Background Paper
Initial health assessment & ongoing care
Prepared September 2007
Updated November 2008

The intention of this paper is to provide a brief overview of the key presenting issues, available data and key service responses relating to initial health assessment & ongoing care for people of a refugee background.

1. Overview

Whilst there have been significant gains in Victoria in developing a comprehensive approach to provision of health services for people of a refugee background, access to primary and specialist services continues to be a problem for many, particularly in newer settlement areas. There are a range of issues that need to be addressed including:

- Identifying and training GPs to work with refugees & asylum seekers, particularly in outer metro and some regional areas;
- Improving referral pathways for refugee clients with more complex health needs, particularly in outer metropolitan and rural/regional areas;
- Build the capacity of a range of primary health care providers to better respond to the needs of refugee clients including:
    - Maternal & child health
    - Community health
    - Young people's health
- Build the capacity of hospital based services in outer metropolitan and rural & regional areas to better respond to the specific health concerns of refugees including:
    - Paediatrics
    - Communicable & other serious medical conditions
    - Follow-up for TB undertakings

2. Demographic information

There are around 3,800 newly arriving humanitarian entrants per annum to Victoria.

Key issues impacting on the provision of adequate health services includes:

- Changing national origin of humanitarian entrants
- More dispersed settlement, including rural areas.

2.1 Changing national origin of humanitarian entrants

As a result of changing global circumstances, the national origin of people coming to Victoria as refugees continues to change. Whilst there are some common factors

impacting on the health and wellbeing of people of a refugee background, there are also significant differences. This includes differences in the way health services are provided in the country of origin, differing cultural understandings of health, complexity of presenting health issues and the level of understanding of these issues by Victorian health care practitioners.

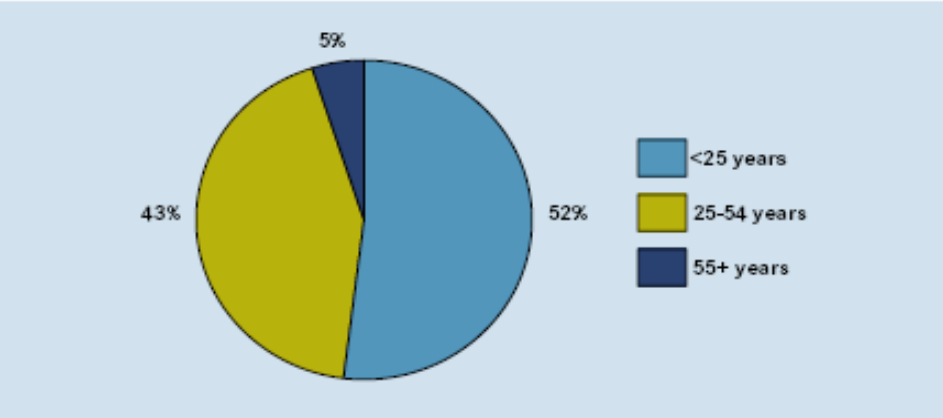
Table 1: Changing origin of humanitarian entrants

Rank	1995 - 1996	2006-07
1	Bosnia-Herzegovina	Burma (Myanmar)
2	Iraq	Sudan
3	Former Yugoslavia	Afghanistan
4	Sri Lanka	Iraq
5	Iran	Thailand
6	Croatia	Other Central and West Africa
7	Cambodia	Ethiopia
8	Afghanistan	Kenya
9	Somalia	Iran
10	Burma	Sri Lanka

Source: Department of Immigration and Citizenship, Settlement data, 2007

The changing countries of origin of new arrivals has also impacted on the age profile of newly arriving refugees. More than 50% of newly arriving refugees are now children and young people, which has significant implications for the provision of child and adolescent health services. This is a continuing trend with 52% of new arrivals in 2006-07 being aged under 20 years.

Table 2: Age of humanitarian settlers 2000-2005



Source: Department of Immigration and Multicultural Affairs, Settlement database, 2005, graph reproduced from Department of Human Services, Refugee Health & Wellbeing Action Plan 2005-2008

2.2 Complexity of health needs

A significant number of newly arriving refugees are arriving with health concerns that require specialist and sometimes multiple investigations and referral. This is evidenced by some key research including:

Tiong, A (2006) *Review of the Health Needs of newly arrived African refugees from a primary health care perspective, Available on line* www.health.vic.gov.au/healthstatus/publications

Johnson, D. (2007) *Rates of Infectious Diseases and Nutritional Deficiencies in newly arrived African Refugees, Government of South Australia.*

2.3 More dispersed settlement of newly arriving refugee populations

Over many years the majority of newly arriving refugee populations have settled in particular areas of greater Melbourne, typically the inner north and west of Melbourne and in the south-eastern suburbs. This allowed for the development of expertise in these locations, with well developed community health services in these areas.

