

Department of Health

health

# The Victorian refugee and asylum seeker health action plan 2014–2018

June 2014





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## Photo credits



Abdullahi (Abdul) Ibrahim's photos are featured as the cover photo and on page 36. Abdul's photos have ranked highly in recent art competitions including being 'Highly Commended' in the 2013 Heartlands Refugee Art Prize. Abdul is a talented, young amateur photographer who, through his work, is striving to make a contribution and a difference. His photography is inspired by a desire to highlight the issues which affect refugee communities and by doing so increase understanding and acceptance within the Victorian community. Abdul arrived in Australia as a young child fleeing civil war in his former homeland, Somalia and is now studying chemical engineering at RMIT University.



The Wimmera Development Association is the peak economic development organisation for the Wimmera Southern-Mallee region. In 2013, the Wimmera Development Association engaged photographer Melissa Powel to document the new lives of Karen refugees and the relationships that have been formed with the established residents in Nhill, a small town in the region. The resulting exhibition *Seeking Refuge in Nhill* explored the journey, settlement, struggles and achievements of the Karen Community who have settled in Nhill. The project was supported by the Victorian Multicultural Commission, Hindmarsh Shire Council and Immigration Museum. Photos from the exhibition are featured on page 4, 9, 18, 24, 51 and 52, while the photos on the inside cover and page 2 come from the one of the many events held in the region..



Diversitat has a long and proud history in the Greater Geelong area and surrounds of working with culturally diverse communities with an aim of empowering individuals and communities to reach their full potential. This includes over 35 years of settlement support for migrants, refugees and asylum seekers. Their photos on page 26, 31 and 39 feature some of the many events and celebrations that Diversitat hold during the year to bring the community together.



Primary Care Connect, located in Shepparton, provides primary care services in the Goulburn Valley and Lower Hume Region to improve inter-generational health, social and welfare outcomes. This includes a range of innovative programs to improve refugee and asylum seeker health including the Afghan Men's exercise group which is featured on page 29.



## Ministers' statement



The Victorian Government is committed to improving the physical and mental health of refugees and asylum seekers across the state. We welcome refugees and asylum seekers, recognising their rich contribution to our community – socially, culturally and economically. We also acknowledge the tremendous strength and resilience it takes to adapt and rebuild their lives in a new country. Such courage and hope demonstrates some of the fundamental values we hold dear in Victoria.

We know that refugees and asylum seekers face significant challenges, including a legacy of poor health care and, often, experiences of torture and trauma. In many cases, refugees and asylum seekers have been unable to access medical attention for some time, and arrive in Australia with a myriad of complex conditions which require appropriate and sensitive care.

In Victoria we take our responsibilities to those who seek our protection very seriously. As the state with the highest settlement numbers in Australia, we are committed to developing and supporting innovative practices that help to restore good health early in settlement. This is why we have invested \$22.2 million over four years in an Australian-first new model of health care for refugees and asylum seekers, which will provide a statewide approach to early health assessment and follow up care.

The *Victorian refugee and asylum seeker action plan 2014–2018* articulates this new model of health care and will guide the implementation of the new funding. The action plan has been developed in partnership with the Victorian Refugee Health Network and in close consultation with the refugee health and community sector and community members. It responds to the cumulative impacts of greater numbers of refugees and asylum seekers settling in Victoria by providing long term strategic directions for the Victorian healthcare system.

The action plan is built around five priority areas for action: accessibility; expertise in refugee health; service coordination; cultural responsiveness; and health literacy and communication. We want to ensure that the Victorian healthcare system is responsive to the needs of refugees and asylum seekers, and contributes to the improvement of their health status and health experiences on arrival in the Victorian community.

The Victorian Government however, cannot achieve this on our own. We need to work in collaboration with the Commonwealth Government to address some of the longstanding barriers to healthcare for this vulnerable population. This is why the action plan has a number of recommended Commonwealth actions which build on our recent efforts through the Standing Council on Health.

We are particularly proud of the strength of our partnership with the Victorian Refugee Health Network in developing the Victorian refugee and asylum seeker action plan 2014–2018. We look forward to implementing the priority actions, along with the recommendations of the recent Victorian Auditor-General's Office report *Access to Services for Migrants, Refugees and Asylum Seekers*. Ultimately we want to ensure that refugees and asylum seekers have access to preventative healthcare in the right setting, at the right time, regardless of how they arrived in Victoria. This action plan sets the course towards that goal.

A handwritten signature in black ink, appearing to read 'David Davis', with a stylized flourish above the name.

The Hon. David Davis  
Minister for Health

# Acknowledgements

*The Victorian refugee and asylum seeker health action plan 2014–2018* was prepared in close partnership with the [Victorian Refugee Health Network](#). The Victorian Refugee Health Network is auspiced by the Victorian Foundation for Survivors of Torture. The action plan has been based on extensive consultation with service providers and community members across Victoria.

We wish to thank the members of the advisory committee for preparing the action plan, all of whom were members of the Victorian Refugee Health Network. We also wish to thank community groups and service providers from across health and community service sectors in both metropolitan and rural and regional areas of Victoria for their valuable contribution to the development of the action plan.





# Introduction

## Background

Victoria is home to the greatest number of newly arrived refugees and asylum seekers in Australia. As such, Victoria is recognised as a longstanding national leader in refugee and asylum seeker healthcare, with a strong history of supporting the health workforce through both targeted and broader initiatives to enhance service delivery to refugees and asylum seekers. Collaborative local and statewide partnerships have always underpinned Victoria's approach and promoted the high level of expertise many Victorian services now have in working with newly arrived refugees and asylum seekers.

The Department of Health's ongoing commitment to refugee and asylum seeker health has been recognised recently in the Victorian Auditor-General's Office performance audit titled *Access to Services for Migrants, Refugees and Asylum Seekers*, tabled in May 2014. The report found that the Department of Health demonstrates a strategic level understanding of the complex and multiple needs of migrants, refugees and asylum seekers. The Refugee Health Program was also highlighted as a good example of a timely, coordinated and responsive service for refugees and asylum seekers, with particular mention to how training has been used to successfully improve service accessibility.

Since 2012 the number of refugees and asylum seekers settling in the Victorian community has grown rapidly and is now higher than at any time in the past 30 years. To meet escalating demand, the Victorian Department of Health and the [Victorian Refugee Health Network](#) have worked in close partnership to build on and transform Victoria's approach to refugee and asylum seeker healthcare. This collaborative partnership continues to drive innovative service responses that ensure the Victorian health system has the capacity and flexibility to adapt to fluctuating demand for on-arrival healthcare and to plan and address longer term health and social needs.

Irrespective of the changing Commonwealth immigration policy environment, providing timely and quality health services and health education to this large population cohort requires a long-term strategic response across all levels of government, service providers and communities.

## Victorian refugee and asylum seeker health action plan

*The Victorian refugee and asylum seeker health action plan 2014–2018* articulates the Victorian Government's commitment and action to improve the physical and mental health of refugees and asylum seekers. It describes Victoria's partnership approach to delivering responsive and appropriate healthcare in the right setting at the right time to maximise health and wellbeing outcomes.

In partnership with the [Victorian Refugee Health Network](#), the action plan outlines five priority action areas to achieve Victoria's new approach:

- accessibility
- expertise in refugee health
- service coordination
- cultural responsiveness
- health literacy and communication.

In developing this action plan, the Department of Health partnered with the Victorian Refugee Health Network during 2012 to conduct an extensive consultation with service providers and community members<sup>1</sup>. This partnership has ensured the action plan is informed by those both receiving and delivering healthcare and is responsive to the priorities identified.

As part of that consultation, 35 targeted meetings and nine forums were conducted with more than 100 agencies including 38 in metropolitan Melbourne and six in rural and regional Victoria. Targeted consultations took place in the two largest rural and regional areas for refugee settlement in Victoria: Shepparton and Geelong. Eight community group consultations with more than 90 community members were also undertaken, including meetings with community advisory groups linked to the Victorian Foundation for Survivors of Torture (Foundation House) in metropolitan Melbourne, community groups in rural and regional areas, AMES settlement community guides and Foundation House community liaison workers.

The case studies featured throughout the action plan have been written by health professionals from the Victorian Refugee Health Network based on common experiences in practice rather than individual cases.



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<sup>1</sup> The consultation summary is available for download at: <<http://docs.health.vic.gov.au/docs/doc/Consultation-Summary-Victorian-refugee-health-and-wellbeing-strategy>>.

# Victoria's refugees and asylum seekers

## Definitions

The term 'people from refugee backgrounds' is used throughout this document to refer to those who have arrived on humanitarian visas, people seeking asylum and those who come from refugee backgrounds who arrive on another visa type, including family migration and skilled migration.

## Refugees

Refugee status acknowledges that a person has suffered persecution or they have a well-founded fear of persecution in their country of origin for reasons of race, religion, nationality, membership of a particular social group or political opinion. Once granted refugee status under the United Nations High Commissioner for Refugees definition and accepted by Australia for settlement, a refugee receives an Australian visa under the Humanitarian Program (visa 200, 202 or 204), which grants permanent residency and eligibility for the same services available to all Australian permanent residents.

People who arrive in Australia with or without a valid visa and were subsequently found to be in need of protection prior to September 2013 were typically issued with a Permanent Protection visa under the Humanitarian Program (visa 866). From September 2013, people who have sought asylum in Australia having arrived without a valid visa and found to engage Australia's protection obligations are being issued with temporary visas only, initially Humanitarian Stay (Temporary) and Temporary (Humanitarian Concern) visas commencing February 2014.

