



**MINISTRY OF BUSINESS,
INNOVATION & EMPLOYMENT**
HIKINA WHAKATUTUKI

New Zealand's Refugee Resettlement Programme

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Auckland Regional Public Health Service

Rātonga Hauora ā Iwi o Tamaki Makaurau



Working with the people of Auckland, Counties Manukau and Waitemata

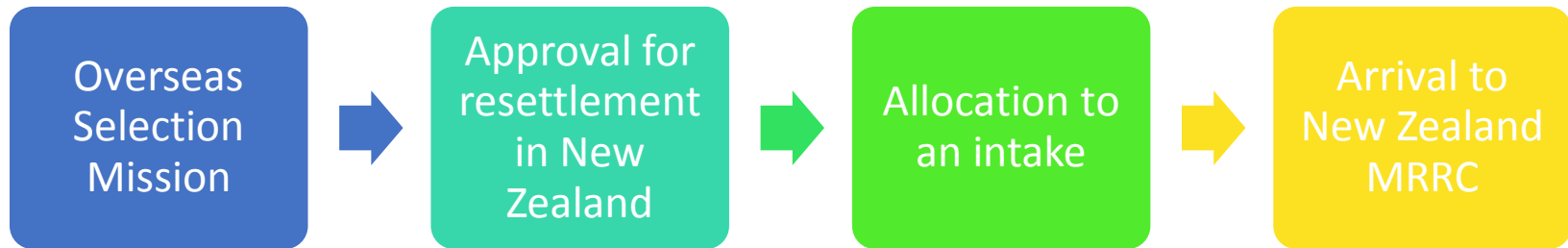
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New Zealand Refugee Resettlement

- Humanitarian programme
- UNHCR referred
- Government sets the quota size – reviewed every 3 years
- Government establishes the regional distribution

REGIONAL DISTRIBUTION 2016/2017			PLACES	%
ASIA PACIFIC			500	50
AMERICAS			125	12.5
MIDDLE EAST			250	25
AFRICA			75	7.5
OTHER (emergency, family reunification)			50	5
			1000	100

Selection and arrival process



Arrival at Mangere Refugee Reception Centre



**Auckland Regional
Public Health Service**
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Reception programme

- 5 days a week
- School hours + afterschool programmes/evening sessions
 - Resettlement planning and assessment
 - Benefit and housing assessments
 - Living and working in New Zealand
 - English language classes
 - Health screening
 - Mental health and well-being screening
 - Community programmes
 - Women's group
 - Drug, alcohol and gambling prevention
 - Healthy families and parenting



Current settlement cities

- Auckland
- Hamilton
- Palmerston North
- Porirua
- Hutt Valley
- Wellington
- Nelson
- Dunedin



Refugee resettlement in New Zealand

- NZ has been resettling refugees since the end of the Second World War.
- 1987 NZ Govt established a formal annual quota for resettlement of refugees through UNHCR.
- NZ is party to both the 1951 Refugee Convention and the 1967 Protocol Relating to the Status of Refugees. NZ is one of 144 states that have signed into the convention.

Refugees vs Migrants

- All come through Mangere Refugee Resettlement Centre
- 6 Intakes(130-160 people in each) per year
- All medically cleared for travel here
- 750 Quota Refugees per year + currently additional due to Syrian Crisis.
- 1200 Total in a year includes family reunification and Asylum seekers
- All medically screened on arrival
- High needs/disabilities/medical needs
- Migrant number 66 000 in a year...

Refugees and Migrants – is there a difference?

Refugees

- No Options
- Escape
- No travel documents
- No possessions
- Secretly leave
- No contact/visits
- Unlikely to return

Migrants

- Options
- Plan
- Travel Documents
- Possessions
- Say farewell
- Can visit home country
- Free to return

Exclusion Criteria

- Same criteria apply to both migrant and Refugees
- Active TB
- MDR or extensive DR TB
- Severe Haemophilia
- Renal failure likely to lead onto requiring dialysis
- Disability-sensory/physical/intellectual that leads to the need for 24 hour care.
- Whole family is excluded not only individual.

Needs Assessments

- In their Health Screening- recommendation is made in consultation with Clinical Lead G.P. to refer for NASC
- Multi agency input is gathered.
- Sometimes no formal diagnosis
- Sometimes war wounds- shrapnel, landmine injuries.
- A.C.C.
- Lack of documentation

Regional NASC

- Sometimes early referrals are initiated.
- Referrals sent the week following their leaving centre.
- G.P. 2 G.P. of notes process.
- PHN's receive referrals to submit to appropriate services
- S.P.O.E
- Identify which regional office
- Red Cross Social Workers key workers identified.

CALD courses..

<http://www.ecald.com/Courses>



Questions

- ? Liaison person-designated?
- Improving the process..



The Rebuild...