

Asylum seeker health

updated March 2014



Information sheet 1

Asylum Seeker information sheet for Victorian health services

This information sheet aims to provide clarity to health service staff in Victoria on asylum seekers' health entitlements, housing arrangements and details on who to bill for health services. A table providing details of entitlements can be found on page 3. Some questions to assist in identification of asylum seeker clients as well as contact details for agencies that work with asylum seekers are found on the last pages of this information sheet.

Who are asylum seekers?

An asylum seeker is a person who has applied for a refugee protection visa and is awaiting a decision on this application. In contrast (and to simplify for the purposes of brevity) a refugee is someone whose asylum claim has been successful. This is an important distinction.

Depending on mode of arrival to Australia, the experiences, living arrangements and service eligibility of asylum seekers vary. Below are details of four groups of asylum seekers. It is important to recognise that individuals may move from group to group (e.g. from detention facilities to Community Detention programs or onto a Bridging Visa) and that eligibility for certain services (including Medicare) can change during the visa determination process. All people claiming asylum in Australia have to undergo a Visa Health Check, which is performed by a providers contracted by the Commonwealth Department of Immigration and Border Protection (DIBP).

Asylum seekers who arrived with a visa (usually by plane)

Those who arrive in Australia with valid entry documents (usually by plane) are not generally subject to immigration detention. These people are reliant on the private rental market for accommodation, and due to high costs and rental barriers, may live with friends or relatives while their claim is being processed. These people may have arrived on tourist, business or student visas, and claimed asylum after arrival in Australia. On expiration of their original visa, people in this group are typically given a Bridging Visa A (BVA), Bridging Visa C (BVC) or a Bridging Visa E (BVE). This group of asylum seekers are Medicare eligible if they have work rights. Medicare ineligible asylum seekers can access public health services (which usually require a Medicare card) as per the Victorian Department of Health policy (see Further Reading), and may be eligible for assistance from the Australian Red Cross via the Asylum Seeker Assistance Scheme (ASAS) and Community Assistance Support (CAS) schemes (see Box 1). With client consent, medical summaries for this group should be available from previous treating doctors.

Asylum seekers who arrived without a visa (prior to 19 July 2013)

Note: asylum seekers who arrived by boat without a valid visa after 19 July 2013 are subject to offshore processing.

Immigration detention (no visa status)

Asylum seekers who arrived without valid entry document are subject to periods of immigration detention. Those arriving by boat before 19 July 2013 were usually detained on Christmas Island in the first instance, and then moved to mainland immigration detention facilities. People in detention have no visa status. While in detention facilities, health care is facilitated by the Commonwealth government-contracted International Health and Medical Services (IHMS), sometimes this involves receiving care from a contracted private or public hospital that have reimbursement arrangements with DIBP. People in held detention are accompanied by guards to all appointments outside of the detention facility. After release or transfer from a detention facility, clients are given a detention health discharge summary, which treating doctors are able to request from the client or from IHMS (contact details are later in the document). The detention health discharge summary prepared by IHMS includes details of diagnosis, medication and special needs. People detained for prolonged periods in Australian immigration detention may have memory, concentration and other mental health impairments related to this experience.

Community detention (no visa status)

Some asylum seekers are released from immigration detention facilities into the community under the Community Detention Program. Placement in the community allows people to move about without being accompanied by an immigration officer. The Australian Red Cross and other service providers manage this Program under contract to DIBP, and provide people in this group