## Asylum seekers

The term 'asylum seeker' is used to describe people who have entered Australia by plane usually under a valid visa or by boat usually without a visa and subsequently sought protection to remain in Australia based on refugee claims. They are known as asylum seekers while their refugee status is being determined. Asylum seekers reside in the community on bridging visas, in community detention or are held in immigration detention facilities in Australia (including Christmas Island) or offshore in Nauru or on Manus Island.

## People from refugee backgrounds on skilled or family migration visas

The term 'refugee background' includes people with a refugee-like background who may have come to Australia on another visa, such as a partner or orphan visa under the Family Migration Program, or under the Skilled Migration Stream.

## Different entitlements across visa categories

People who have permanent visas under the Humanitarian Program (see refugees above) have the same eligibility for services as other Australians. Entitlements vary across visa types in relation to eligibility to work, eligibility to attend English language classes, access to tertiary education and casework and income support. Eligibility is dependent on when and how an individual arrived in Australia.

Asylum seekers, temporary visa holders and skilled and family migration visa holders are eligible for both mainstream and specialised refugee and asylum seeker health services funded by the Victorian Government but will have differing access to Commonwealth services and supports. As immigration policy continues to change (including new and re-introduced visa categories) this will continue to impact on the entitlements, services and supports available to refugees, asylum seekers and their family members.

To better understand the complexity of changing eligibility and entitlements for refugees, asylum seekers and their family members please view the department's table of eligibility and entitlements by visa category. For the most up-to-date information please refer to the Diversity in Health website <[www.health.vic.gov.au/diversity/refugee](http://www.health.vic.gov.au/diversity/refugee)> or the Victorian Refugee Health Network website <<http://refugeehealthnetwork.org.au/>>.

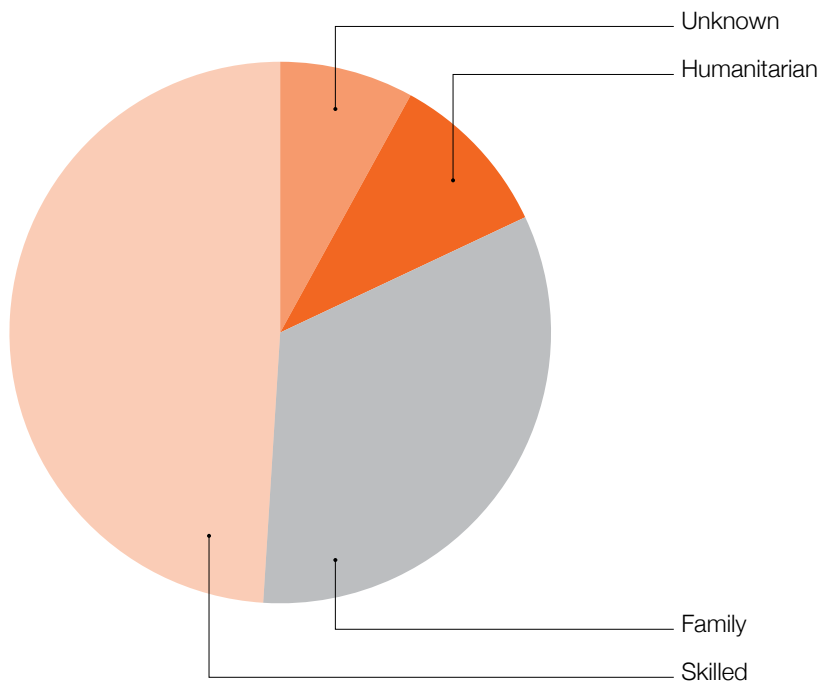
## How do refugees and asylum seekers come to Victoria and in what numbers?

People from refugee backgrounds will have entered Australia under one of three ways:

- after being granted a visa offshore (overseas) as part of the Australian Humanitarian Program
- arriving by boat or plane with or without a valid visa and applying for asylum after arrival
- arriving under another visa, for example, under the Family Migration Program or Skilled Migration Program (having come from a refugee background).

Figure 1 shows that the number of new arrivals under the humanitarian program (referenced to in the first dot point above) account for about 10 per cent of Victoria's total migration. Almost half of all immigrants arrive as part of the Skilled Migration Program and a third under the Family Migration Program.

**Figure 1: Migration streams to Victoria, 2010–11 to 2012–13**



Source: Department of Immigration and Border Protection 2014b. Further detail on the unknown/other category not available.

## Snapshot of the Victorian refugee and asylum seeker population in 2014

Over the past 18 months the Commonwealth has made significant policy changes to Australia's Humanitarian Program. An overview of immigration figures in 2014 is provided in Table 1. Note that immigration policy and visa categories change frequently and data is updated regularly so it is best to refer to the Victorian Refugee Health Network website for the most recent information.

**Table 1: Overview of estimated number of refugees, asylums seekers and their family members living in Victoria and nationally in 2014 (at 31 April 2014)\***

Visa category	Victoria	National
Asylum seekers in the community on Bridging Visa E	Estimated at 9,000**	24,273
Asylum seekers in community detention	1,261	2,913
2012–13 asylum seekers who arrived with a valid visa by plane lodged a new application***	Unknown	8,308
Family Migration visas in 2012–13 (tied to visa subclass 866)	Unknown	Unknown
Asylum seekers in detention centres nationally who may be released into the Australian community in the future	413	4,258 (includes 1,404 on Christmas Island)
Permanent Protection visas, 1 year	4,520	12,855
Permanent Protection visas, 5 years	23,315	72,857

Sources: Department of Immigration and Border Protection 2013a, 2014a, 2014b

\* This table does not include asylum seekers on Humanitarian Stay (Temporary) and Temporary (Humanitarian Concern) visas as numbers are yet to be confirmed by the Department of Immigration and Border Protection.

\*\* Estimate based on Victoria's proportion of the national intake of community-based asylum seekers on bridging visas, currently fluctuating between 35 and 38 per cent (as well as secondary migration from other jurisdictions).

\*\*\* Does not take into account people who have lodged applications in previous years waiting for outcomes.

### Humanitarian Program

Over the past five years, 23,315 refugees with Permanent Protection visas have arrived in Victoria, and many more have moved to Victoria from interstate after arrival (Department of Immigration and Border Protection 2013a).

In Australia, in 2013–14, the Humanitarian Program for refugees and others with humanitarian needs has been set at 13,750 new places each year.<sup>2</sup> It is expected that around 4,000 new arrivals will settle in Victoria, with 10–15 per cent of people settling in rural and regional Victoria. In 2012–13 there were 20,000 humanitarian places allocated nationally, including Permanent Protection visas for those who were granted protection after arriving in Australia seeking asylum. The annual number of new arrivals entering under the Humanitarian Program has fluctuated over time but mostly remained within the range 10,000 to 15,000 since the mid-1980s.

<sup>2</sup> This does not include Temporary (Humanitarian Concern) visa grants. These will likely be in addition to the 13,750 offshore places nationally in line with previous announcements for the proposed reintroduction of Temporary Protection visas last year.



In February 2014 the Commonwealth Government began to issue Humanitarian Stay (Temporary) (subclass 449) and Temporary (Humanitarian Concern) (subclass 786) visas for people who arrive in Australia without a valid visa and are subsequently recognised as refugees.<sup>3</sup> These places are in addition to the 13,750 places for permanent visas.

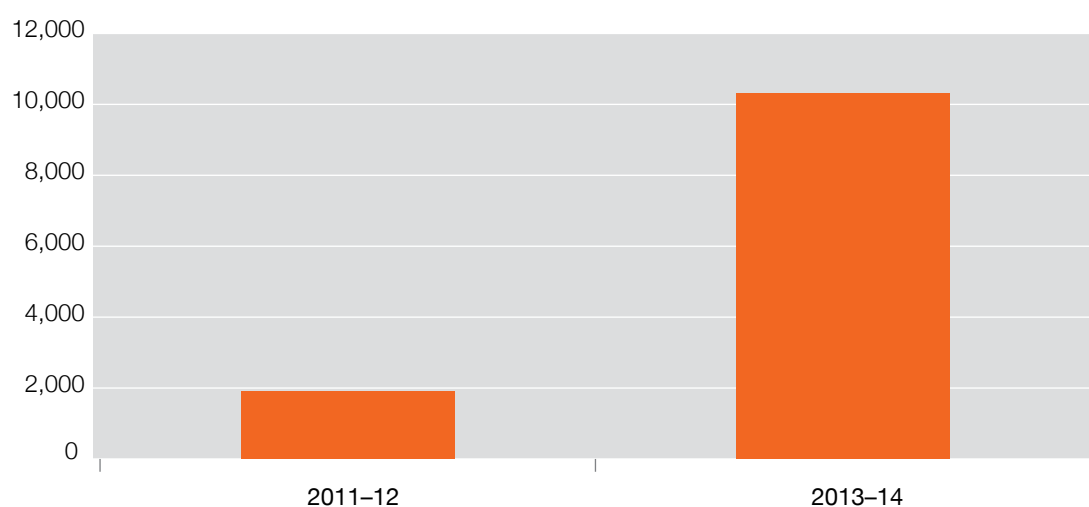
### Women at risk

Among the humanitarian entrants are women and children who enter Australia under the Woman at Risk program, a special category for vulnerable women identified by the United Nations High Commissioner for Refugees. This group of women have been exposed to, or were at risk of, sexual abuse, victimisation and harassment, and lack traditional family and community support. Many have also lost their partners in war (Department of Social Services 2013b).

