Everybody's Business Sub Committee

A model for the provision of gender and culturally sensitive sexual and reproductive health services to migrant and refugee communities in Darwin

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Demography of the Northern Territory

- Small population approximately 210,000 in total
- Aboriginal people make up 30% of population
- Around 14% born overseas
- Waves of migration since the 1960s
- Darwin Local Government Area migrant population profile is Philippines (11%) East Timor (9%) Greek (8%) Indonesian (6%) Thai (around 3%) Italian (around 3%)
- These groups are considered established due to their migration occurring more than 15 years ago.

Northern Territory Government

Migrant and Refugee Demography in Darwin

- Relatively small numbers of Vietnamese refugees in the 1970s and 1980s
- In 2001 Refugee Settlement and the Torture and Trauma response services were established in Darwin.
- Each year has seen waves of refugees with the most humanitarian and family reunion arrivals from Africa including Sudan, South Africa, Zimbabwe, Liberia, Congo, Somali, Kenya and Uganda.
- In recent years (2008 – 10) refugee arrivals were from Bhutan and Burma.

Migrant and Refugee Demography in Darwin

- Humanitarian entrants to the NT tend to be families with young children
- Annual quota of 200 refugees but not met
- Last five years three large detention centres built in or close to Darwin
- Capacity for 3000 detainees – usually full

Darwin’s Multicultural Mix

- Fantastic SE Asian style markets
- Great multicultural festivals

Northern Territory Government Response

- Whole of Government Multicultural Policy developed and managed by the Office of Multicultural Policy in Department of Chief Minister.
- Department of Health service delivery response:
  - FGM Manual developed for Royal Darwin Hospital
  - Fund Medicare Local to provide GP/nurse Refugee Health Service first 12 months to new refugees
  - DIAC Agreement re: providing Emergency Department services to asylum seekers

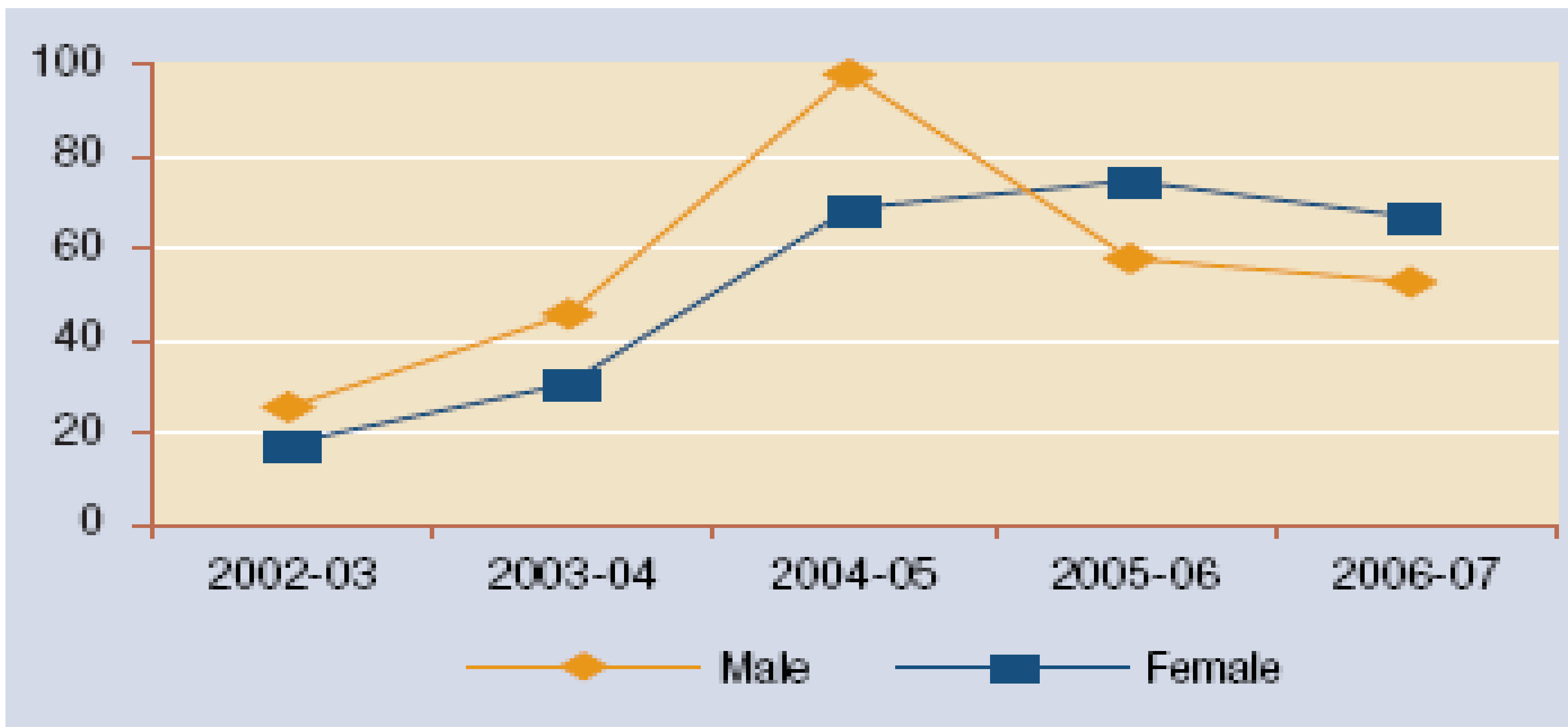
Women's Health Response

- Approached by Multicultural Council of NT in 2009 to propose a new stand alone multicultural women's health service for Darwin
- Model proposed was not feasible given the small number of various ethnic groups
- Women's Health Strategy Unit and the Office of Women's Policy saw knowledge gaps re: migrant and refugee women's health
- Co-funded a 6 week program to investigate the health needs of this group