(usually women, families or unaccompanied minors) with housing, some income support (adults who arrived before 13 August 2012 receive 70% of Centrelink Special Benefit, adults who arrived after 13 August 2012 receive 60% of Centrelink Special Benefit, unaccompanied minors receive support to budget their income which is equivalent of 89% of youth allowance) and some case management support. These clients are legally still in detention and have no visa status. Community Detention clients are not eligible for Medicare, instead IHMS is contracted by DIBP to facilitate and pay for a specified range of health services for this group. Clients in this group should have an IHMS Card. Upon entry into Community Detention, IHMS will assign a General Practice clinic located within reasonable distance of a person's housing. Each GP clinic will have been credentialed by IHMS, meaning that the clinic has entered into a formal agreement to provide services at agreed rates, with administrative procedures in place. The Australian Red Cross, Hotham Mission, McKillop Family Services or a local service provider will arrange the first appointment to the assigned GP, and may attend with the client. The client should bring with them their Health Discharge Assessment which has been provided by IHMS. The GP manages health care for the client, and refers to other providers as required and in line with agreed procedures. IHMS will meet the cost of eligible clinical services and will reimburse GP consults using Australian Medical Association (AMA)/Department of Veterans Affairs rates. IHMS, through DIBP, has alternative reimbursement arrangements for other public health services. Specialist referral should be organised with the assistance of IHMS. Do not ask Community Detention clients to pay for consultation. Detention health summaries and medical summaries are available from IHMS through the Community Detention Assistance Desk (details in Box 2). IHMS should be approached directly for medical summaries. The Australian Red Cross or other service providers can respond to other relevant enquiries (see contact details at end of document). To become an IHMS provider GPs, practices and specialists should contact IHMS.

Living in the community post-detention (Bridging Visa E)

Since November 2011, asylum seekers have been released from detention facilities on a Bridging Visa E (BVE) to live in the community. This group are reliant on the private rental market, and receive six weeks of income, housing and case work support from Australian Red Cross and AMES after they exit detention (called CAS Transitional Support). After CAS Transitional Support BE holders assessed for their eligibility to remain on CAS, or may be referred onto the Asylum Seeker Assistance Scheme (ASAS) (see Box 1). Holders of BVE are eligible for Medicare. BVE holders may not be aware that they are eligible for Medicare, and will need support to understand the Medicare system. Red Cross and AMES can help these clients register for Medicare and renew Interim Medicare Cards after their expiry. Medicare validity and expiry is linked with an asylum seeker's Bridging Visa E, in circumstances where a BVE has expired due to DIBP administrative processing delays, a client remains in the community without a valid Medicare card. In these instances payment for medical services may be arranged with ASAS/CAS providers through a letter of supply. There is a clear distinction in entitlements for post-detention BVE holders that arrived in Australia before and after August 13 2012. BVE holders who arrived before August 13 2012 will generally have work rights; BVE holders who arrived after August 13 2012 do not have work rights.

Temporary Humanitarian Stay/Concern visa (Subclass 449 & 786)

Since September 2013, the government's policy is not to issue permanent protection visas to people who arrived by boat without a valid visa. DIBP announced in February 2014 that people found to meet the requirements for protections may be offered a Temporary Humanitarian Stay visa (subclass 449), valid for up to one year, then/or a Temporary Humanitarian Concern visa (subclass 786), which may be valid for up to three years. The 449 visas have no entitlements attached to them, at the time of writing this fact sheet, as the expectation is that people will only be on this visa briefly for administrative reasons then move to a 786 visa. The 786 visa entitles holders to apply for work, study, Centrelink payments, a Health Care and a Medicare card. 786 visa holders are eligible for the Refugee Health Assessment under MBS Items 701, 703, 705, 707 – this is a one-off timed assessment that must be performed in the 12 months after visa grant. 786 and 449 visa holders are not entitled to settlement support case management.

Box 1: Eligibility for and assistance provided by ASAS and CAS programs

Community Assistance Support (CAS) Transitional

The Community Assistance Support (CAS) Transitional is facilitated by Australia Red Cross and AMES whose workers provide six weeks of assistance to BVE holders and eligible Temporary Humanitarian Concern visa holders transitioning out of detention. This includes transitional accommodation; financial assistance to cover: basic living expenses (equivalent to 89% of Centrelink Special Benefit, clients between 18-21 are eligible for 89% of youth allowance, but may in some instances be assessed to be eligible for special benefits); general healthcare (including access to pharmaceuticals at the HCC rate). Case workers assist with referral to health, counselling, legal and to find more permanent housing.