### People seeking asylum

Over recent years the number of people arriving by boat to seek asylum had increased significantly. For the first time, in 2012–13, the number of people arriving by boat nationally was greater than the number arriving by plane (see Figure 2). In 2011–12 there were an estimated 1,900 asylum seekers who arrived by boat living in the Victorian community. In 2013–14 there are more than 10,000 asylum seekers who arrived by boat.

**Figure 2: Estimated number of asylum seekers who arrived by boat living in the Victorian community\* from 2010–11 to 2013–14 (not including migration from interstate)**



Sources: Department of Social Services 2013b, Department of Immigration and Citizenship 2013

\* This includes asylum seekers in community detention and on Bridging Visa E but does not include plane arrivals or secondary migration from other states or territories. Note that there is no data available for 2012–13.

As at 30 April 2014 there were 4,258 people seeking asylum while being held in onshore detention centres in Australia, 2,913 people in community detention (1,261 in Victoria) and 24,273 people nationally on Bridging Visa E living in the community who have applied for asylum having arrived by boat.

It is estimated that about 35–38 per cent are living in Victoria, including ‘secondary migrants’ from other jurisdictions. There are also many people who arrive by plane (who often receive support through asylum seeker support agencies). However, no data is available on exact numbers.

<sup>3</sup> For more information on visa types see the Victorian Refugee Health Network’s *Asylum seeker information sheet for Victorian health services* at <<http://refugeehealthnetwork.org.au/asylum-seeker-factsheet>>.

At the time of writing, Commonwealth immigration policy is that people who have arrived on or after 19 July 2013 will be processed offshore in Nauru or on Manus Island (total of 2,450 people) and not offered protection places in Australia.<sup>4</sup> However, in some circumstances they may be brought to Australia to receive healthcare.

Commonwealth policy has changed and continues to change in relation to eligibility for various entitlements including work rights, income support, access to casework support, legal assistance, access to Medicare and accommodation assistance.

### **Age, gender, education and English proficiency**

The demographics outlined below mainly relate to people arriving or granted protection as part of the Humanitarian Program. In the absence of available data, reports from service providers are included in relation to the demographic profile of asylum seekers living in Victoria.

#### **Age and gender**

The age distribution of new arrival humanitarian entrants is much younger than the broader Australian population, with 49 per cent aged under 25 years in 2008–13 (Department of Immigration and Border Protection 2014b). The Humanitarian Program's demographics change frequently and rapidly, influenced by international and domestic situations. In 2012–13 there were a significant number of mainly young men aged 25–34 years who had arrived in Australia by boat, many of whom have family overseas (see Figure 3). Humanitarian Program entrants settling in Victoria over the past five years have more commonly been men (61 per cent) than women (49 per cent).

The Department of Immigration and Border Protection (2014a) reports the current profile of asylum seekers in the community on Bridging Visa E is approximately 83 per cent men (20,105), nine per cent women (2,282) and 7.5 per cent children (1,821). However, women (21 per cent) and children (51 per cent) represent a greater proportion than men (28 per cent) in the Community Detention Program nationally.



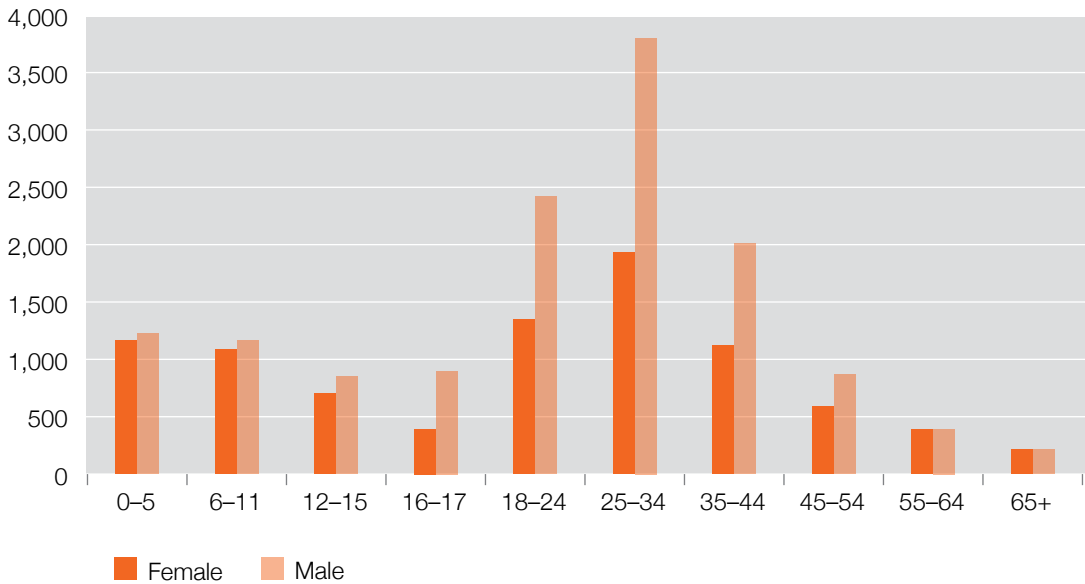
<sup>4</sup> Since 19 July 2013 people who arrive without a valid visa by boat are transferred to offshore processing facilities and will not be eligible for a protection visa in Australia. Asylum seekers who arrived without a valid visa by boat before 19 July 2013 will not be eligible for a permanent protection visa.

**Education and English proficiency**

Refugees and asylum seekers have a broad range of educational experiences prior to arrival in Australia, from highly educated professionals to experiences of disrupted education. More than 90 per cent of refugees have no or very limited English language proficiency<sup>5</sup> (see Figure 4). There is currently no information available on the English proficiency of asylum seekers.

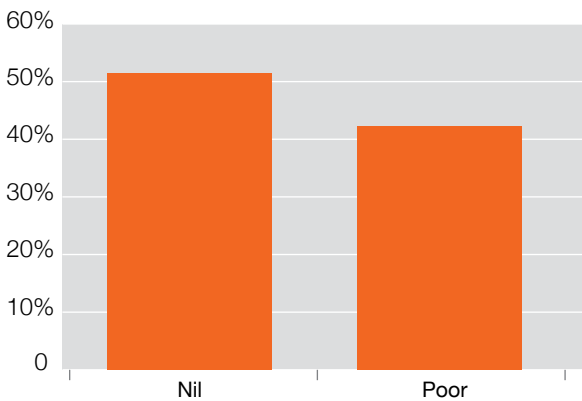
New arrivals need accessible information about how the Victorian health system works and access to information about approaches to preventative health (Foundation House. 2013). This needs to be understood within a context of: varying levels of education and English proficiency; literacy in other languages; experiences of health services and access to health information in countries of origin and transit; and personal health beliefs and understandings.

**Figure 3: Gender and age at arrival of Humanitarian Program settlers in Victoria from 2010–11 to 2012–13 (not including asylum seekers)**



Source: Department of Immigration and Border Protection 2014b

**Figure 4: English language proficiency of Humanitarian Program settlers in Victoria (2010–11 to 2012–13) (not including asylum seekers)**



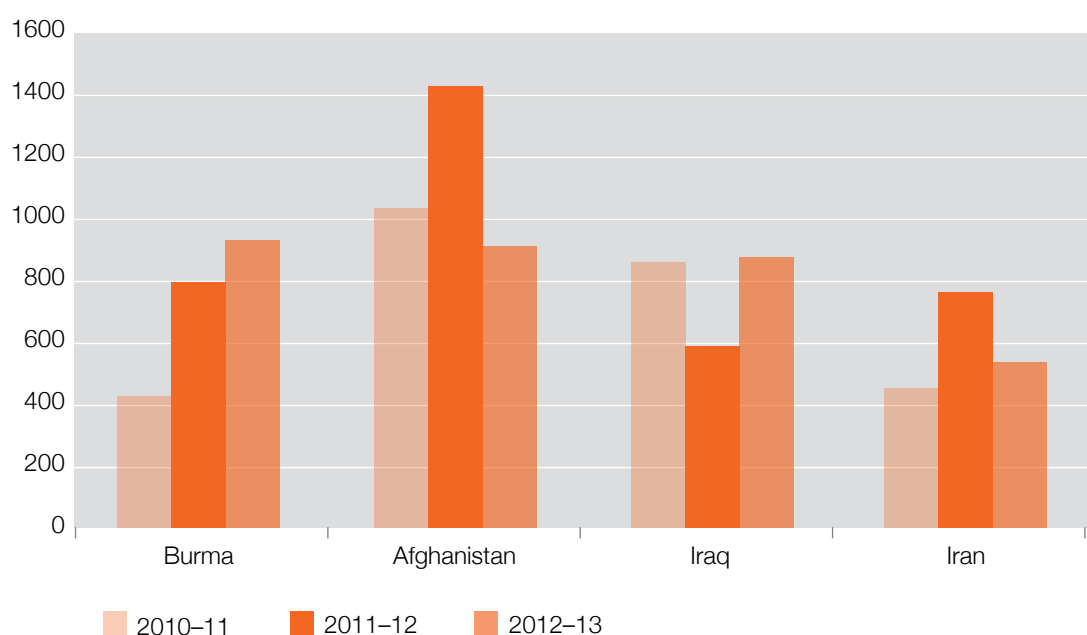
Source: Department of Immigration and Border Protection 2014b

<sup>5</sup> English language proficiency testing can include formal English tests or self-assessments. Updated English language proficiency data is recorded from settlers who enrol in the Adult Migration English Program (AMEP) after arrival in Australia.

