

Primary Health Branch

Guidelines for the Refugee Health Nurse Program

Updated October 2008

Background

Since 2005, more than 10,000 people granted permanent protection on Humanitarian Program Visas have settled in Victoria - approximately 30 per cent of the Australian total in this category (this is comparable to New South Wales with other states and territories receiving much fewer).¹ In 2007-08, fairly equal numbers of offshore arrivals came from Africa (mainly Sudan), Asia (mainly Afghanistan, Burma and ethnic minorities from Burma living in Thailand) and the Middle East (mainly Iraq). Victoria also supports a number of Medicare ineligible asylum seekers.

Most of Australia's refugees and asylum seekers come from circumstances such as refugee camps or marginalisation in urban settings where even the most basic resources and services are scarce. This includes safe drinking water, basic health care and education, shelter, safety and adequate food supplies. In many places, diseases such as malaria are common. There is poorly developed or disrupted health care infrastructure, which is unable to provide acute and preventative health care. Most refugees would have experienced traumatic events such as prolonged periods of deprivation, loss of identity and culture, human rights abuses and the loss of family members².

As a result of these negative experiences, refugees are more likely to have multiple and complex health problems on their arrival in Australia. Health problems may be due to physical and psychological trauma, deprivation and prolonged poverty, and poor access to health care prior to arrival. Refugees are also less likely than other migrants to have family and community support in Australia on arrival.

Despite these challenges, over time, refugees settle very successfully in Australia. Most health problems can be addressed through health care and support in the early periods of settlement. Timely care is critical, as successful settlement is more likely once health is restored.

The Refugee Health Nurse Program (RHNP) aims to provide a coordinated approach by recruiting community health nurses with expertise in working with culturally and linguistically diverse and marginalised communities. The nurses are based in community health services (CHS) with high refugee populations. The RHNP is intended to optimise the long-term health of refugee community members through promoting accessible and culturally appropriate health care services that are responsive to changing patterns of refugee settlement.

Policy Context of the RHNP

The RHNP is one of many programs included in a coordinated response by the Victorian Government to the health and wellbeing of refugee communities in Victoria. They include:

- Specialist refugee and immigrant health clinics which work in partnership with refugee health nurses (RHN) and GPs to provide assessment and treatment for new arrivals.
- The Refugee Minor Program for unaccompanied humanitarian minors.
- School nursing in English Language Schools and Centres.
- Locally based Refugee Brokerage Program workers funded by the Victorian Multicultural Commission to work with refugees in metropolitan and regional communities.

The RHNP contributes to three outcomes of the Victorian Government's *Growing Victoria Together 2*:

¹ Settlement Database, Department of Immigration and Citizenship, August 2008.

² Victorian Foundation for Survivors of Torture 2007: *Promoting refugee health. A guide for doctors and other health care providers caring for people from refugee backgrounds*: p24. www.foundationhouse.org.au

- High quality, accessible health and community services.
- A fairer society that reduces disadvantage and respects diversity.
- Building friendlier, confident and safe communities.

The RHNP also contributes to the strategic goals of the Victorian Government's *A Fairer Victoria 2008* to improve health and wellbeing, as a critical priority to support economic and social participation.

The RHNP is a part of the DHS' *Refugee Health and Wellbeing Action Plan 2008-10*. The action plan has three strategic priorities:

- Provide timely and accessible services to refugee new arrivals.
- Build capacity and expertise of mainstream and specialist services and health care practitioners in refugee health care.
- Support and strengthen the ability of individuals, families and refugee communities to improve their health and wellbeing.

The RHNP also operates within the frameworks provided by:

- The Primary Care Partnerships (PCP) strategy
- The Community Health Services Policy
- The Primary Health Demand Management Framework

Aims of the RHNP

The RHNP supports the provisions of a coordinated model for refugee health care with complementary and multiple entry points.

The RHNP has three aims:

- Increase refugee access to primary health services.
- Improve the response of health services to refugees' needs.
- Enable individuals, families and refugee communities to improve their health and wellbeing.

The RHNP increases refugees' access to primary health services by providing culturally appropriate services in CHSs in areas with high levels of refugee settlement. CHSs are well-positioned to deliver services to refugees, because of their close relationship with their community and ability to connect people with services. Many CHSs have a long history of working positively with refugee communities.

The RHNP improves the response of health services to refugees' health needs by building agency capacity through contact with refugee communities, liaison with other RHNs, development of expertise, professional development and advocacy with other providers. The RHNP understands the importance of early identification and intervention in health issues in the early stages of settlement.