Asylum Seeker Assistance Scheme (ASAS)

The Asylum Seeker Assistance Scheme (ASAS) is facilitated by Australia Red Cross and AMES whose workers assist eligible asylum seekers to access financial assistance to cover: basic living expenses (equivalent to 89% of Centrelink Special Benefit, clients between 18-21 are eligible for 89% of youth allowance, but may in some instances be assessed to be eligible for special benefits); general healthcare (including access to pharmaceuticals at the HCC rate) and protection visa health/character checks. Case workers assist with referral to health, counselling, legal and housing services.

Visit the ASAS Fact Sheet for more information: <http://www.redcross.org.au/asylum-seeker-assistance-scheme.aspx>

Community Assistance Support (CAS)

The Community Assistance Support (CAS) program is for clients who are highly vulnerable and who have complex needs. The program provides eligible clients with: complex case support; income support to cover basic living expenses; access to healthcare (including access to pharmaceuticals at the HCC rate) and counselling; and assistance with accessing accommodation, crisis accommodation and long term housing.

Visit the CAS Fact Sheet for more information: <http://www.redcross.org.au/community-assistance-support.aspx>

Table 1: Asylum Seeker eligibility for Victorian health and community services (Please note: eligibility for certain services can change during the visa determination process)

		Boat without a valid visa <small>prior to 19 July 2013</small>			
Mode or arrival	Plane with valid visa	Detention facility	Community detention (residential housing)	Community (post-detention)	Community
Living	Community	No visa	No visa	Bridging visa E	Community
Visa subclass	Bridging visa A, C, E or other	No visa	No visa		Temporary Humanitarian Concern Subclass 786
Case workers (For community and social services)	No formal case worker May be eligible for ASAS or CAS (see Box 1)	N/A	Red Cross and other agencies	CAS Transitional then may be eligible for ASAS or CAS (see Box 1)	CAS Transitional for those being released from detention (see Box 1)
Work rights	Mostly yes	No	No	Mostly yes for BVE holders that arrived before 13 August 2012 No for BVE holders that arrived after 13 August 2012	Yes
Volunteering	Yes	No	Yes - if approved by DIBP through care plan	Yes - at non-for-profits or local government with volunteering programs	Yes
Healthcare (Medicare Eligibility)	Medicare eligible if client has work rights Medicare ineligible asylum seekers have access to Victorian DH funded public hospital and other services	Medicare ineligible International Health Medical Service (IHMS) provide health care	IHMS pay for health services from a network of health providers via a sub-contracting arrangement Access to Victorian DH funded public hospital/other services	Medicare eligible (but client may not be aware of this) If BVE has lapsed, Medicare may also lapse Access to Victorian DH funded public hospital/other services	Medicare eligible Health Care Card eligible
Pharmaceuticals	If Medicare: PBS access but no Health Care Card ASAS and CAS clients funded to pay HCC rate	IHMS pay	Provided through IHMS subcontracted pharmacies Over-the-counter medication that is medically indicated should be written on PBS script for costs to be covered	If Medicare: PBS access but no Health Care Card (HCC) ASAS and CAS clients funded to pay HCC rate	Access to PBS
Housing arrangement	Reliant on private rental market. Due to high barriers (cost, need for references) many people live with family, friends or with community members	In a detention centre or alternative place of detention with little to no movement outside of facility	In a Red Cross (or other agency) rented house, often sharing with other people/families in Community Detention program Clients pay for utilities	CAS Transitional (see Box 1), then private rental market No household formation package If eligible for ASAS or CAS may receive up to 89% of Centrelink rental assistance.	Private rental market. Eligible to apply for Centrelink rent assistance.