## Where do people come from?

In 2012–13 the top four countries of birth for Humanitarian Program settlement in Victoria were Burma, Afghanistan, Iraq and Iran. These countries have been the most frequent humanitarian source countries over the past five years (see Figure 5). For those asylum seekers who came by plane, the top four source countries were China, India, Pakistan and Egypt (top 4 source countries in 2012–13 in order) (Department of Immigration and Border Protection 2013a).

**Figure 5: Top four countries of birth, Humanitarian Program, Victoria, 2010–11 to 2012–13 (not including asylum seekers)**



Source: Department of Immigration and Border Protection 2014b

## Where are people living in Victoria?

The two Victorian local government areas (LGAs) that have consistently received the highest number of refugees under the Humanitarian Program over the past three years are Greater Dandenong in Melbourne's south-east and Hume in Melbourne's north (see Table 2). In 2012–13 each of these LGAs received more than 700 people. From 2010–11 to 2012–13, approximately 12.7 per cent of newly arrived refugees under the Humanitarian Program settled in rural and regional Victoria (Department of Immigration and Border Protection 2014b). The top LGAs for refugee settlement include three rural LGAs: Greater Geelong, Mildura and Greater Shepparton. See Appendix 1 for settlement data for all Victorian LGAs and associated metropolitan and rural and regional maps at Figure 6 and 7.

Residency information is not readily available for asylum seekers but they are known to live in some of the same LGAs as refugee entrants, namely Greater Dandenong, Hume, Casey, Brimbank, Maroondah and Wyndham.

**Table 2: Top Humanitarian Program settlement LGAs, 2010–11 to 2012–13, Victoria (not including asylum seekers)**

LGA	2010–11	2011–12	2012–13	Total
Greater Dandenong	806	1,110	767	2,683
Hume	774	524	756	2,054
Casey	495	497	300	1,292
Brimbank	333	537	404	1,274
Maroondah	128	323	404	855
Wyndham	211	339	254	804
Whittlesea	230	267	152	649
Greater Geelong	212	137	288	637
Maribyrnong	161	249	203	613
Greater Shepparton	137	140	117	394
Others	1,019	1,120	869	3,008
<b>Total</b>	<b>4,506</b>	<b>5,243</b>	<b>4,514</b>	<b>14,263</b>

Source: Department of Immigration and Border Protection 2014b

**Figure 6: Humanitarian arrivals by LGA in metropolitan areas between 2010–11 and 2012–13**

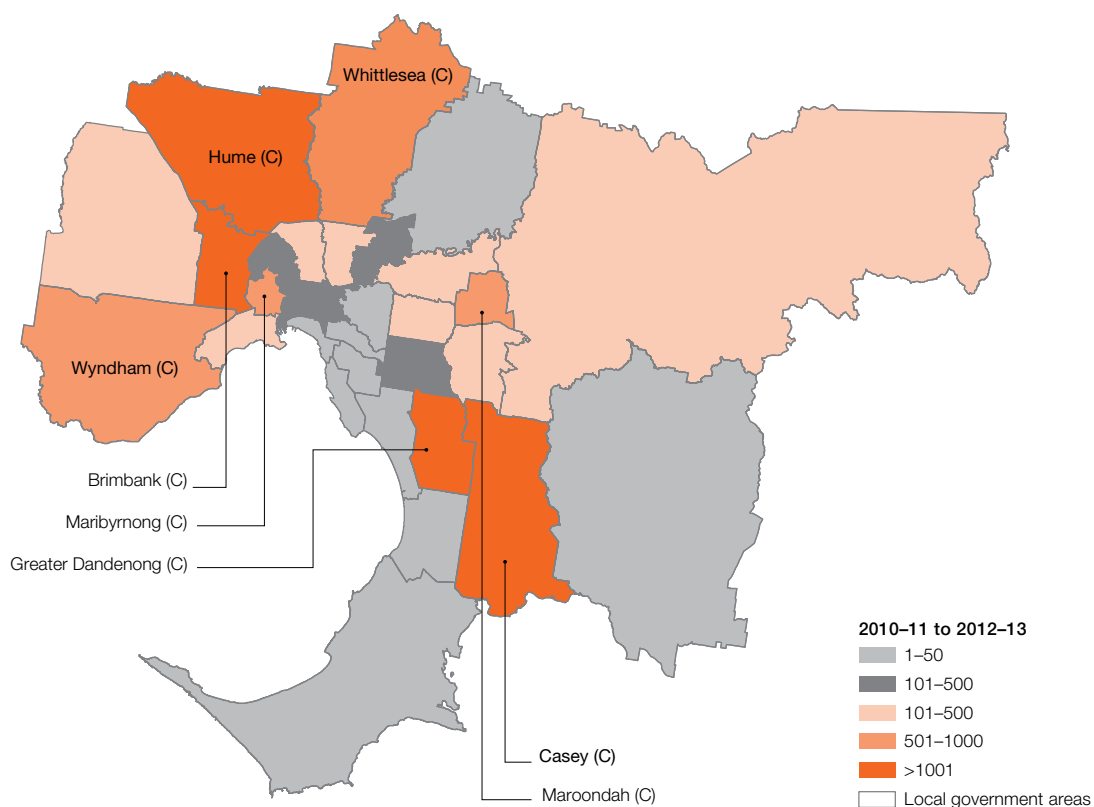
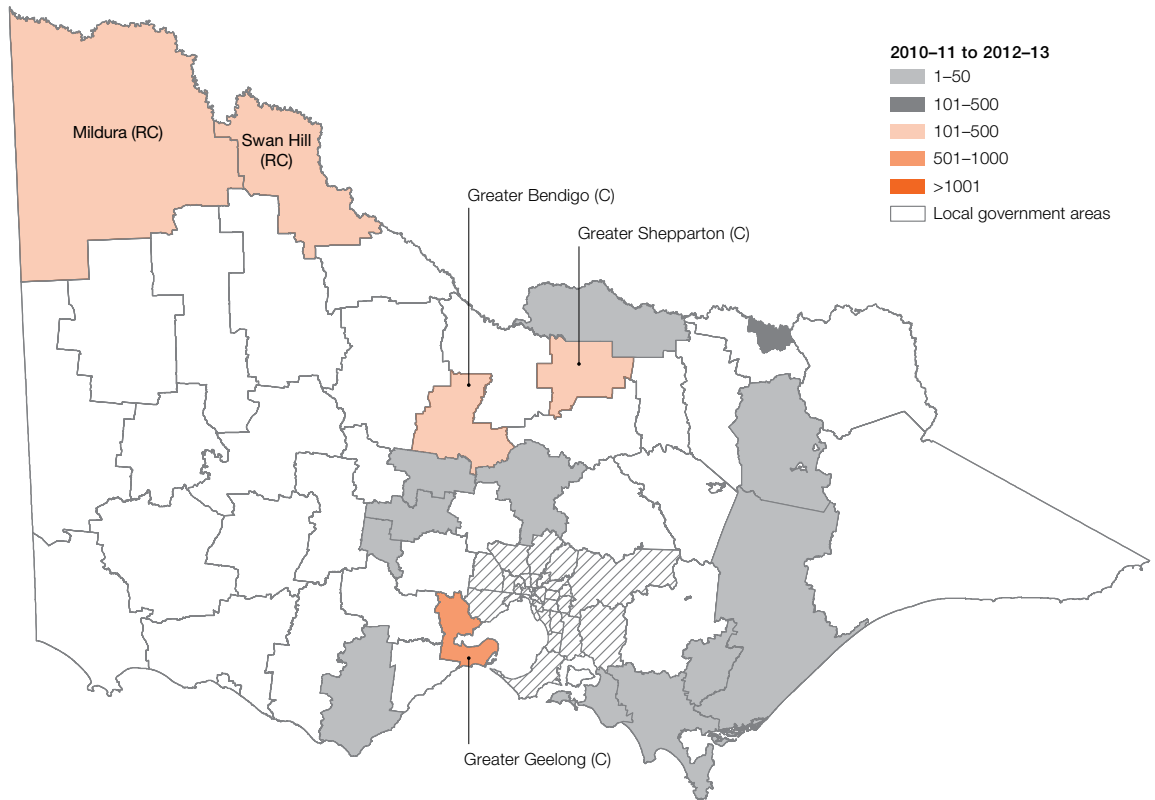




Figure 7: Humanitarian arrivals in rural and regional areas by LGA between 2010–11 and 2012–13



## Refugees and asylum seekers may arrive with chronic and complex health conditions

Refugees and asylum seekers often come from countries where they have had limited, interrupted, or no access to healthcare and where health infrastructure is poorly developed. Traumatic events that can have long-term effects on health include: war; physical and psychological torture and other trauma; periods in refugee camps or marginalisation in urban settings; human rights abuses; loss of, or separation from, family members; and the journey to Australia. Prolonged experiences of deprivation in environments without access to safe drinking water, shelter, adequate food supplies, basic healthcare, education or safety also significantly affect health and wellbeing. Long-term detention, including in Australian immigration detention, also has significant impacts on the health and mental health of asylum seekers, with people who have been in detention reporting high rates of depression, anxiety, post-traumatic stress disorder and concentration and memory disturbances (Coffey et al. 2010).

These factors differentiate the pre-arrival experiences of refugees and asylum seekers from most other migration cohorts. Also unlike other migrant groups, in the early arrival period, many refugees and asylum seekers have multiple chronic and complex mental and physical health problems requiring comprehensive assessment, primary and specialist care, multiple investigations, referral and ongoing management. Some of these conditions and specific care needs will not be familiar to health professionals in Australia. Early contact to provide a comprehensive health assessment is a priority. However, due to the nature of the refugee experience and protracted determination process for asylum seekers, some health issues may be more likely to manifest long after initial settlement.