However, more recently, newly arriving refugees are settling in many parts of Melbourne and rural and regional Victoria. In the period, 1 January 2000 and 1 January 2005, humanitarian entrants settled in more than 50 of 79 Victorian Local Government Areas (LGAs). There has also been significant resettlement as newly arriving refugees and asylum seekers seek work and educational opportunities, and affordable housing.

The health services in many of the newer settlement areas are less aware of the needs of newly arriving refugees, and consequently services are less accessible and responsive to the particular needs of refugees.

Of note, in metropolitan areas are the outer south east (Casey, Maroondah) and outer northwest (Whittlesea, Wyndham).

Table 3: Settlement in top 10 LGAs 2002-07
(Source: DIAC settlement data base extracted 06/07/2007)

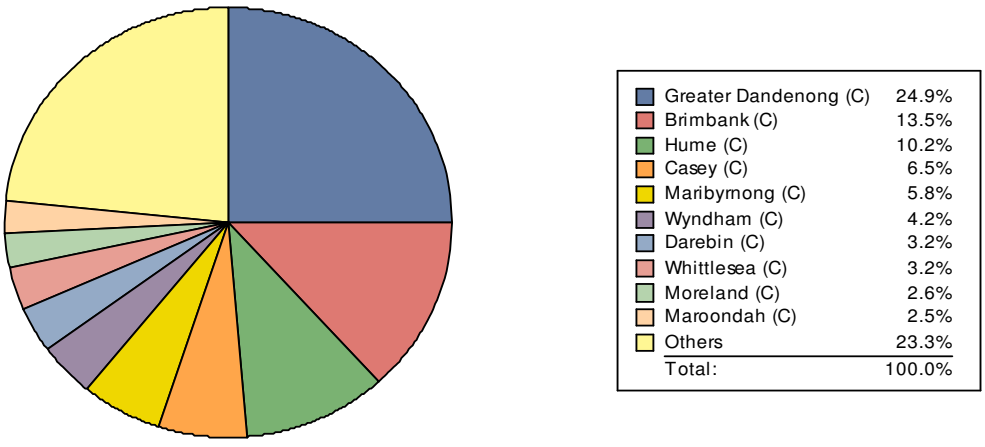
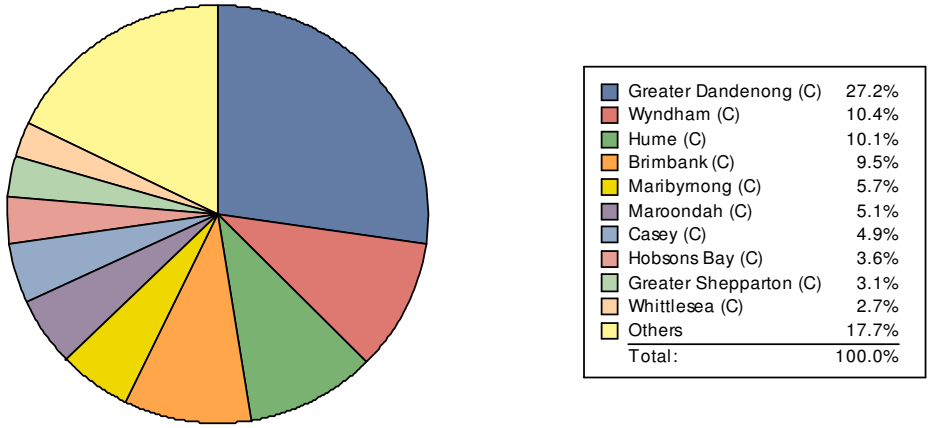


Table 4: Settlement in top 10 LGAs 2006-07
(Source: DIAC settlement data base 06/07/2007)



2.4 Rural settlement

In relation to rural settlement, around 9% of new arrivals arrived to rural & regional locations in 2006-07. Whilst Shepparton has 3.1% of new arrivals there has also been significant settlement and resettlement in a number of other locations, as people seek out work, affordable housing and country life.