Table 1: Asylum Seeker eligibility for Victorian health and community services (continued)

		Boat without a valid visa prior to 19 July 2013		
Mode or arrival	Plane with valid visa	Detention facility	Community detention (residential housing)	Community (post-detention)
Living	Community	No visa	No visa	Community
Visa subclass	Bridging visa A, C, E or other	No visa	No visa	Bridging visa E
Income support	May be eligible for ASAS or CAS (see Box 2)	No	Adults who arrived before 13 August 2012 receive 70% of Centrelink Special Benefit Adults who arrived after 13 August 2012 receive 60% of Centrelink Special Benefit Unaccompanied minors receive support to budget their income which is equivalent of 89% of Centrelink Youth Allowance	89% of Centrelink Special Benefit CAS Transitional then may be eligible for ASAS or CAS (see Box 1) Clients between 18-21 are eligible for 89% of youth allowance, but may in some instances be assessed to be eligible for special benefits
Torture & trauma counselling	Yes	Yes	Yes	Yes
Education (up to 18 y.o.)	Eligible for government primary and secondary school and for English Language Schools	Sometimes schooling is available in detention facilities	Eligible for government primary and secondary school and for English Language Schools	Eligible for government primary and secondary school and for English Language Schools
Education (adults)	Informal volunteer run classes. Some TAFE course access – Skills Victoria	Varies	90 hours over 10 weeks of English language classes through AMEP. No access to vocational programs	45 hours over 6 weeks of English language classes through AMEP. Informal volunteer run classes. Some TAFE course access – Skills Victoria at own expense.
Public transport concession	Some access as per Concession Guide*	NA	Some access as per Concession Guide*	Some access as per Concession Guide*
Re-entry into Australia after overseas travel	No	No	No	No
Migration legal advice	RILC/ASRC	RILC	RILC	RILC/ASRC
Family reunion	No	No	No	No

* See 'Further reading' overleaf

Further reading

- 'Guide to asylum seeker access to health and community services in Victoria', Victorian Department of Health, revised July 2011: <http://docs.health.vic.gov.au/docs/doc/Guide-to-asylum-seeker-access-to-health-and-community-services-in-Victoria>
- 'Guidelines for Victorian public health services in Community Detention', Victorian Department of Health, revised October 2011: <http://docs.health.vic.gov.au/docs/doc/Guidelines-for-Victorian-Public-Health-Services-on-Community-Detention>
- Eligibility for a Travel Concession card: <http://ptv.vic.gov.au/tickets/concessions/vpt-asylum-seeker-concession-cards/>
- Asylum Seeker Support Programs: www.immi.gov.au/media/fact-sheets/62assistance.htm
- Promoting Refugee Health: A guide for doctors, nurses and other health care providers caring for people from refugee backgrounds (also relevant to asylum seekers): www.refugeehealthnetwork.org.au/guides
- Caring for Refugee Patients in General Practice: A desktop guide: www.refugeehealthnetwork.org.au/guides
- Department of Immigration and Border Protection Fact Sheets 60-69: <http://www.immi.gov.au/media/fact-sheets/>
- Department of Immigration and Border Protection Fact Sheet 65: <http://www.immi.gov.au/media/fact-sheets/65onshore-processing-irregular-maritime-arrivals.htm>
- Refugee Advice and Casework Service Protection visa pathways factsheets: <http://www.racs.org.au/causes/protection-visa-assistance/>
- Refugee Health Assessment MBS informatino: http://www.health.gov.au/internet/main/publishing.nsf/Content/mbsprimarycare_mbsitem_refugees

Box 2: Detention health discharge summaries

Community Detention Assistance Desk (CDAD)

Clients are provided a health discharge summary before leaving immigration detention including community detention. Asylum seekers receive a large amount of paperwork around this time, therefore they may not be able to identify the summary to bring to a medical appointment. Medical practitioner can contact the Community Detention Assistance Desk (see contact details at end of document) to request a copy of the health discharge summary. This process takes a few weeks as IHMS need to seek permission from DIBP to release the files. Medical practitioners should alert CDAD staff if the health matter is urgent.