*Promoting refugee health: a guide for doctors and other health care providers caring for people from refugee backgrounds* (Foundation House 2012a) provides more detail on the following important health and wellbeing issues for refugees and asylum seekers in Victoria, including, but not limited to:

- mental health
- infectious and vaccine-preventable disease
- chronic disease
- oral health
- vision and hearing
- social isolation
- alcohol and drug use
- somatic manifestations of pain
- maternal and child health
- sexual and reproductive health
- diet and nutrition issues
- vitamin D
- disability<sup>6</sup> and developmental concerns.

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6 Some refugees and asylum seekers arrive in Australia with existing disabilities and injuries such as: an intellectual disability or acquired brain injury; a clinical psychiatric disability including psychosis; and/or physical disabilities such as mobility, hearing or vision impairment.

‘We need a more integrated workforce so we do not miss opportunities.’  
– Health service provider

### Case study: Supported referral

A welfare worker at an English language school was assisting with the enrolment of a Chin adolescent when she observed that the new student had a toddler sibling. With the use of a Hakha Chin interpreter, the welfare worker was able to find out from the mother that the toddler had not seen a maternal and child health nurse. The welfare worker explained the service, made a referral and explained how to get to the service from her house. When speaking with the maternal and child health service, the welfare worker specified the need for an interpreter, noted the language spoken by the mother and said that the mother would require a letter from the service to give to her English class provider. The maternal and child health nurse spent time with the mother completing a developmental assessment, reviewing the child’s immunisation history and talking with the mother about her experiences of parenting. The nurse noticed that the child was somewhat delayed in achieving some milestones so referred the toddler to the local specialist refugee paediatric clinic.

## Post-arrival factors affect health and wellbeing

Refugees and asylum seekers are vulnerable to experiencing compounding disadvantages that further distinguish them from other migrants or other people in the community on low incomes. Particular issues experienced by refugees and asylum seekers common to many disadvantaged groups include financial hardship, isolation, unemployment, housing insecurity and being at risk of homelessness.

Overall, successful participation and settlement is promoted through access to employment, housing, education and health services and underpinned by a foundation of human rights and citizenship. Under current Commonwealth policy, access to employment is denied to many asylum seekers who may live in Victoria for many years while their claims are processed, which has implications for their health and wellbeing. Many others from refugee backgrounds with work rights will face significant barriers to employment due to the interplay of interrupted education, qualifications and experience that may not be recognised in Australia, and the need to learn English in the midst of competing settlement demands.

Refugees and asylum seekers are less likely than other migrants to have family and community support in Australia and may experience further isolation related to racial or religious stigma and discrimination. Opportunities for reuniting with family also significantly impact on health and their ability to settle successfully in Victoria. Asylum seekers granted temporary protection visas (such as Temporary (Humanitarian Concern) visas) are unable to apply for family sponsorship and therefore have no opportunity for family reunion. Previous research also indicates that protection visas of a temporary nature have resulted in an increased reliance on specialised mental health services when previously implemented, due to individual’s profound uncertainty about their future in Australia and lack of opportunities for family reunion (Harris & Zwar 2005; Johnston et al. 2009).

Those on other humanitarian visas may wait for many years for their family reunion claims to be processed and a place made available. Social connection, language and cultural knowledge and safety and stability act as facilitators to successful participation and settlement.

Language services are critical to promoting health and wellbeing as most refugee and asylum seeker arrivals speak little or no English on arrival.<sup>7</sup> Healthcare organisations can improve health outcomes by: reducing language and literacy barriers; increasing service providers' skills and knowledge in working cross-culturally; providing opportunities for new arrivals to gain an understanding of how health services operate; and providing access to a breadth of health information that they may not have had access to in the past.

### Regional Management Forums: A partnership approach to addressing the social determinants of health

In Victoria, whole-of-government approaches to improvements in planning and service delivery and optimising local capacity to address the barriers that may impede community wellbeing are facilitated by Regional Management Forums. Membership of each Regional Management Forums is drawn from across local, state and Commonwealth governments representing key departments. This enables a cross-sectoral approach to addressing local issues regarding housing, education, employment and health. In the Southern and North & West Metropolitan regions of Melbourne, the local Regional Management Forums are central to leading a coordinated and collaborative response to achieving better outcomes for refugees and asylum seekers.

### Vulnerable groups within the refugee and asylum seeker population

While people from refugee backgrounds have many shared experiences, they are diverse and have a range of health needs that should inform health services delivery. Groups with particular needs include:

- **women, including those who arrive on a Woman at Risk visa and women who are pregnant**, who may have experienced gender-based violence, including sexual assault and/or limited and inadequate maternity care for this and previous pregnancies
- **people with existing serious acute or complex health diseases or infections<sup>8</sup>** such as latent tuberculosis, HIV or hepatitis B who require access to assessment and ongoing management
- **people with chronic health concerns and/or who are at high risk of developing chronic health conditions later in settlement** (such as diabetes, heart disease, arthritis, osteoporosis and cancer)
- **people with a pre-existing physical or intellectual disability or mental illness**, including children
- **children and young people**, including those on a bridging visa or unaccompanied minors who have experienced trauma, loss, upheaval and deprivation, which can affect their development and may require specialist developmental assessment and nutritional review (Department of Education and Early Childhood Development 2011)

<sup>7</sup> The population speaking a language other than English at home in Victoria increased from approximately 1 million in 2006 to 1,235,436 in 2011, constituting 23 per cent of the total Victorian population.

<sup>8</sup> Commonwealth policy changes to the health waiver from 1 July 2013 have enabled people with pre-existing disabilities and major chronic health conditions who are refugees a settlement place in Australia.

- **people who are gay, lesbian, bisexual, transgender and intersex (GLBTI)** who may be socially isolated, disconnected and stigmatised by their community, their family and the GLBTI community
- **older people** who are at risk of social isolation as they have less opportunity to develop and maintain social connections and often have complex and chronic health issues that may impede daily activities
- **people from refugee backgrounds who are not part of the Humanitarian Program** (such as those entering under the Family Migration Program) as they do not receive health education, basic health system orientation or casework support and assistance to link into essential health or other support services, resulting in missed opportunities for early intervention and increased risk of social isolation
- **people on a bridging visa or a Temporary (Humanitarian Concern) visa** in the community who will have no opportunity for family reunion/sponsorship, which can have significant impacts on mental and physical health and wellbeing. Eligibility in relation to accessing work, English language classes, tertiary education, casework and income support varies across visa types and is dependent on when and how the person arrived in Australia
- **people on a bridging visa that has expired** and currently have no visa status while they are awaiting renewal of their visa. This group may experience difficulty renewing their Medicare Cards and subsequently become Medicare ineligible
- **people who have been held in detention for prolonged periods of time** including Australian immigration detention. Research demonstrates that held detention can have detrimental impacts on mental and physical health (Harris & Zwar 2005; Johnston et al. 2009).

‘I didn’t even look; I didn’t even realise there were support services out there ... I just sort of tried to deal with it myself for a little while. So I just didn’t tell anyone [that I was same sex attracted]’ – Newly arrived gay male, early 20s\*

### Case study: Vulnerable groups within the refugee and asylum seeker population

A young man fled his home town in fear of his life, leaving his family in the village. He was from a refugee background and he had experienced childhood trauma compounded by issues related to his sexuality and gender identity. After arrival in Australia he continued to struggle due to stigma within his ethnic community, which led to further isolation. He had ongoing issues with difficulty in trusting authorities due to persecutions in his home country, and no understanding of the specific refugee health services such as advocacy and counselling support available in Victoria.

\* Quote from a 2014 report on understanding the support needs of GLBTI young people from refugee and newly arrived backgrounds (Noto et al. 2014).





# What we currently do

Victoria has been a longstanding national leader in refugee and asylum seeker healthcare with a strong history of providing support to the general health workforce through both targeted and broader initiatives to enhance service delivery to people from refugee backgrounds. Local and statewide collaboration and partnerships have always been central to Victoria's approach. Many Victorian services have developed significant expertise in working with newly arrived refugees and asylum seekers. This knowledge is shared across local and statewide networks today.

## Services and settings

Refugees and asylum seekers use a combination of universal and specialised public and private health services that are funded through a mix of local, state and Commonwealth government programs.<sup>9</sup> Table 3 presents the main service components used by refugees and asylum seekers, as well as the partners and sector support that underpin Victoria's approach.

Healthcare delivery to refugees and asylum seekers has taken and continues to take place in all the usual health settings that provide care to the general population. Health professionals in these settings are supported by specialised refugee and asylum seeker health programs for referral, secondary consultation, coordination, professional development and training.

However, health service providers also deliver flexible services to refugees and asylum seekers in a variety of other non-health specific settings and by using both drop-in and outreach, similar to strategies used with homeless or other vulnerable populations. Services are delivered in settlement agencies (including orientation sessions for new arrivals) and at community events, schools (including English language schools), transitional migrant accommodation and early childhood centres.