The drivers for settlement in rural areas are mixed including:

- DIAC pilot projects to settle Togolese and Congolese in Ballarat & Shepparton respectively
- Project supported by philanthropic organisation in Warrnambool
- Local employment opportunities, particularly fruit picking and meatworks – Colac (meat works), Wonthaggi (meat works), Mildura (fruit picking), Swan Hill (fruit picking), Shepparton (fruit picking), Castlemaine (bacon factory), Warrnambool (meat works). Whilst a particular employer may draw people to a particular place in the first instance, in some locations people have been successful in getting jobs in a range of industries.
- Community organisations sponsoring Karen refugees – Bendigo, Wonthaggi

Significant regional locations include:

Location	**Estimated population**
Ballarat	130 Sudanese (~35-37 families) have relocated to Ballarat. 10 families from Togo to settle commencing May 2007.
Bendigo	Project established through community organisation – Bendigo Karen Refugee Program. Supporting monks & amputees to settle. Only one family & 3 singles to date.

Location	Estimated population
Castlemaine	~ 50 Sudanese & Burundians employed at the bacon factory. Total refugee pop of around 70 people. Project supported by New Hope Foundation. The population is increasing, particularly with families moving as housing becomes available.
Colac	Total refugee population of around 60-65 people, generally Sudanese who are working in the meatworks. Continue to be some new arrivals. 28 people 1 Jan to 30 June 2007. Some families have now been in Colac for 4-5 years and appear to be settling. However, mostly single men who are commuting from elsewhere.
Geelong	Has been a direct settlement site for many years. ~250 humanitarian settlers 2002-07 (settlement data base, July 2007), typically from Africa. 33 in 06-07. DIAC looking to increase intake and newly arriving Karen families now moving into Corio.
La Trobe Valley	~ 140 people of refugee background have move to La Trobe Valley recently. Sudanese moving from Dandenong typically for public housing in Morwell, also Moe, Traralgon & Churchill. A few families are still in IHSS period.
Mildura	47 new arrivals in last 12 months (settlement data base, July 2007). Mainly from Afghanistan and Iraq. Appears to be a recent trend with only 85 individuals for 2002-07.
Swan Hill	Centrelink report around 90 relatively new arrivals who have resettled in the area and/or sponsoring family. DIAC settlement data 90 people 2002-07, Afghanis & Sudanese. 44 new arrivals in 2006-07. Welcoming community – settlement grant – to employ a Dhari speaking worker.
Shepparton	Pilot providing direct settlement for 10 families from Democratic Republic of Congo – commencing October 2005. Resettlement and sponsored family reunion from Afghanistan, Iraq & Sudan. Settlement data (July 2007) shows 377 people in Shepparton who arrived in Australia in last five years 2002-07, 103 who arrived in Australia in last 12 months (2006-07) or 3.1% of new arrivals. However, anecdotally it is understood that there is a has been very significant resettlement of individuals and families who originate from Iraq, Afghanistan and Sudan.
Warrnambool	Local service providers report around 90 people of refugee background, mainly Sudanese, living in Warrnambool. People attracted in the first instance as part of a project in 2003 to support ten families to relocate from Sudanese refugees and Iranian humanitarian and TPV holders. VUT study indicates all families were Sudanese. Settlement data base: 52 Sudanese (2002-07).
Wonthaggi	Around 80 Sudanese have relocated to Wonthaggi in response to work opportunities. A community group have also applied to sponsor Karen refugees in a similar project to Bendigo. However, no arrivals to date.

3. Services for refugees & asylum seekers

Outlined below is a summary of existing significant service responses for refugee and asylum seeker populations.

3.1 GP Access

MBS item for Refugee Health Assessment

In May 2006 the Commonwealth introduced new Medical Benefits Schedule item numbers for refugee health assessment within the first twelve months of arrival.

This provides greater incentive for GPs to undertake a comprehensive assessment of refugee clients.

The uptake of the new MBS item in Victoria when it was introduced is significantly higher than other states. It continues to be relatively higher (with 29% of new arrivals to Vic and 38% of claims). However, uptake is not consistent across the State with the vast majority of service being provided in the West, North and Dandenong (see Attachment 2). There are very real challenges in engaging private GPs to work with this population group, particularly in areas where overall GP workforce is low.

It is the responsibility of AMES to support newly arriving refugees (Visa Class 200 and 204) to access health services on arrival. Community guides are assigned to families to assist them to orient themselves to health services, public transport etc. For those individuals who are 202 entrants there is the expectation that this support will be provided by the proposer. In some circumstances AMES are able to assist with volunteer support where the proposer is assessed as not being able to provide the necessary support.

