

18 HEALTH STATUS OF REFUGEES AND NEW MIGRANTS

18.1 Introduction

The increasing mobility of people globally means New Zealand has to develop and protect the attractiveness of New Zealand as a place to live and work¹¹⁵. Protecting New Zealand from economic, environmental and health risk factors are a critical part of promoting our country.

The 1951 United Nations Convention Relating to the Status of Refugees defines a refugee as a “person who owing to a well-founded fear of being persecuted for reasons of race, religion, nationality, membership of a particular social group or political opinion, is outside their country of nationality and is unable or owing to such fear is unwilling to return to it”. Refugees arrive in New Zealand belong to one of three categories: Quota refugees, Asylum seekers or international/family reunification migrants.

As at the census night in March 2006, New Zealand had a migrant population of approximately 927,000¹¹⁶. In 2005/06 a total of 51,000 people were approved for residence. Of these 31,870 were approved through the Skilled/Business Stream (62 percent), 14,967 through the Family Sponsored Stream (29 percent) and 4,399 through the International/Humanitarian Stream (9 percent). The international humanitarian stream includes the Pacific Access Category which allows a number of citizens of Fiji (250), Kiribati (75), Tonga (250) and Tuvalu (75) and the Samoan Quota which allows 1100 Samoans to be granted residence in New Zealand each year.

The number of people identifying with one of the many Asian ethnic groups more than doubled in New Zealand between 1996 and 2006, increasing from 173,505 in 1996, to 354,552 in 2006. The Pacific ethnic groups had the second largest increase over the same period, increasing 31.5 per cent, from 202,236 to 265,974 people.

The 2006 census reported a new ethnic category of ‘New Zealander’ for the first time and 429,429 people identified this way. (In previous years, ‘New Zealander’ responses were included in the category New Zealand Europeans.) The category ‘Middle Eastern, Latin American, and African’ was also reported for the first time in the 2006 census and represented 34,743 respondents nationally. However, the population demographics of this category were not available at DHB level or at a regional level. Hence this section of the HNA 2008 will use data derived from the 2001 census.

¹¹⁵ Department of Labour, Annual Report 2006, Vote Immigration, <http://www.dol.govt.nz/publications/general/ar0506/19-vote-immigration-class-international-citizen.asp#o2>

¹¹⁶ Fiscal impacts of immigration 2005/06, Economic impacts of immigration working paper series, www.dol.govt.nz

The content of this section is extracted from “The Public Health Needs of Waikato Migrants and Refugees, 2005¹¹⁷” report.

18.2 Statistical Profile and Trends

18.2.1 Geographic distribution

- In 2001, there were 317,751 people who usually lived in the Waikato DHB area. 13% (41,292) of these people were born overseas.
- Hamilton City has the largest share of the migrant population. 48.6% of the overseas born population in the Waikato DHB area lived in Hamilton in 2001.
- 17.4% of the Hamilton population had been born overseas, compared to 13% in the Waikato population as a whole.
- Nearly two-thirds of Waikato new migrants who had been resident in New Zealand for less than five years lived in Hamilton in 2001.
- Of the 6,318 new migrants resident in Hamilton, two-thirds were born in ‘non-traditional’ source countries in Asia, Africa, the Middle East, and Eastern Europe.
- The urban / rural split showed 60% of the overseas-born population in Waikato lived in urban areas, 75% of new migrants lived in urban areas and 85.7% of new migrants born in ‘non-traditional’ source countries lived in urban areas.

18.2.2 Birthplace

- 55.2% of Waikato new migrants had been born in ‘non-traditional’ source countries.
- The top 10 countries of birth of new migrants resident in the Waikato were: the United Kingdom & Ireland (1,659), South Africa (1,032), China (948), Australia (918), Taiwan (534), Fiji (450), South Korea (393), India (327), USA (303), and Somalia (255).

18.2.3 Ethnic Groups

The ethnic make-up of the Waikato population has changed considerably over the last decade.

- 70.5% of the overseas-born population in Waikato self-identified as European, 20% as Asian, 6.9% as Pacific Peoples, 2.4% as Maori, 1.7% as African and 1% as Middle Eastern.
- Among new migrants, only 47.8% self-identified as European, 5.9% as Pacific Peoples and 2.6% as Maori.
- 39.1% of new migrants self-identified as Asian, 4.6% as African and 2.5% as Middle Eastern.

The Waikato has larger shares of the country’s Somali, Cambodian and total African populations.