**Table 3: Service components of Victoria's approach**

1. Mainstream health services	2. Specialised CALD and refugee programs and initiatives	3. Partners and sector support
<ul style="list-style-type: none"> <li>• Community health services</li> <li>• Dental health services</li> <li>• General practice</li> <li>• Mental health and drug and alcohol services</li> <li>• Maternity services and maternal and child health</li> <li>• Acute services</li> <li>• Specialist health services</li> <li>• Vision and hearing services</li> <li>• Aged care services</li> <li>• Local government services</li> </ul>	<ul style="list-style-type: none"> <li>• Language services (interpreting services and translated health information)</li> <li>• Refugee Health Program (formerly Refugee Health Nurse Program)</li> <li>• Refugee Health Fellows Program</li> <li>• Refugee and asylum health seeker clinics: hospital, primary care and outreach</li> <li>• Specialised torture and trauma counselling and support</li> </ul>	<ul style="list-style-type: none"> <li>• Victorian Refugee Health Network</li> <li>• Local refugee health working groups</li> <li>• Community advisory groups and organisations</li> <li>• CALD and refugee capacity-building services</li> <li>• Settlement services and asylum seeker support programs</li> <li>• Primary health organisations</li> <li>• Primary Care Partnerships</li> </ul>

CALD = culturally and linguistically diverse

<sup>9</sup> The Commonwealth Government also funds public hospitals through the recent National Health Reform Agreement. Some targeted programs receive funding from multiple sources including the Commonwealth and state governments, for example, the Program of Assistance for Survivors of Torture and Trauma (PASTT) program, which provides mental health services to refugees and people seeking asylum.

## Mainstream health services

A wide range of state-funded health and community services are complemented by local government health and community support services and Commonwealth-funded universal health services such as access to Medicare-funded services.

### Mainstream service entitlements

The service eligibility of refugees and asylum seekers and their families varies depending on their mode of arrival to Australia, the date of arrival, their visa status, their residency status and individual need. People on humanitarian visas (including Refugee visas (200), Special Humanitarian visa (202), Woman at Risk (204) and Permanent Protection visas (866)) are permanent residents and are therefore entitled to the same Commonwealth-funded health services as all other permanent residents.

While refugee status is being determined, people seeking asylum may move from one visa (with specified entitlements) to another, for example, from held detention facilities to the Community Detention Program to then living in the community on a bridging visa. During this time, eligibility for and access to services can change.

The Victorian Government ensures that both refugees and asylum seekers are eligible for the widest possible range of public health services and provides for priority access in some circumstances. However, there are a number of Commonwealth-funded health programs and services that asylum seekers are unable to access and a number of services where access is limited for both refugees and asylum seekers due to lack of provision for interpreting services for those with low English proficiency. See Table 7 for details of areas of Commonwealth action later in this document.

### Case study: Service coordination and special access initiatives

A newly arrived Karen family was referred to a refugee health nurse by their settlement case manager. The refugee health nurse completed a home visit for the purposes of an initial health assessment and triage of the family's needs. As part of the assessment, the family's 15-year-old son reported ongoing tooth pain via an interpreter. The refugee health nurse referred him into the public dental service at the local community health centre, where he was put on the priority waiting list (refugees and asylum seekers are one of the high priority groups for Victorian community health services). When he visited the dental service he had a full course of dental care, which included dental hygiene education with the assistance of an interpreter.

'It is hard for case managers because they are not experts in how the [health] system works. It takes a good GP or refugee health nurse to help navigate the system.'  
– Case manager

## Victoria's access initiatives

There are currently special access provisions in place for refugees and asylum seekers for a number of health services in Victoria. The main initiatives and resources are in Table 4.

**Table 4: Victoria's special access initiatives for refugees and asylum seekers<sup>10</sup>**

<b>Priority of access</b>	Refugees and asylum seekers receive <u>priority access</u> for dental and all other community health services (such as nursing, allied health, counselling, child health services and chronic disease programs), recognising refugees and asylum seekers as clients with high clinical needs and/or disadvantage who require timely assessment and access to services. They are acknowledged as <u>one of several population groups</u> in Victoria that receive priority of access to these services, the others being: people with a risk to their own safety or the safety of others; homeless people and people at risk of homelessness; Aboriginal or Torres Strait Islander people; people with an intellectual disability; people with a serious mental illness; and people with chronic or complex care needs who require a coordinated team approach.
<b>Fee waivers</b>	In addition to <u>priority access</u> , refugees and asylum seekers receive a full <u>fee waiver</u> for both general and specialist dental services. Fee waiver policies for Home and Community Care (HACC) and primary health programs apply as normal.
<b>Free access for hospital services</b>	For asylum seekers without Medicare cards, a 2005 <u>Victorian hospital circular</u> advises that a small number of services in Victorian hospitals are provided for free.
<b>Free access to ambulance services in emergency situations</b>	Asylum seekers who are not in the Community Detention Program and are not being supported by ASAS or CAS and otherwise have no capacity to pay, have <u>free access to ambulance services</u> for emergency transport.
<b>Catch-up immunisation program</b>	A refugee and asylum seeker catch-up immunisation program is funded to ensure adolescent and adults have free access to specified vaccines. There are limitations to this funding, which can be accessed on the <u>Victorian immunisation website</u> .
<b>Dental resources</b>	<u>Resources</u> are available for identifying clients who are refugees or asylum seekers – both those who need an initial assessment and course of care, and those who need continued priority support due to continued clinical and social risk.
<b>Special access for asylum seekers to other Victorian government programs</b>	Special access for asylum seekers include: a <u>public transport concession card</u> ; the <u>Aids and Equipment Program</u> ; the <u>kindergarten fee subsidy</u> ; the <u>Housing Establishment Fund</u> ; and other homelessness assistance. Refugees, as permanent residents, already have access to these services.
<b>Guide to asylum seeker access to health and community services</b>	Asylum seekers have special access arrangements for some health and community services, as outlined in the <u>Guide to asylum seeker access to health and community services in Victoria</u> (Department of Health 2011a).
<b>Guidelines for accessing health services for people on community detention</b>	A <u>Guide to access to Victorian public health services by people living in community detention</u> (Department of Health 2011b) are available on the <u>Diversity in Health website</u> providing services to people in community detention including reimbursement arrangements.

ASAS = Asylum Seeker Assistance Scheme; CAS = Community Assistance Support program

<sup>10</sup> For more detail see the department's Diversity in Health website at <www.health.vic.gov.au/diversity/refugee>.

## Specialised refugee and asylum seeker health programs and initiatives

A number of specialised programs are funded for direct service delivery, secondary consultation and support to the general health workforce who provide care to Victorian refugees and asylum seekers.

### Refugee Health Program

The Refugee Health Program (RHP) (formerly the Refugee Health Nurse Program) commenced in response to the poor health and complex health issues of arriving refugees. The RHP operates in areas with high numbers of newly arrived refugees and/or asylum seekers as well as in areas that have secondary settlement refugees. The program is based in community health services. Additionally, there are many community health nurses who work with refugees and asylum seekers but are not funded specifically through the RHP.

Nurses conduct initial health and wellbeing screening and assessment, facilitate access to GPs in private practice and community health services and specialist healthcare, and provide coordinated case management, advocacy and education. This approach maximises opportunities for early intervention and for providing coordinated healthcare in lower cost primary health settings; it reduces delayed presentations and consequent deterioration of health status.

Refugee health nurses and other health professionals play a significant role in sector capacity building, within the services in which they work and, more broadly, by developing referral networks and collaborative relationships with general practice and across the health, housing and community sectors.

Over the years, a number of community health services have developed team approaches across a range of disciplines to respond to the sometimes complex or chronic health concerns of refugee background populations.

The components that make up the RHP now includes disciplines other than nursing. This is outlined as part of the new approach on page 37.

### General practice

Fundamental to healthcare for refugees and asylum seekers is the role of general practice in providing on-arrival health assessments and follow-up care. A number of general practices (both private and based in community health services) have developed significant expertise in working with refugee background populations, often working closely with refugee health nurses and other community health services programs.

A number of primary health care organisations now have dedicated refugee health programs to support general practice in refugee healthcare. This is an area for further development that is outlined as part of the new approach on page 37.

The Medicare Benefits Schedule (MBS) funds general practice, specialist medical services and some mental health and allied health services. The Commonwealth also subsidises medicines through the Pharmaceutical Benefits Scheme (PBS). All medical practitioners providing Medicare-funded services and pharmacists dispensing PBS medications have access to fee-free interpreting services through Translating and Interpreting Services (TIS) National. This service is not provided for allied health professionals, meaning that access to Commonwealth-funded services provided via Extended Primary Care and Mental Health plans is limited for people with low English proficiency.



## **Refugee Health Fellows Program**

Refugee Health Fellows provide support to primary and specialist health service providers (including by telehealth) in the form of: direct specialist clinical services; telehealth support, education and capacity building; and secondary consultation and outreach. This strengthens the accessibility and capacity of healthcare services across the state, particularly in outer metropolitan and rural and regional Victoria, to ensure timely and appropriate healthcare for newly arrived populations. This strengthens the accessibility and capacity of healthcare services, particularly in outer metropolitan and rural and regional Victoria, and works across the state to ensure timely and appropriate healthcare for newly arrived populations. The program strengthens pathways between primary and tertiary care for refugees and asylum seekers, between paediatric and adult services, and between metropolitan and regional service providers.

## **Immigrant and refugee health clinics: hospital-based, primary care and outreach**

Immigrant and refugee health clinics at the Royal Children's, Royal Melbourne and Dandenong hospitals host Refugee Health Fellows and provide outpatient clinic services for health issues such as hepatitis B, tuberculosis/parasite screening, vitamin D deficiency and nutrition and immunisation. The clinics are also hubs for research, policy development, education and training.