Study Methodology

- Literature search
- Letter to 42 identified Darwin-based stakeholders, government and non-government; service providers and policy makers; public servants and community members – most interviewed
- Identified key health priorities for women in migrant and refugee communities

Sex Disaggregation of Refugees in Darwin



Gender	2002–03	2003–04	2004–05	2005–06	2006–07	Total
Male	25	45	97	57	52	276
Female	17	30	68	74	66	255
Total	**42**	**75**	**165**	**131**	**118**	**531**

Northern Territory Government

Sex Disaggregation of Refugees in Darwin

- Increased number of women after 2004 likely due to increased number of Women at Risk visa holders under the Humanitarian Program.
- Since approximately 2010, humanitarian settlement arrivals have reduced
- Main client group for settlement services now unaccompanied male asylum seekers on protection visas.

Findings of report

- Migrant women's health relatively good compared with the non-migrant population
- Health issues emerge as women age
- Refugee women access medical services through Refugee Health Service
- Cultural transition services from Melaleuca Refugee Centre for the first 12 months of settlement

Findings of Report

- Cultural practices and gender roles can make refugee women's health particularly vulnerable eg FGC
- Women traumatised by war; death and displacement; and sexual and physical abuse and rape
- Greatest unmet health issues for refugee women were **sexual and reproductive health** and **mental health**

Findings of Report

- Numbers of humanitarian settlers reducing
- Some family reunion visa holders arriving in Darwin
- Changing demographic in settlement services: no new families arrive many unaccompanied men
- Another major issue was fragmentation of services and lack of coordination of services
- Act of preparing report focussed stakeholders on the health issues from a gendered perspective

Stars Aligning

- 2009-10 Medicare Local and Family Planning Welfare NT invited Family Planning NSW to deliver “Down There” package for service providers
- Improve cultural sensitivity of sexual and reproductive education and service provision to migrant and refugee women and men
- Attended by Government and non-Government policy, midwifery, Refugee Health Service, nurses, doctors and community members
- African Australian Friendship Conference in 2011 also identified women’s and men’s health a priority

Northern Territory Government

Everybody's Business is Born

- 2010 Key stakeholders in Migrant and Refugee and Sexual and Reproductive Health formed a working group to:
  - Respond to the findings of the Report
  - Share information and implement the "Down There" program
  - Work collaboratively to identify and improve migrant and refugee women's and men's health

Northern Territory Government

Everybody's Business SubCommittee (EBS)

- EBS as a subgroup of Refugee Health NT
- Diverse membership
  - Department of Health Women's and Men's Health Strategy Units and Sexual Health and Blood Borne Virus Branch
  - Office of Multicultural Affairs (OMA)
  - Medicare Local
  - Family Planning Welfare NT
  - NT Aids and Hep C Council
  - Melaleuca Refugee Centre
  - Anglicare 5 year outreach program
  - Community Representative from the African Australian Friendship Group
  - NT Aids and Hepatitis Council
  - DIAC

Everybody's Business Sub Committee (EBS)

- Drafted Terms of Reference
- Drafted Community Development best-practice guidelines adapted from Foundation House
- Recognised capacity limitations but began to develop strategic action plan

Somali Community Workshop

- 2011 OMA approached by Mumma Fatuma
- Anti - FGM Campaigner and Somali community leader
- Wanted men and women to be involved in anti-FGC education sessions
- Her community profile and authority was key to getting four week workshops: one group for men; one for women
- EBS used this a pilot for our work

Somali Community Workshops

- Used a community development model from Foundation House
- Framed FGC message in primary health care model
- Small Somali community of approximately 50 people
- Ten men attended first group – three thereafter
- Consistent group of eight – ten women

Somali Community Workshops

- Evaluation showed:
  - Women attended regularly
  - Men hard to engage: we need to understand this more
  - Women discussed range of sexual and reproductive health issues; mental health issues and also changing role of women in decision making
  - Specialist Doctor (O&G) presented to one session re: health risks of FGC
  - Women found this most helpful – were not aware
  - EBS did not have capacity to duplicate this workshop with current resources
  - Use the evaluation report to develop project plan and seek funding

Ongoing EBS work

- Evaluation of the Somali Workshops
- Developed Project Plan to continue S&R health education following the model from the Somali workshops
- Sought funding for staff to undertake project work
- Two submissions to date unsuccessful
- Developed Action Plan

EBS Action Plan

- 1. Greater understanding of migrant and refugee health with focus on gender and sexual and reproductive health
  - Research – partner with Menzies; propose research topics
- 2. Information and resource sharing
  - Mapping exercise complete of all sexual and reproductive health sources in NT
- 3. Seeking funding to increase capacity of group
  - Funding applications
  - Responding to national and local issues eg FGM Summit

Governance of EBS

- Terms of Reference
- Best Practice Community Development Operating Principles
- Good will among members – all voluntary
- No status but Terms of Reference recognise this
- Medicare Local maintain central administration file so all meetings minuted along with all funding submissions

Northern Territory Government

Weaknesses

- No formal entity
- Overstretched – all done on top of existing workloads
- Lack good data of numbers in various ethnic groups

What's the big deal? Why are we here?

- All key stakeholders represented and accommodated
- Truly collaborative sharing resources, knowledge and small funds
- Seek to maximise limited capacity
- Respond to changing face of refugee and asylum seeker health in the NT