¹¹⁷ Elsie S Ho, P B Guerin, J Cooper, B Guerin, Migration Research Group, University of Waikato, www.waikato.ac.nz/migration/

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- With 762 people self-identified as Cambodians in 2001, the Waikato Cambodian population comprised 15% of the national Cambodian population.
- One quarter of the Somali population in New Zealand lived in the Waikato.
- 12% of the total African population in New Zealand lived in the Waikato.

18.2.4 Age and sex

- The migrant population in Hamilton had a much higher percentage of young people (15-24 years) than either Other Urban Areas or Rural Areas.
- The new migrant population had much higher percentages of children (26.3%) and young people (22.1%) than the total Waikato population as a whole (11.3% and 12.5% respectively).
- Variations in the age structure for the top 10 countries of birth of Waikato new migrants highlight the influence of different migration patterns:
 - Family migration – large proportions of children and young people found among new migrants born in Taiwan, South Korea, China, USA, South Africa and Fiji.
 - Skilled migration of young people – large proportions of young working age group migrants (25-44 years) among new migrants born in India and the UK.
 - Return migration – the Australia-born new migrants had the highest percentage of children under 15 years. They are children of NZ-born parents returning from Australia.
 - Refugee-linked migration – young age structure, and large proportion of NZ-born children in Somali and other African groups.
- 7.7% of the Waikato's total population was made up of children under five years of age. Although the majority were of European, Maori and Pacific ethnicities, there were around 1,000 children under five indicating Asian, African or Middle Western ethnicities who were born locally.

18.2.5 Languages

- 8.4% of new migrants could not speak English or Maori – 42.9% of these were Chinese, 11.8% Korean, 10.2% Somali, 8.7% Indian, 7.5% Cambodian and 5.5% Middle Eastern
- 3.7% of total migrants could not speak English or Maori – women and older people who have no English prior to migration experience the most difficulties learning a new language.
- The top 10 non-official languages spoken by new migrants with no English or Maori are: Chinese, Somali, Korean, Khmer, Arabic, Assyrian, Samoan, Hindi, Tongan and Japanese.

18.2.6 Religious affiliations

- 7% of Waikato new migrants were Buddhists, 5.8% Hindus, 6.2% Muslims – much higher percentages than those in the Waikato resident population as a whole.

18.2.7 Education and Qualifications

- 33.1% of new migrants had university qualifications. New migrants from China, India and South Africa are the most likely to have a university degree and/or higher qualifications. New migrants from Fiji, Somalia and Cambodia are the least likely to have a university qualification.
- 20.6% of new migrants had vocational qualifications. New migrants from South Africa, Fiji, Australia, and UK & Ireland are the most likely to have a vocational qualification. New migrants from countries in Asia and Africa are the least likely to have a vocational qualification.
- 40.4% of new migrants have school only qualifications / no formal qualifications. Migrants from Cambodia and Somalia are the most likely to have school only / no formal qualifications.

18.2.8 Labour market outcomes

- The labour market outcomes amongst new migrants from different regions of origin vary markedly.
- New migrants from 'traditional' source countries in North-West Europe, the Americas and Australia had much higher full-time employment rates, and lower non-participation and unemployment rates than other regions.
- For new migrants from 'non-traditional' source countries, those from South Africa also had high employment rates, low non-participation rates and low unemployment rates.
- New migrants from 'non-traditional' source countries in northeast Asia and southeast Asia had very high non-participation rates and unemployment rates.

18.3 Identification of Health-related issues from the Demographic Analysis

This demographic analysis highlights considerable variations in migration patterns, age-sex structure, religion, culture, language, education, and socio-economic experiences amongst migrants in the Waikato. Over half of the new migrants in the region now come from 'non-traditional' source countries in Asia, Africa and the Middle East. There are a number of challenges that our health system must face in order to ensure that these culturally and ethnically diverse groups can access services appropriate to their needs. Some health-related issues arising from this demographic analysis are identified below.

- One in 12 Waikato new migrants could not speak English or Maori. A lack of English proficiency is a key barrier preventing new migrants from using health services.