Localised clinics in regional health services have also been established by Monash Health in Doveton and Barwon Health in Geelong. In 2012–13 the four specialist clinical services (the Royal Melbourne, Royal Children's, Dandenong/Doveton and Geelong hospitals) joined to develop the Refugee Clinical Hub – integrating specialist and primary refugee healthcare by connecting specialist summaries from a hospital-based electronic health record with general practice-based care plans – improving health care and patient communication.

Outreach specialist clinics also operate in community health centres in Brimbank, Maribyrnong, Wyndham and other areas of high settlement, including specialist infectious disease clinics in Mildura and Shepparton. The clinics are typically supported by the Refugee Health Fellows, other specialists, refugee or community health nurses, allied health professionals and/or GPs. The Asylum Seeker Resource Centre operates a health centre that relies solely upon philanthropic funding and volunteer staff. The centre offers limited access to a broad range of health services for asylum seekers.

## **Victorian Foundation for Survivors of Torture: specialised mental health counselling and support**

The Victorian Foundation for Survivors of Torture (also known as Foundation House) provides specialised counselling services and related services and support to adults and children who have experienced torture, persecution or war-related trauma prior to their arrival in Australia. Foundation House provides secondary consultation to general and specialised mental health services and professional development across the health, education and community service sectors. Foundation House receives funding through the state and Commonwealth governments and philanthropic trusts.

## **Language services – interpreting services and translated health information**

The Victorian Government funds interpreting services to be provided alongside all health services to ensure accessible and quality care for people with limited or no English. The Commonwealth funds language services to support pharmacies and MBS-funded medical practitioners but not MBS-funded allied health and non-medical mental health services. The Victorian Government also funds sector-wide production and sharing of translated health materials and the online Health Translations website. This website makes available translated health information about a range of health issues in a variety of languages.

## Case study: Communication

A 45-year-old Sudanese woman who had been in Australia for 12 months was newly diagnosed with type 2 diabetes. Her GP referred her to the local community health diabetes educator. The community health intake worker phoned the patient with an interpreter who spoke Dinka and made the initial appointment. At the first appointment the diabetes educator informally assessed the woman's health literacy level with the assistance of an on-site interpreter. The client had experienced very interrupted education and was not literate in her own language. They also had a discussion about her diet and activity levels, which had changed dramatically since arriving in Australia given many of the foods were unfamiliar to her. The diabetes educator was aware of the difficulties some people from a refugee background have in discussing their history of deprivation, such as not being able to access adequate food and clean water for their family. The educator used open-ended questions and made sure she did not use an interrogatory style of questioning. The diabetes educator used teach back methods, visual aids and useful websites, such as [Easidose](#), to assist her client with understanding and managing her condition. The client was later linked into a dietician and exercise group at the local community health centre.

'It is important that the community knows they have rights, to understand, to make decisions [and] to get results and explanations.' – Community member



## Partnerships and sector support

Working in partnership is essential to delivering healthcare for refugees and asylum seekers in the most appropriate setting because of the myriad services involved, including those extending across Commonwealth and state boundaries and across health, community, housing, settlement and education sectors.

### Victorian Refugee Health Network

The Victorian Refugee Health Network, auspiced by Foundation House, is a key partner of the Victorian Department of Health. However, the department is also an active member of the Network, with representation spanning across the department and new areas within the Department becoming involved in this collaborative approach to address emerging issues as they arise. The Network has a statewide role facilitating better collaboration among health and community services with the goal of providing more accessible and responsive health services for refugees and asylum seekers across the full continuum of healthcare. The Network brings together primary and specialist healthcare providers, settlement services, state, Commonwealth and local government departments, asylum seeker support agencies, refugee health researchers, Primary Care Partnerships and primary care organisations. The Network also provides resources, a monthly bulletin and a website for practitioners, policymakers and researchers.



Reference Group for the Victorian Refugee Health Network in 2014



## Local partnerships, networks and work with refugee and asylum seeker communities

Local partnerships and networks are critical to establishing and maintaining effective health service responses for local refugees and asylum seekers. Regional approaches, through partnerships involving organisations such as local health and community services, Primary Care Partnerships, primary health organisations and local government, can result in client-focused service delivery approaches that optimise the use of local resources and service configurations. (See the example below for a spotlight on the work of local partnerships.)

A number of organisations work closely with local refugee background communities to address the needs identified by community advisors and leaders in addressing the health and wellbeing concerns of community members, including mental health and wellbeing, family relationships and general health and health services information. Some examples include Foundation House service literacy programs, The Water Well Project (partnership approach), EACH Social and Community Health and the cohealth (formerly Western Region Health Centre) mentors program.

### The Water Well Project

The Water Well Project is a Melbourne-based, not-for-profit health initiative delivered by volunteers in partnership with the Brotherhood of St Laurence, Spectrum Migrant Resource Centre, Foundation House and the Australian Medical Association Victoria.

Currently, volunteer doctors provide culturally appropriate, interactive health information sessions directly to Victorian migrant and refugee community groups. The interactive nature of health sessions delivered by The Water Well Project encourages a valuable two-way dialogue. Through such sessions, migrant and refugee community groups are able to engage with doctors and build trusting relationships. Ultimately, the project aims to stimulate more effective and informed health consultations with local hospitals, GPs, specialists, refugee health nurses and allied health professionals.

Volunteers on this project gain invaluable experience and satisfaction from working with and assisting culturally diverse groups within Victoria, strengthening communication skills and enhancing understanding of health issues specific to migrant and refugee communities.



## Case study: A model of community engagement

In 2007 [Foundation House](#) began looking at ways to increase participation rates in universal services among people from refugee backgrounds. They developed a model that could support engagement between communities and services, address capacity and systemic issues within services and increase levels of service literacy within communities.

Initially focused on family support services, Foundation House established three service networks composed of family support organisations from a geographical region of Melbourne, each with a community advisory group made up of people from refugee background communities.

Advisors were recruited against an established profile to provide a community perspective versus representing their community. Each advisor was paid an honorarium and was supported by Foundation House through a series of workshops prior to the first network meeting and periodically throughout the life of the network.

The model has proven to be an effective means of building and maintaining relationships between communities and services through which processes to address barriers to service utilisation and delivery can be developed.

Foundation House has continued to use this model widely in developmental work. In 2013, five community advisory groups were established in five schools across Victoria to develop a parent/carer engagement strategy for parents and carers from refugee backgrounds. In addition, two service networks have been established, one working with the Afghan community in the south-east of Melbourne to increase utilisation of antenatal services and one with the Assyrian/Chaldean community to establish service pathways into mainstream relationship support services in the outer north.

## CALD and refugee sector capacity building

Many organisations<sup>11</sup> play an important role in improving the capacity of mainstream services to develop and extend their expertise in responding to the needs of refugees and asylum seekers for the delivery of culturally responsive healthcare. The [Department of Health](#) provides policy directions while individual organisations are responsible for organisational and professional development, research, training and information and resource development and sharing.

## Settlement services and asylum seeker support programs

The Commonwealth Government contracts service providers such as AMES and the Red Cross to assist refugees, asylum seekers and other migrants to settle into local communities. There are specialised settlement services for refugees and other shorter term supports for asylum seekers. For refugees in Victoria, settlement caseworkers provided through AMES Humanitarian Settlement Services Consortium familiarise and actively connect newly arrived people with health services.

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<sup>11</sup> Examples of agencies providing capacity building and support to mainstream services include: Foundation House; Centre for Culture, Ethnicity and Health; Ethnic Communities Council of Victoria; Centre for Multicultural Youth; Victorian Transcultural Mental Health (formerly Victorian Transcultural Psychiatry Unit); migrant resource centres; and Multicultural Centre for Women's Health.

## Primary Care Partnerships

Primary Care Partnerships, funded by the department, support the statewide operation of local alliances of service providers across Victoria. In partnership with other service providers, Primary Care Partnerships are well positioned to improve the coordination of services and lead the development of health-issue-specific care pathways for refugees and asylum seekers.

## Primary care organisations

For refugee and asylum seeker health, primary care organisations are well positioned to work in partnership with other health services to:

- coordinate local area needs assessments and population service planning for refugees and asylum seekers
- support regional alliances with state-funded services for better planning and primary healthcare service delivery for refugees and asylum seekers
- strengthen the capacity of general practice to sustain their engagement with refugee and asylum seeker healthcare, particularly in areas of higher settlement.

### Case study: Rural partnership in Shepparton through Primary Care Connect

The Refugee Health team in the Goulburn Valley and Lower Hume based at Primary Care Connect provides a locally based, multidisciplinary approach. The team includes a refugee health nurse, a bicultural worker and torture and trauma counsellors, the latter in partnership with Foundation House.

By having a small but diverse team they have a unique opportunity to use an integrated approach to the physical, mental and social health needs of local refugees and asylum seekers across Primary Care Connect services and in working with settlement and other services in the local community. There is a strong focus on enhancing service delivery by using an evidence-based approach that improves inter-generational health, social and welfare outcomes.

One example is the work of the bicultural worker working with the Chronic Conditions Self-Management team in delivering a weekly Afghan men's exercise group. Weekly attendance continues to be high. The group also provides a pathway into Primary Care Connect services for individual members who may not already have accessed these services. This has been a fantastic demonstration of the Refugee Health team working well together with the Chronic Conditions Self-Management team.

Planning is underway to expand this group to provide integrated programs about healthy eating and improving health literacy in relation to prescription medication and to expand these to other community groups from a refugee background. The Afghan men are also keen to learn relaxation techniques and to learn about 'sleep hygiene' as most men have sleeping difficulty as a result of continual anxiety and worry. In response to this request, Primary Care Connect are working with the local primary mental health service to consider a group program to address these issues.