The Commonwealth announced new funding for proposer support. The details are still being developed for implementation in 2007/08.

Health services available for asylum seekers

The particular health issues facing asylum seekers are being overviewed in another background paper. There are particular issues facing asylum seekers who are not eligible for Medicare. Some asylum seekers are eligible for ASAS services through the Red Cross.

In December 2005 the Victorian Minister for Health announced free access to all hospital services for Medicare ineligible asylum seekers, followed in 2006 with announcements regarding free access to dental and ambulance services.

The Health Clinic at the Asylum Seeker Health Resource Centre provides for Medicare ineligible asylum seekers with pro bono GP services.

3.2 Refugee Health Nurses

Refugee health nurses are located in the following LGAs

- Greater Dandenong (Dandenong Community Health)
- Brimbank (ISIS)
- Maribyrnong (Western Region Health Centre)
- Hume (Dianella)
- Maribyrnong (Doutta Galla)
- Darebin (Darebin CHS)
- Ballarat (Ballarat Community Health Centre, 0.5 EFT)
- Goulburn Valley (Goulburn Valley Community Health, 0.5 EFT)
- Warrnambool (SW Health, 0.5 EFT)

It should be noted that a number of community health services are beginning to identify existing community health nurse resources for working with refugees.

The following areas have allocated resources within existing community health resources:

- Wyndham (ISIS have reallocated existing community health resources for 3 day per week position)
- Moreland (Moreland CHS – have identified portfolio responsibility from existing community health nursing staff, 2006-07 settlement data indicates settlement decreasing).

It is of note that a number of centres have also developed refugee health teams from existing resources in addition to funded refugee health nurse positions (ie Western Region Health, Dianella).

There are no funded refugee health nurse positions in the following high settlement LGAs:

- Casey (Casey-Cardinia Community Health)
- Whittlesea (Plenty Valley Community Health)
- Maroondah (Eastern Access Community Health)
- Dandenong receives 25% of intake with 1 EFT.

In rural areas:

- Geelong has a relatively large and growing stable refugee population of over 250 people, with a new population of Karen refugees being established in Corio with the arrival of five families in August/September 2007.
- Areas of significant new refugee population growth, mainly people on Visa 202s and resettlement from elsewhere in Vic include Mildura, Swan Hill, Castlemaine, Wonthaggi and the La Trobe Valley.

3.4 Specialist services

Health services

From 30th June 2006 all health services are required to establish a cultural diversity committee and lodge a health service cultural diversity plan as part of their *Quality of Care* reporting requirements.

In addition, many major health networks now have a Multicultural Liaison role. In some circumstances this is limited to managing language services, although at times will take on a broader role relevant to access to services for refugee populations.

Specialist clinics

- Royal Melbourne Hospital – Immigrant Health Clinic
- Royal Children's Hospital
- Dandenong Hospital

ID physicians available in following rural areas where there is significant refugee settlement:

- Ballarat
- Geelong
- Bendigo
- Warrnambool

Given the dispersed settlement of newly arriving refugees there is a need for more accessible specialist services for ID and follow-up for TB undertakings, particularly in outer metropolitan and rural areas.

Currently, all new arrivals who have an undertaking for TB must present to Western Hospital for at least initial assessment, except in the case of Shepparton where arrangements have been made for local review by a suitable specialist. Similar arrangements may be made in other rural areas where there is a suitably qualified specialist.

3.5 Child & adolescent health

Given the population cohort of newly arriving refugees, there has been little attention given to the development of a systemic approach to child and adolescent health issues, although there continue to be services developed in response to identified need.

The refugee health clinic at the Royal Children's Hospital plays a key role in assessment and care of newly arriving refugee children and young people. The recently established refugee health clinic at Dandenong Hospital includes a paediatrician who is in high demand. A refugee paediatric clinic has also been established in Shepparton.

The role of maternal & child health nurses are key to the health & wellbeing in the very early years. In some areas M&CH are key service providers with high use of interpreters.

There are a number of programs that have an interest in young people's health & wellbeing that have a particular focus on refugee young people, including some school nurses and school focussed youth services. There are also funded youth worker positions under the DIAC settlement grants program. The Centre for Multicultural Youth Issues plays a key role in supporting, working in partnership and conducting programs and projects for refugee young people. The detail of these programs and projects is beyond the scope of this paper.