The RHNP builds the capacity of individuals, families and refugee communities to improve their health through disease prevention and developing referral networks and collaborative relationships with general practitioners and other health providers, social support and orientation programs.

Target Group

The RHNP targets newly arrived people from a refugee background or who are asylum seekers.

The term 'refugee' is generally used to refer to people who have arrived in Australia under the Australian Government's Humanitarian Program. Most refugees living in Victoria have arrived through the Humanitarian Program. A broader definition of 'refugee' includes all people who have escaped situations of displacement, conflict and violence, so includes people seeking asylum in Australia or who came on a non-Humanitarian Program visa but from a refugee source country.

Philosophy

The RHNP understands health within a social context, recognising that:

- Health outcomes are determined by a range of social, environmental and economic factors.
- Disease prevention, early intervention and equity of access are necessary components of high quality services that support the immediate and long-term health care of refugees.

Health services for refugees should:

- Be accessible, flexible and culturally sensitive. DHS' demand management strategy mandates priority access for refugee clients, see *Towards a demand management framework for community health services* February 2008 www.health.vic.gov.au/communityhealth/downloads/demand/demand_management_framework_feb08.pdf
- Be affordable. Services provided by the RHN will be free. The charge for referrals to other services will be guided by the Community Health Fee Policy. Inability to pay should not be a barrier to access to health services either provided or referred to by the RHNs.
- Adopt a holistic approach to health care and ensure links are developed and maintained with related services.
- Recognise the rights (eg, confidentiality, informed consent) of refugees as health care clients.
- Treat clients with dignity.
- Acknowledge that informed decisions about health and health care require accessible and appropriately targeted health information and access to language services.
- Be integrated with mainstream services.
- Enable individuals, families and refugee communities to improve their health and wellbeing.

Agencies

Specific CHSs have been funded for the RHNP based on:

- The location of refugee populations, and access to the CHS.
- Mix of services provided at the agency and their capacity and record of working effectively with refugees.
- Established partnerships and referral networks with other providers.

Role of the Refugee Health Nurse

- Undertake early health and social needs assessments of refugee clients, as appropriate, or in line with CHSs own practice model and guidelines. This may involve using MBS Refugee Health Assessment tool or other agency-developed refugee health assessment tools.
- Facilitate and coordinate mainstream and specialist referrals to health and community service providers, eg: GPs, dental health, nutritionists, school nursing program, local Best Start programs, torture and trauma counselling and hospitals etc.. This may also involve facilitating other health care providers' access to interpreters and transport.
- Work closely with local settlement services to respond quickly to needs of newly arriving people.
- Promote social connection and integration through referrals to established social support and orientation programs.
- Enable individuals, families and refugee communities to improve their health and wellbeing.
- Provide information and support regarding clients' rights, entitlements and obligations under the Victorian health care system.
- Work with health promotion programs that identify refugees as a population group to provide health promotion interventions specific to refugees.
- Actively engage local refugee community leaders in community consultation to inform the local RHNP service response.
- Collect refugee health data for reporting, service planning and evaluation.
- Support the CHS to develop culturally responsive and high quality refugee health and wellbeing assessment and service provision.
- Actively participate in professional development and networking opportunities, in particular those provided by the Victorian Foundation for Survivors of Torture.

Role of the Refugee Health Nurse Facilitator (RHNF)

The RHNF is located at Western Region Health Centre, Footscray

The RHNF role has three objectives:

- Increase refugee access and response of primary health services to refugees' needs by providing organisational development, advice and support to agencies
- Provide a secondary consultation function for refugee health nurses
- Contribute to, and actively promote, the professional development of refugee health nurses.

The RHNF works in conjunction with the refugee health nurses, CHSs and the Victorian Foundation for Survivors of Torture (see below). The RHNF also works collaboratively with other stakeholders including the DHS, and other relevant agencies and health organisations.

Role of the Community Health Services

- Work strategically and collaboratively with the Victorian Foundation for Survivors of Torture (Foundation House) (see below) and DHS on Victorian refugee health priorities.
- Identify as a site for timely and accessible refugee early health care and assessment.³
- Develop priorities that respond to refugee health needs. This involves developing referral networks and collaborative relationships with general practitioners.
- Enable individuals, families and refugee communities to improve their health and wellbeing.
- Provide leadership in accessing and engaging refugee communities to encourage other health care providers to develop culturally specific programs and practices.
- Actively engage local refugee community leaders in community consultation to inform the local RHNP service response.
- Offer expert advice and coordinate professional capacity building within the CHS, and release refugee health nurses to participate in professional development and networking opportunities provided by FOUNDATION HOUSE.
- Support the role of the refugee health nurse by facilitating refugee health nurses' access to interpreters.
- Provide a secondary consultation function to relevant service providers with an emphasis on capacity building and workforce development.
- Coordinate day to day line management accountability with the Refugee Health Nurse.
- To implement agreed Primary Care Partnership (PCP) practices, policies, protocols and systems.

