriers to accessing services.

Based on these discussions the group formulated some key recommendations:

## **1: Service mapping**

Acknowledged at the forum was the lack of information about which organisations provide what services. Participants emphasised the importance of being aware of the services available for their clients. They noted that a service directory would enable workers to provide a smoother and more seamless referral process for clients.

### *Recommendation:*

That Department of Immigration and Border Protection support the development of a service mapping project and produce a 'service directory' that is regularly updated. An electronic version of this directory should be centrally located.

## **2: Capacity building and workforce development**

Participants discussed that there was limited capacity of agencies in approaching the sexual health issues of refugees and asylum seekers. Participants identified a gap in knowledge regarding BBV/STIs issues of migrants and refugees. They proposed the need for more training for workers working directly with refugees and asylum seekers. Participants argued that such trainings would equip them with the necessary knowledge, skills and techniques to enable them to provide their clients immediate support and refer them to appropriate BBV/ STI services.

### *Recommendation:*

MHSS explore opportunities to offer workforce development and training to improve practice level skills and knowledge in working with clients from refugee backgrounds on sexual health.

## **3: BBV/STI prevention in detention**

Participants raised concerns about the vulnerability of asylum seekers in detention centres to BBV/STIs. They noted that it was challenging to reach asylum seekers with appropriate BBV/ STI information and face-to-face sessions.

### *Recommendation:*

MHSS to seek partnerships with organisations working with asylum seekers in order to facilitate face-to-face education sessions.

MHSS to develop an on-line multimedia platform, such as a web application, as a channel to provide health literacy to this group

#### **4: Strategic approaches to addressing BBV/STIs among CALD communities in regional areas**

Participants from regional Victoria noted that there was an increase in number of refugees requiring support in their areas. They reported that regional networks have been useful in addressing the STI/BBV needs of CALD communities in these areas. However, they also discussed the challenges in providing adequate services to these communities resulting from the lack of resources. Unlike their counterparts in metro Melbourne, regional workers cover great geographic areas and are much more likely to experience (as do their clients) a sense of isolation.

##### *Recommendations:*

Department of Immigration and Border Protection to support the provision of targeted services to address the specific BBV/STI needs of recent arrivals in regional Victoria.

Department of Immigration and Border Protection to support the co-location of specialist services with regional services in key locations identified as growth areas for humanitarian settlement.

MHSS to advocate for the development of a service mentoring scheme to support regional workers to receive tailored support from specialist services.



**MHSS acknowledges the support of the Department of Health and the participation of the following organisations/departments at the forum:**

1. Centre for Culture, Ethnicity and Health (CEH)
2. Resourcing Health & Education in the Sex Industry (RhED)
3. North Richmond Community Health (NRCH)
4. North Yarra Community Health
5. Healthy Together, Greater Dandenong
6. Department of Immigration and Border Protection
7. Burnet Institute
8. The Royal Women's Hospital
9. Foundation House
10. Centre for Excellence in Rural Sexual Health (CERSH), University of Melbourne
11. Western region health centre
12. Counselling service, Victoria University
13. Ethnic Communities' Council of Victoria (ECCV)
14. Positive Women Victoria
15. Monash Health
16. Swinburne University of Technology
17. ISIS Primary Care
18. Hepatitis Victoria
19. Victorian AIDS Council/Gay Men's Health Centre
20. City of Port Phillip
21. Family Planning Victoria
22. Asian Student Accommodation (ASA)
23. Headspace Barwon
24. Deafness Foundation
25. Positive Women Victoria
26. Centre For Multicultural Youth (CMY)
27. Health Works, Western Region Health Centre
28. Health Service, Swinburne University of Technology
29. International Student Care Service, Victoria State government
30. City of Melbourne
31. Monash Health
32. Hepatitis Victoria
33. Australian Research Centre in Sex, Health and Society (ARCSHS), La Trobe University
34. Women with Disabilities Victoria
35. Doutta Galla community health
36. Spectrum Migrant Resource Centre
37. Trinity College
38. Fitzroy learning network
39. Gippsland Women's Health Service
40. The Water Well Project
41. Jesuit Social Services
42. Asian Student Accommodation
43. White lion
44. Foundation House
45. General Practice Victoria
46. Faculty of Humanities and Social science, La Trobe University
47. Commission for Children and Young People, Victoria (CCYP)
48. Australian Federation of International Students (AFIS)
49. Fitzroy learning network
50. Anglicare Victoria
51. Melbourne Burmese Community Church
52. Asian Student Accommodation
53. HIV CALD SERVICE, Alfred Health
54. Burnet Institute