In relation to research, DHS has recently awarded a tender for a Refugee Health Status report for 0-18 years.

The Refugee Health Research Centre 'Best Starts' research project is now in year three of field work. It is a longitudinal research program that is tracking young people around settlement issues. (www.latrobe.edu.au/rhrc).

3.6 Catch-up immunisations

No funding is currently available for catch-up immunisation (except PCV). Many newly arriving refugees arrive with no or very limited, immunisation history. Children and young people arriving in Victoria require catch-up immunisation in line with the National Immunisation Program Schedule. Adults also require catch-up immunisations, and in some of these immunisations attract a fee, particularly in private practice.

This is an issue that has been raised by DHS with Commonwealth Department of Health and Ageing and the Multijurisdictional Working Group and awaiting outcome.

3.7 Pharmaceuticals

There are a number of pharmaceuticals to treat conditions that are prevalent in newly arriving refugee populations, but not in the broader Australian population. Many of these medications are not on the PBS or not on the PBS for the purposes of treating conditions prevalent in refugee populations. The costs of paying for non PBS items and the cumulative effect of multiple medications, plus Vitamin D supplements can be prohibitive for newly arriving refugee families.

There is currently a pilot program (July-Dec 2007) to provide access to a number of private pharmacists to telephone interpreting in relation to medication under PBS.

3.8 Language services

Two issues:

- Insufficient funding for provision of language services
- Insufficient supply of appropriately skilled interpreters particularly for newly arriving communities

DHS funded services generally have access to a language services credit line or receive direct funding for language services provision. Community health services and hospitals report that there actual expenditure on language services is higher

than the funding received. In relation to the credit lines, there is insufficient funding in some (but not all) credit lines that means that services then need to pay for language services from agency operational budgets.

Doctors and specialist medical practitioners operating in private practice have access to fee-free telephone and on-site interpreting (with advance booking) via the Doctors Priority Line from TIS. Currently no access for psychologists, social workers and occupational therapists who are claiming MBS rebate under new mental health items.

DIAC is trialling access to TIS fee-free telephone interpreting service for private pharmacies in June to December 2007. 127 Victorian pharmacies are participating in the pilot in areas with higher population of people with low English proficiency. Pharmacies applied to be part of the pilot through the Pharmacy Guild of Australia. Access to free interpreting is limited to services relating to PBS medicines (this may include conducting a Home Medicines Review). Areas not covered in this pilot include Ballarat, Bendigo, Swan Hill, Castlemaine, Warnambool, Colac, Geelong and Wonthaggi.

NAATI is responsible for accreditation of interpreters. There are a number of smaller newly arriving languages where testing is not available.

There are a range of issues in rural areas regarding access to interpreters, there is some interest in the greater use of technology (eg better handsets, cost effective web cam). Karella De Jongh, RWH has undertaken a Churchill Fellowship regarding language services (http://www.churchilltrust.com.au/res/File/Fellow_Reports/Amended%20de%20Jongh%20Karella%202005.pdf) It provides an interesting overview of examples of use of technology in Europe and US.

4. Service development

4.1 Primary Care Partnership (PCP) projects

One-off funding of $25,000 (per Refugee Health Nurse EFT) was made available in 2005-06 to consider service co-ordination for refugee population in areas where there was a funded Refugee Health Nurse position. The project reports are currently being reviewed by Primary Health, DHS.

Outcomes included:

- Dandenong – work associated with the establishment of clinic at Dandenong Hospital
- BayWest- series of service co-ordination forums and proposed screening tool.
- Melbourne/Moonee Valley- series of forums with GPs, refugee health nurses and other healthcare providers.

4.2 Sub-committees and working groups working on refugee health issues

Metropolitan
Whittlesea
BayWest PCP
Eastern Metropolitan Region

Rural
All of the rural centres with significant refugee settlement with the exception of Mildura have ongoing settlement planning committees either existing or established. Mildura meets on an as needs basis. There are health sub-committees or similar operating in Ballarat, Shepparton and Geelong. Castlemaine had a recent forum for health service providers that attracted around 60 people.

4.3 Training & professional development

Overview of training

- Foundation House has a series of training modules for health & community services for working with refugees. This includes quarterly training days for refugee/community health nurses.
- Centre for Ethnicity and Health provides training for range of service providers, in particular community health and disability services on cultural competence and working with interpreters.
- Victorian Transcultural Psychiatry Unit – training and secondary consultation for mental health services.
- A number of MRCs and others also provide training around working with multicultural communities.