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- Special groups of established migrants also require interpreting and language support services. Women and older people who cannot speak English often rely on their children or grandchildren for interpreting. However, when their children leave home, they will be left without language support.
- Cultural beliefs about health, illness and caring do not suddenly disappear when migrants arrive in a new country. Understanding such beliefs is important for anyone attempting to serve their health care needs.
- Some new migrants are refugees. They are a particularly vulnerable group because, unlike voluntary migrants, refugees have not had a choice with regard to leaving their home country and, they are less likely to have community-based supportive networks in New Zealand.
- Many highly skilled migrants from non-English speaking backgrounds have faced serious problems finding a job because the qualifications they have gained in their country of origin are not accepted in New Zealand. Research has shown that these difficulties have impacted on their health.
- There are large proportions of children and young people amongst the new migrant groups. Coping with cultural differences is a major challenge they face.
- Women from traditional religious backgrounds and with limited English language ability are particularly vulnerable and many have to cope with considerable social and cultural isolation in their new country.
- There are high incidences of 'astronaut' families among recent migrant families from northeast Asia. This 'split' family arrangement can cause strain in family relationships and may impact on the health of families.
- The older population is growing. Older migrants from non-English-speaking backgrounds face the most difficulties in participating in the activities of their new country. Their inability to communicate effectively in English and their dependence on their family members to provide transport for them are the main obstacles.

18.4 Changing nature of the New Zealand population

- In the three years since the 2001 Census, countries in Asia have continued to be the dominant source of permanent residents to New Zealand. They accounted for 49.7% of the total approvals in the three years 2001/2 – 2003/4.
- Great Britain, South Africa and Fiji accounted for another 27.7% of residence approvals for the last three years.
- There has been a noticeable shift in the make-up of the largest sources of refugees to New Zealand in the last three years. Afghanistan and Iraq have both become more significant sources and accounted for 58.8 percent of total residence granted under the Refugee Quota Programme for the three years 2001/02 – 2003/04.

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- Somalia, Ethiopia and Burma, which were major sources of refugees in the preceding three years, made up less than a quarter of total approvals through the Refugee Quota.

18.5 Stock-take of Existing Public Health Services and Resources

Public health services

Public health is about promoting wellbeing and preventing ill health. Key services in Hamilton that are funded for public health include:

Refugees and Migrant Services - RMS Refugee Resettlement

- A RMS Co-ordinator in Hamilton co-ordinates health screening for family reunification migrants from refugee backgrounds, in addition to co-ordinating and liaising with health services, social services, education and support services, and facilitates access to these services for refugees, asylum seekers and their families.

NZ Aids Foundation

- A new African Health Promotion Programme provides HIV/AIDS prevention education to African communities (especially young people).
- Brochures in seven different languages outlining some basic information about HIV/AIDS.

Problem Gambling Foundation

- The Asian Problem Gambling Services provides an Asian Hotline and resources in Chinese and Korean including pamphlets, videos and a website.
- A part-time counsellor and community worker provides health promotion and education to the Chinese communities in Hamilton to raise awareness of the risks of problem gambling and eliminate the harm caused by gambling.

Family Planning Association

- Previous projects included a Train the Trainers Programme (with RMS) to provide education to Somali women and men, particularly parents, about sexuality and reproduction and a Peer Support Programme a school programme for young women from different ethnic communities.
- Currently, because of the high demand for FPA educators' time, education programmes are delivered on a needs basis through community groups and education institutions.

18.6 Public funded services

Mental health services

- Waikato DHB Mental Health and Addiction Services offer no specific services to new migrants and refugees. These groups access the specialist service offered to the general population via referral or self-referral.
- Community-based mental health services that work closely with WDHB mental health services include:
 - Schizophrenia Foundation (SF) Waikato provides support, information, education and advocacy with a strong focus on family/whanau/caregivers support.
 - Whai Marama Youth Connex offers an advocacy and support service for youth. A Refugee Youth Advocate has recently been employed on a fixed term contract to provide advocacy and support services for these populations. Other programmes include a Youth Orientation Programme (with RMS) and a Youth Transition Programme (with MSD).

Personal health and screening

- Health Waikato Community Services provides personal health services to individuals and their families/whanau in the community setting. There are not specific programmes for migrants and refugees but staff members in the Community Services have contact with these groups via referral.
- There are no specific programmes for migrants and refugees, however, a health promoter from a migrant background is employed who promotes the breast and cervical screening programmes in the Waikato region.

Sexual and reproductive health

- The Hamilton Sexual Health Clinic provides free services including screening for sexually transmitted disease, treatment, counselling and education. It works closely with the NZ Aids Foundation.

Well Child

- Waikato Plunket is currently training a Mandarin speaking Plunket nurse to provide health education and promotion as well as support for Chinese parents with children from birth to five years.

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Primary Healthcare Organisations (PHOs)

- A Migrant Health Promoter has been employed through Waikato PHO to develop health promotion programmes with migrant communities.