Role of the Primary Care Partnerships

- To develop and promote effective service coordination models to support refugee clients.
- The HealthWest Partnership service coordination model for refugees is offered for consideration as an example of good practice, see: www.healthwest.org.au/page.php?314.

Role of Foundation House

The Foundation House is a specialist agency responding to the needs of Victorians who were tortured or traumatised in their countries of origin, in other countries, or while fleeing those countries.

The Foundation House provides direct care to survivors of torture and trauma in the form of counselling, advocacy, family support, group work, psycho-education, information sessions and complementary therapies. Direct services to clients are coupled with referral, training and education roles aimed at developing and strengthening the resources of various communities and service providers.

The Foundation House supports the role of the refugee health nurse by:

- Working strategically and collaboratively with DHS, CHSs and refugee health nurses on Victorian refugee health priorities as informed by state and regional planning.
- Collating and distributing 'best practice' resources that can be shared with all CHSs.
- Consulting with CHSs and refugee health nurses on integrating current research into contemporary health practice.
- Providing leadership in accessing and engaging refugee communities and encouraging other providers to develop culturally specific programs and practices.
- Reporting emerging refugee health issues to DHS twice yearly.
- Actively promoting professional workforce development and support programs for refugee health nurses. This includes:
 - Undertaking training and regular contact with the refugee health nurses.
 - Establishing and maintaining links and relationships within the sector.

³ The Department of Human Services and ANZ Trustees Strategic Impact Report, *Towards a health strategy for refugees and asylum seekers in Victoria*, July 2004.

Assessment Tool

In 2007, a refugee health assessment tool, supported by DHS and developed by General Practice Victoria in consultation with CHS that work with refugees, GPs in the Northern and Western Divisions of General Practice, Victorian Infectious Disease Service (VIDS), RCH Immigrant Health Clinic and Victorian Foundation for Survivors of Torture was released. This can be located at: www.gpv.org.au/content.asp?cid=12,29&t=Refugee%20Health.

The refugee health assessment tool should be used consistently by GPs with the support and encouragement of refugee health nurses to undertake early health and social needs assessments. The assessment process is likely to take time to complete over a series of visits using MBS items 714 and 716 Health Assessment for Refugees and other Humanitarian Entrants.

Funding and Accountability

In 2008-09, a new activity was created specifically for refugee health services: 28076. This should be used for direct care activities only. Until the commencement of the Refugee Health Services – Health Promotion planned for implementation from 2009-10, the funding of any health promotion activities from RHNP resources should be allocated against the general health promotion activity number: 28001. Language services should be allocated against the Language Services activity number 28048. PCP work should be allocated against the Partnerships and Service coordination activity number 28070.

Additional funds have been allocated for: enhanced language services; interpreting/translation services costs.

Reporting Requirements

The RHNP must adhere to the reporting requirements specified in the *Community & Women's Health Programs 2008-09 Data Reporting Guidelines*. The data reporting guidelines can be located at: http://www.health.vic.gov.au/communityhealth/downloads/datareport/cwh_reporting0809.pdf

Reporting should be via the multipurpose report. The data elements required for clients are specified in 'Table 5 – Data Items' in the data reporting guidelines. Clients of the RHNP will be identified as such by use of the Refugee Health Nurse code in the Funding Source data item. Both service time and interpreting time provided under the program will be captured via this process.

Any health promotion work undertaken in respect of refugee people or communities should form part of community health services' organisational health promotion plan and be reported on accordingly.

Quantitative performance measures for the direct care component of the RHNP will be data collected on the number of clients seen and hours of service provided. The RHNP must provide service delivery and accountability according to organisational guidelines by:

- Contributing to the maintenance of client databases.
- Working in accordance with all relevant organisation administrative policies, procedures, guidelines and systems.
- Identifying refugee health nurse clients in the data collection process.

PCPs should report their service coordination work in their Community Health Plan Implementation Agreements (CHPIAs). Advice on reporting upon the cessation of CHPIAs as a reporting mechanism for PCPs will be provided in due course.

Contacts details

The contact details for all of the stakeholders described above can be obtained from DHS regional offices.