GP training & professional development

- Foundation House – RACGP accredited course – Refugee health – Ballarat, Wonthaggi, Warrnambool, Northern Division
- CEH – working with interpreters RACGP accredited course (funded by VMC) - Northern Division
- Special Interest Groups – Northern Division, Western and Southern restablishing a group.
- Melbourne-Moonee Valley PCP – Forum/training for GPs
- EMR – evening forum for GPs

Publications & resources

GPDV have recently finalised a *Refugee Health Assessment* form for use by GPs. Approval has been sought from MBS to fulfil Refugee Health Assessment item number requirements (714 & 716). It is now available on Medical Director.

Foundation House is finalising an update of two resources for health care professionals:

- *Promoting Refugee Health: A Guide for doctors and other healthcare providers caring for people from refugee background (300 pages)*
- *Caring for Refugee Patients in General Practice: A desktop guide (22 pages)*

The on-line publications have been completed. Limited hard copy editions will also be available. Launch date anticipated for October 2007.

5. Sentinel sites in refugee healthcare

The Victorian Refugee Health & Wellbeing Action Plan 2005-08 introduced the concept of the development of sentinel sites in refugee healthcare in areas of high refugee settlement. A key part of this team is the refugee health nurse. However, examples of good practice identify a range of other primary health and specialist services that are required by many refugee families, particularly in the early period of settlement.

A few examples are:

Western Region Health Centre Refugee Health programs

- Refugee Health Team Leader
- Refugee Health Nurses (2 EFT)

- Access worker
- Interpreter (Dinka)
- Nutrition program includes a number of bilingual workers
- FARREP program worker
- Vitamin D clinic in partnership with RCH (paediatrician 1 day per week)
- Immunisation program at Western English Language Centre
- African antenatal clinic includes hospital staff and FARREP worker one day a week.
- Close working relationship with GPs at the community health centre and private GPs in the area with an interest in refugee health.

Ballarat

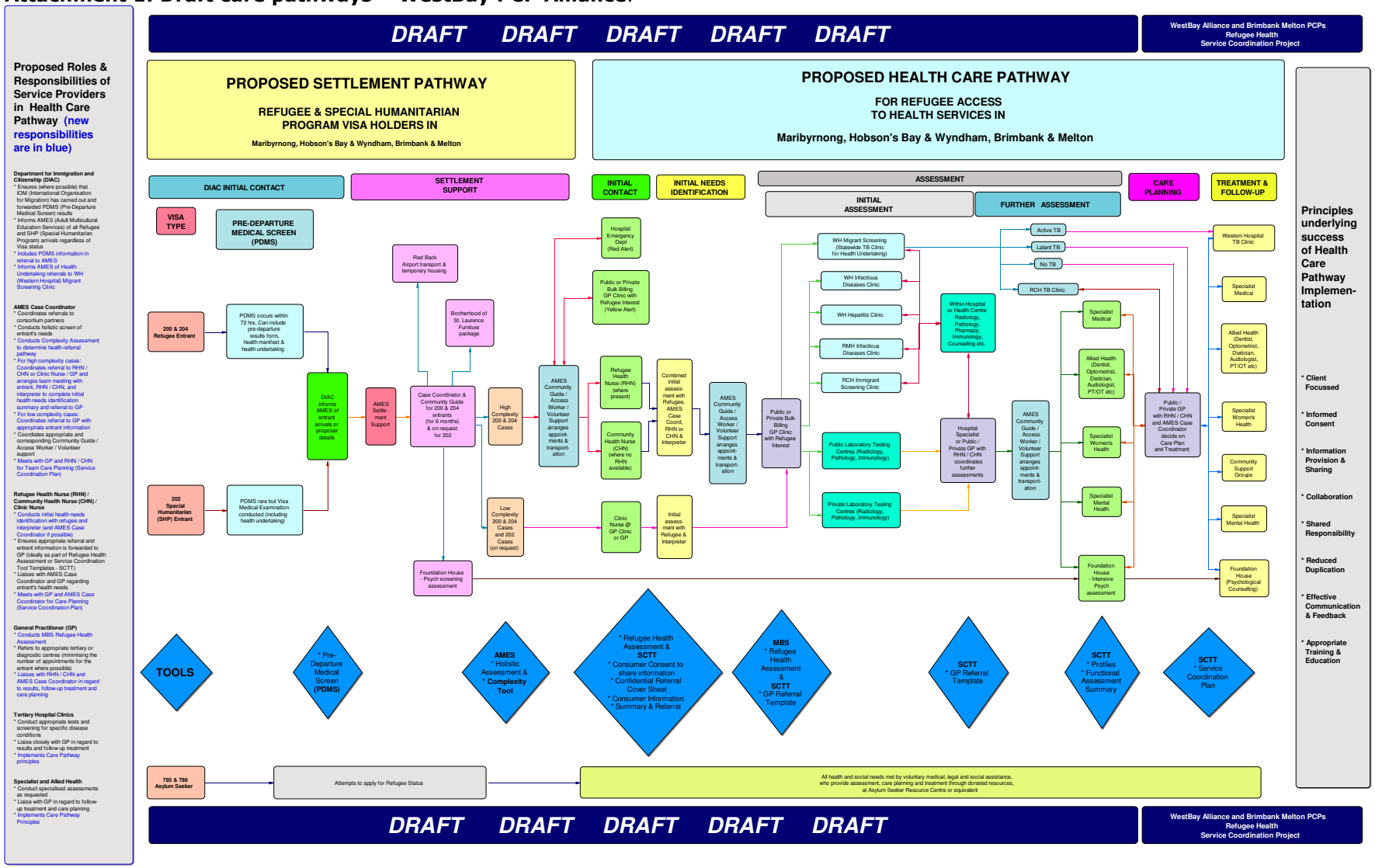
Network of services developed through local planning group:

- IHSS case co-ordinator
- Ballarat Community Health Centre – Refugee Health Nurse (0.5EFT), Short Term Trauma and Torture Counselling (supported by Foundation House), GP
- Private practice GPs (4 practices expressed interest)
- Ballarat Health Services – ID and paediatricians, population health,
- Maternal & child health services
- Private pharmacy

Other examples:

- Dianella now has a second refugee health nurse position, Bilingual Arabic speaking access worker and priority access for dental assessment (not part of Refugee Dental program).
- ISIS has expanded refugee health nurse program to additional 0.6EFT position in Werribee to respond to growing population, allied health staff seeing refugees, interested in training,
- Goulburn Valley Health has set up a paediatric clinic for refugees.

Attachment 1: Draft care pathways – WestBay PCP Alliance.



Proposed Roles & Responsibilities of Service Providers in Health Care Pathway (new responsibilities are in blue)

Department for Immigration and Citizenship (DIAC)
* Ensures (where possible) that IOM (International Organisation for Migration) has carried out and forwarded PDMS (Pre-Departure Medical Screen) results
* Informs AMES (Adult Multicultural Education Services) of all Refugee and SHP (Special Humanitarian Program) arrivals regardless of Visa status
* Includes PDMS information in referral to AMES
* Informs AMES of Health Undertaking referrals to WH (Western Hospital) Migrant Screening Clinic

AMES Case Coordinator
* Coordinates referrals to consortium partners
* Conducts holistic screen of entrant's needs
* Conducts Complexity Assessment to determine health referral pathway
* For high complexity cases: Coordinates referral to RHN / CHN or Clinic Nurse / GP and arranges team meeting with entrant, RHN / CHN, and interpreter to complete initial health needs identification summary and referral to GP
* For low complexity cases: Coordinates referral to GP with appropriate entrant information
* Coordiates appropriate and corresponding Community Guide / Access Worker / Volunteer support
* Meets with GP and RHN / CHN for Team Care Planning (Service Coordination Plan)

Refugee Health Nurse (RHN) / Community Health Nurse (CHN) / Clinic Nurse
* Conducts initial health needs identification with refugee and interpreter (and AMES Case Coordinator if possible)
* Ensures appropriate referral and entrant information is forwarded to GP (ideally as part of Refugee Health Assessment or Service Coordination Tool Templates - SCTT)
* Liaises with AMES Case Coordinator and GP regarding entrant's health needs
* Meets with GP and AMES Case Coordinator for Care Planning (Service Coordination Plan)

General Practitioner (GP)
* Conducts MBS Refugee Health Assessment
* Refers to appropriate tertiary or diagnostic centres (minimising the number of appointments for the entrant where possible)
* Liaises with RHN / CHN and AMES Case Coordinator in regard to results, follow-up treatment and care planning

Tertiary Hospital Clinics
* Conduct appropriate tests and screening for specific disease conditions
* Liaise closely with GP in regard to results and follow-up treatment
* Implements Care Pathway principles