Services that support health gain

Health is not just the responsibility of the health sector, but goes beyond healthy lifestyles to wellbeing. Some agencies that work to support health gain for new migrants and refugees in the Waikato are:

Waikato Migrant Resource Centre (WMRC)

- A migrant resource centre in the Waikato was a major recommendation of the Refugee and new Migrant Strategic Plan (Intersect Waikato, 2003a) and Action Plan (2003b). The Centre offers information, education and a supportive environment for new migrants and refugees in the Waikato.

Settlement Support Services Co-ordinator

- This position has been created as part of the New Zealand Immigration Settlement Strategy (2003) to provide better co-ordinated provision of settlement advice and information for new migrants, refugees and their families at the local level. The Settlement Support Co-ordinator will identify needs within communities and identify services to best meet these needs.

Hamilton Interpreting Service

- The Hamilton Multicultural Services Trust (HMST) holds a contract with the Waikato DHB to provide interpreting services to migrants and refugees from non-English speaking backgrounds.

Ministry of Social Development (MSD)

- Refugee Intersect Forum was established in 2005 to develop a co-ordinated strategic approach across agencies in order to assist the Somali community to develop appropriate responses to their specific needs.
- Youth Transition Service will assist “at risk” youth to identify their career aspirations and work with the youth to re-engage in education, training or employment. Whai Marama Youth Connex has been selected as the provider to deliver the service.
- Thrive is a case management service specifically for migrants and refugees in Hamilton

Shama – Hamilton Ethnic Women’s Centre Trust (HEWCT)

- Establishes linkages to ethnic communities, government and NGOs, schools and various organisations with an interest in the wellbeing of migrants and refugees in the Waikato.
- Shama has a service focus on the health needs of migrant and refugee women and their communities, and is seeking funding support to provide health promotion programmes with the migrant and refugee peoples in the Waikato and Bay of Plenty District.
- Shama also helps to support health gain of ethnic women by providing services such as driving theory class, sewing classes, cooking classes and holiday programmes for children.

Hamilton Directory for New Settlers

- The directory provides a comprehensive list of services available to migrants and refugees in Hamilton including: information services, community services, places of worship, employment services, leisure facilities and health services.

Traditional medicines and therapy

- Alternative medicines and natural therapy are often preferred by refugee and migrant groups as alternatives to the biomedical approach to health and illness. There are a few options for Chinese traditional healing and Ayurveda (traditional Indian healing) in Hamilton.

18.7 Recommendations

The recommendations outlined in the “The Public Health Needs of Waikato Migrants and Refugees” report were:

Building healthy public policy

- Five health priority areas identified are:
 - Improving interpreting and communications
 - Mental health
 - Women and child care
 - Culturally appropriate care by health professionals
 - Improving health data collection and reporting.
- Funding constraints have been identified as a key obstacle to the development of a more responsive, accessible and culturally appropriate service delivery system. This funding issue needs to be addressed at the policy level.
- Develop policies to support ethnic diversity in the health workforce and ensure migrant and refugee community input into the development of health programmes and policies.

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- Improve quality of ethnic data by disaggregating data collection and reporting in health to include identifiable ethnic minority groups where appropriate, eg. African, Middle Eastern.

Creating Supportive Environment

To address the identified priority need to improve access to health information, education and services and the need to better link new migrants and refugees to primary healthcare providers, government agencies and other community organisations and professionals. The priority areas identified were:

- Improving access to health information, education and services.
- Interpreting services to reduce barriers to accessing health services
- Increase publicly available information about health professionals who speak other languages or who specialise in migrant and refugee issues.
- Promote enrolment to GP and dental services and ensure people are aware of all health services and checks available to them.
- Develop outreach programmes to improve access to diverse communities.
- Improve communications between New Zealand Immigration Services and RMS about family reunion refugees and their access to government funded services, including health.

Strengthening Community Action

- Train and employ ethnic community members in health promotion and health services to facilitate access to migrant and refugee communities.
- Assist refugee and new migrant health professionals to gain registration or recognition of qualifications.
- Fund the employment and training of ethnic health workers.
- Constant evaluation and dialogue with communities.

Developing Personal Skills

- Provide appropriately translated information and programmes to ensure that refugees and migrants are aware of and understand the New Zealand health systems, their rights and their entitlements.

Reorienting Health Services

- Improve intra and inter-agency communications.
- Coordinate network between health services and refugee communities

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- Ensure management and staff have a high level of cultural sensitivity and awareness around refugee and migrant issues.
- Ensure systems adequately support staff in the provision of care for new migrants and refugees.
- Improve systems for reporting and documenting health data relating to refugees and migrants.
- Monitor progress towards the elimination of health care disparities.