Table 2: Contact details for asylum seeker support agencies and health services

Agency	Services	Contact
Red Cross Migration Support Programs	Casework	(03) 8327 7700
Asylum Seeker Project (formerly Hotham Mission)	Casework	(03) 9326 8343
McKillop Family Services	Casework	(03) 9699 9177
Refugee and Immigration Legal Centre	Legal Assistance Advice Line (interpreters available)	(03) 9413 0100
Asylum Seeker Resource Centre	Legal casework and other support services	(03) 9326 6066
AMES	Casework	CAS ASAS(03) 9926 4731 HSS (03) 9926 4091
Foundation House (Victorian Foundation for Survivors of Torture)	Torture and Trauma Counselling	(03) 9388 0022
International Health and Medical Services (IHMS)	Health services for people in detention (including community detention) and medical records	For medical summaries email: cdad@ihms.com.au or ring: 1800 689 295 To become a provider: (02) 9372 2500

Refugee Health Nurses are generally based in refugee health teams in community health centres. A list of the locations of refugee health nurses can be found at: <http://refugeehealthnetwork.org.au/refer/refugee-health-nurse-program/>
Other organisations providing support to asylum seekers: Life Without Barriers, Berry St, Anglicare, Jesuit Social Services and Wesley Mission.

Useful questions for identifying a person who is an asylum seeker

Client confidentiality is very important; be sensitive to your environment and take measures to provide a private place to talk. Furthermore a qualified interpreter may be required if a client has low English language proficiency. Consider your non-verbal communication and do not ask questions in an interrogatory style.

Prior to meeting the client:

Who referred the client?

Does the client have a caseworker and what organization are they from?

What is the purpose of the referral?

Does the client require an interpreter? If so, what language? Do they have preference for gender, ethnicity or religious group?

Questions for front of house/intake staff to ask clients who present without a referral and without a Medicare card:

"Do you need an interpreter?" (a phone interpreter can be organised for medical practitioners and their staff via the Doctor's Priority Line 1300 131 450; hospitals and health centres may have in-house interpreting and it is good to establish protocol on engaging an interpreter for asylum seeker clients)

"Do you have a Medicare card?" (if yes, bulk-billing is suggested)

"Do you have a healthcare card?" (if yes, this person is not an asylum seeker)

"Do you have a caseworker?," "What organisation is your caseworker from?" (might be: Red Cross, AMES, Hotham Mission, McKillop Family Services, Life without Barriers, Anglicare, Berry St, Jesuit Social Services, Wesley Mission or the Asylum Seeker Resource Centre) (see contact numbers listed on previous page)

"Do you have an IHMS card?" (if yes and you are not an IHMS registered provider, contact IHMS on 02 9372 2500)

"Are you a tourist, international student or an asylum seeker?" (if a person is an asylum seeker see question below)

"Do you have a letter or other identification with you to help us understand your situation?" (see Asylum seeker access to health and community services in Victoria, Victorian Department of Health: www.health.vic.gov.au/pch/refugee/index.htm)

Key points:

- Asylum seekers do not have access to Centrelink (i.e. if a client has a Health Care Card then they are not an asylum seeker) and their access to income support is limited.
- Most asylum seekers are eligible for Medicare.
- Medicare ineligible asylum seekers are to be provided with health services (which normally require a Medicare Card, such as public dental, emergency ambulance, pathology, diagnostic, pharmaceutical) in Victorian Hospitals as per the Victorian Department of Health 'Guide to access to health and community services for asylum seekers'
- It is recommended that Medicare eligible asylum seekers are bulk-billed due to low-income status.
- Asylum seekers in Community Detention are not eligible for Medicare and their medical bills should be directed to IHMS and not the client themselves. Not all health services are covered: contact IHMS for advice and pre-approval.
- Some Medicare ineligible asylum seekers may have their pharmaceutical or pathology bills paid for by asylum seeker support agencies.

Disclaimer: This information has been compiled by the Victorian Refugee Health Network for healthcare practitioners based on information from Asylum Seeker Agencies, the Department of Immigration and Border Protection and the Victorian Department of Health. Every effort has been made to confirm the accuracy of the information (last updated March 2014) but please advise if any amendments are required. Please contact info@refugeehealthnetwork.org.au or the Victorian Refugee Health Network, 03 9388 0022.