Specialist and Allied Health
* Conduct specialised assessments as requested
* Liaise with GP in regard to follow-up treatment and care planning
* Implements Care Pathway Principles

Attachment 2:

Victorian Uptake of MBS Items

Claims from Victoria for MBS item 714: Health assessment for refugees and SHP entrants July 2007- June 2008

Division Number	Metropolitan Division	Time period	No. Services	No. Practitioners	Total claims 07/08
313	Central Bayside	Jul-Sept 07	*	*	*
315	Dandenong	Jul-Sept 07	*	*	
		Oct-Dec 07	*	*	
		Jan-Mar 08	49	5	
		April- Jun 08	151	8	200+
320	Eastern Ranges	Jul-Sept 07	36	3	
		Oct-Dec 07	*	*	
		Jan-Mar 08	24	3	
		April- Jun 08	76	5	136+
301	Melbourne	Jul-Sept 07	6	3	
		Oct-Dec 07	8	3	
		Jan-Mar 08	*	*	
		April- Jun 08	8	3	22+
312	Monash	Jul-Sept 07	*	*	*
302	North East Valley	Jul-Sept 07	*	*	
		Oct-Dec 07	-	-	
		Jan-Mar 08	*	*	
		April- Jun 08	*	*	*
307	North West Melbourne	Jul-Sept 07	42	4	
		Oct-Dec 07	29	4	
		Jan-Mar 08	12	4	
		April- Jun 08	28	5	111
308	Northern	Jul-Sept 07	*	*	
		Oct-Dec 07	26	4	
		Jan-Mar 08	19	6	
		April- Jun 08	44	7	89+
306	Western Melbourne	Jul-Sept 07	143	11	
		Oct-Dec 07	121	10	
		Jan-Mar 08	74	3	
		April- Jun 08	124	10	462
305	Westgate	Jul-Sept 07	*	*	
		Oct-Dec 07	*	*	
		Jan-Mar 08	*	*	
		April- Jun 08	*	*	*
310	Whitehorse	Jul-Sept 07	3	3	
		Oct-Dec 07	*	*	
		Jan-Mar 08	*	*	
		April- Jun 08	*	*	3+

Division Number	Rural/Regional Division	Time period	No. Services	No. Practitioners	Total claims 07/08
325	Ballarat	Jul- Sept 07	*	*	
		Oct-Dec 07	*	*	
		Jan-Mar 08	12	4	
		April- Jun 08	23	4	35+
326	Bendigo	Jul-Sept07	*	*	
		Oct-Dec 07	-	-	
		Jan-Mar 08	-	-	
		April- Jun 08	*	*	*
329	Border	Jul-Sept 07	*	*	*
317	Geelong	Jul-Sept 07	18	3	
		Oct-Dec 07	*	*	
		Jan-Mar 08	*	*	
		April- Jun 08	*	*	18+
327	Goulburn Valley	Jul-Sept 07	18	4	
		Oct-Dec 07	51	4	
		Jan-Mar 08	*	*	
		April- Jun 08	*	*	69+
332	Mallee	Jan- Mar 08	*	*	
		April-Jun 08	*	*	*
324	Otway	Oct-Dec 07	*	*	
		Jan- Mar 08	*	*	
		April-Jun 08	*	*	*
322	South Gippsland	April-Jun 08	*	*	*
	Victoria Total	Jul-Sept 07	524	37% Aus claims	
		Oct-Dec 07	533	38% Aus claims	
		Jan- Mar 08	349	36% Aus claims	
		April- Jun 08	671	46% Aus claims	2077
	Australia Total	Jul-Sept 07	1414		
		Oct- Dec 07	1413		
		Jan- Mar 08	960		
		April- Jun 08	1467		5254

* = 5 or less claims.
Divisions highlighted in yellow previously had no claims for item 714

The number of Victorian claims per quarter has fluctuated but Victoria is maintaining an average of about 40% of claims in Australia for item 714. There are now 19 (out of 29) Vic divisions where 714 claims have been made. In rural and regional Victoria the highest number of claims in the year was in Goulburn Valley and the claims in Ballarat appear to be rising. In metropolitan Melbourne the most claims were in the Western Melbourne division area followed by Dandenong. Claims have risen substantially in the Eastern Ranges area, and North West Melbourne is also seeing some practitioners claiming for these items more consistently. The number of 714 claims in Northern and Dandenong have risen over the financial year.

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