## Spotlight on local partnerships\* in the south and north-west of Melbourne to implement Health Orientation and Triage sessions for asylum seekers recently released from detention

### Who is involved in the partnerships?

Monash Health, South Eastern Melbourne Medicare Local, Northern Melbourne Medicare Local, Inner North West Medicare Local, Western Region Health Centre (now operating as cohealth), Dianella Community Health, Doutta Galla Community Health, ISIS Primary Care, Australian Red Cross, AMES Consortium settlement services and the Victorian Refugee Health Network.

In early 2013 implementation of the Health Orientation and Triage sessions were established in the southern part of Melbourne. A similar model was then implemented in the north-west regions of Melbourne in May 2013. The partnerships across the regions facilitated the development of an urgent and coordinated response to the rapid and unplanned release of large numbers of asylum seekers from detention facilities in Australia.

### The Health Orientation and Triage sessions

The sessions involve health professionals, administration staff and caseworkers providing a health orientation information talk and an initial health screen triage. This resulted in timely referrals to primary care services for large groups of asylum seekers just a few days after their arrival in Melbourne. The triage also identifies and ensures referral for emergency and specialist services including dental appointments. The triages are supported by on-site interpreters and AMES community guides. Individuals screened can be offered a healthcare appointment at either a community health centre or a private general practice or local refugee health services such as the Monash Health Asylum Seeker and Refugee Health Clinic in Doveton. Where required, caseworkers are informed of the results of the triages and also arrange follow-up appointments as indicated through the triage process.

### What happened next?

More than 1,000 asylum seekers have been triaged in the north-west and 400 in the south of Melbourne. Both programs have been evaluated and reports published. The projects have established the ongoing need for a comprehensive Health Orientation and Triage for recently released asylum seekers. The project developed the knowledge and capacity of those involved and it also raised the awareness of the complex needs of this population group.

This partnership approach provides a great example of networking, flexibility and responsiveness that occurs across Victoria. This model will be ready to be used in the future, when required.

The results from the evaluation in the south revealed that:

- the health issues of newly arrived asylum seekers were attended to in a timely manner by triaging almost 100 per cent of Red Cross clients
- high-quality care was provided in the most clinically appropriate setting
- there were high attendance rates at GP and community health service appointments
- there were early opportunities for linking with the health system and health literacy was improved.

\* The Southern Metropolitan Region's Asylum Seeker Integrated Healthcare Pathway report is available at <http://www.semml.com.au/programs/refugee-health>.



## Bridging the Gap: partnerships for change in refugee child and family health

Bridging the Gap is a partnership program that aims to address modifiable risk factors for poor maternal and child health outcomes. Commencing in 2014, quality improvement projects will be implemented in four maternity hospitals (Western Health and Monash Health) and two local government maternal and child health services (Cities of Wyndham and Greater Dandenong) with evaluation of process and outcomes occurring concurrently. Bridging the Gap is supported by partner organisation contributions and a grant from the National Health and Medical Research Council. The program builds on the Having a baby in a new country: the experience of Afghan families and stakeholders study, conducted by the Murdoch Childrens Research Institute and Foundation House.

### Who is involved in the partnership?

The partnership has been working together since 2012 and includes the Murdoch Children's Research Institute; Victorian Foundation for Survivors of Torture; Monash Health; Western Health; City of Wyndham; City of Greater Dandenong; Victorian Department of Health; Department of Education and Early Childhood Development; South East Melbourne and South West Melbourne Medicare Locals; and the Municipal Association of Victoria.

### What will the projects achieve?

Together, the Bridging the Gap partnership will develop and evaluate projects that will lead to:

- earlier and better identification of families of refugee background
- opportunities for clinicians and front-line staff to build their understanding of the refugee experience through training and professional development
- improved linkages and referral systems between health, settlement and social service providers
- alternative ways of providing clinical care and health education that engages bicultural workers and interpreters
- community engagement in service planning
- more seamless, integrated care across maternity and early childhood health services.

For further information visit the Healthy Mothers Healthy Families website at the Murdoch Children's Research Institute.

# The case for action

## More refugees and asylum seekers coming to Victoria

Since November 2011 changing international circumstances and Commonwealth immigration policy have resulted in more refugees settling in Australia as well as significantly increased numbers of asylum seekers being released from detention into the Victorian community on bridging visas or into community detention. See the [Victorian Refugee Health Network](http://refugeehealthnetwork.org.au) website at <<http://refugeehealthnetwork.org.au>> for details on immigration policy changes.

### Australia

Australia-wide, in 2011–12, there were 13,750 humanitarian places. In 2012–13 the number of humanitarian entrants increased to 20,000 and there were 4,000 Family Migration places for applicants whose close family member was a Permanent Protection visa holder. In 2013–14 there have been 13,750 humanitarian places approved nationally. There are 24,273 asylum seekers on Bridging Visa E and 2,913 in community detention nationally. There will also be significant numbers of people processed on Family Migration Program visas. It is anticipated that there will continue to be family members of people on Permanent Protection visas and Humanitarian Program visas who will apply for Family Migration visas.

It is not possible to estimate the numbers of people who might be released from detention on a bridging visa or Temporary (Humanitarian Concern) visa in 2013–14, given the policy settings continue to change markedly in this space. However, the current Commonwealth policy is that anyone who has arrived after 19 July 2013 will not be offered a settlement place (temporary or permanent) in Australia but will instead be settled offshore in Nauru or on Manus Island.

### Victoria

Victoria receives around one-third of all refugee and asylum seeker entrants and also receives a high proportion of those who move from their initial location. Table 5 provides the best estimates.

Of around 9,000 people on Bridging Visa E in the Victorian community, just over 1,100 asylum seekers will have attended a Health Orientation and Triage session in the south-east or north-west of Melbourne in the period between September 2012 and September 2013. There are significant numbers who will have not yet been linked into health services, and will not have ongoing case management support. Similarly, family members from a refugee background who arrive under the Family Migration Program do not have clear pathways into the health system and rely on family members to understand and access health services.

**Table 5: Victorian data on refugees and asylum seekers**

Population group	2011–12 Victorian intake	2012–13 Victorian intake <sup>a</sup>	Victorian intake* (at April 2014) <sup>b</sup>
Humanitarian Program	4,000	6,600	4,194*
Permanent Protection visas granted over the past five years <sup>c</sup>	–	–	22,872
People from refugee like backgrounds arriving in Australia via the Family Migration or Skilled Migration Program**	Unknown	Unknown	Unknown
Asylum seekers in the community on bridging visas	0	Not available	Estimated at over 9,000*
Asylum seekers who have arrived by plane	At least 1,800 <sup>d</sup>	At least 1,800 <sup>d</sup>	Unknown
Asylum seekers in community detention	Approximately 100	Approximately 923*	1,261
Humanitarian Stay (Temporary) and Temporary (Humanitarian Concern) visas granted	0	0	TBC
Asylum seekers in detention centres (onshore) in Australia***	N/A	9,256	4,258
Asylum seekers in detention centres (onshore) in Victoria	Not available	375	413

a) Department of Immigration and Border Security 2013a

b) Department of Immigration and Border Security 2014a

c) Department of Immigration and Border Security 2014b

d) Department of Immigration and Citizenship 2012 (figure refers to number of Protection visa applications lodged)

\* Victoria receives more refugees than any other state or territory, with over a third of all entrants. Where no state data is available, current Victorian estimates represent 35–38 per cent of national intake (as advised by the Department of Immigration and Border Protection) (as well as secondary migration from other jurisdictions).

\*\* Victoria receives more than a third of Family Migration Program arrivals, as allocations are based on where sponsoring family members are located.

\*\*\* All asylum seekers in detention facilities before the 19 July 2013 Papua New Guinea announcement are still to be released into the Australian community.

## Vulnerability and complexity has increased

The demographic profile of refugees and asylum seekers has changed significantly, driven by changing international circumstances and immigration policy changes. There have been broader changes to people's mental and physical health and social conditions that have resulted in an increasing number of refugees and asylum seekers arriving in Victoria with complex and chronic health conditions and higher levels of vulnerability.



Alongside the increased numbers of refugees and asylum seekers living in the community in recent times, a series of policy changes have been made by the Commonwealth Government that impact on accessibility to healthcare services and supports for community-based asylum seekers. One of the key issues is what has been a gradual tightening of eligibility for specific Commonwealth programs and services, meaning that Victorian health and community services are placed under greater pressure to respond.

Further information on changing asylum seeker eligibility and entitlements is also detailed in the [Asylum seeker information sheet for Victorian health services](#) (Victorian Refugee Health Network 2014a) and the [Humanitarian program related policy changes 18 month snapshot](#) (Victorian Refugee Health Network 2014b).

‘We need to raise awareness, know the causes of mental illness and know how to seek help. We should let people know there are services they can seek.’ – Community member

### Case study: Mental health complexities

Jawad is an asylum seeker from Afghanistan who spent nine months in detention on Christmas Island. Following his release from detention he was initially elated, but since then Jawad has had difficulty sleeping, feeling stressed and worried about his family in Pakistan. He had received sleeping tablets from a GP, which had helped him to sleep and feel a little better generally. Jawad visited a bulk-billing GP at a community health centre, where he was asked to wait. As he sat there, he watched a number of people arrive and some of them were called in before him. Jawad felt angry and discriminated against. After watching one more person called, he walked up to the receptionist and expressed his dissatisfaction in Farsi. The receptionist identified that Jawad was agitated and she called a Farsi phone interpreter. With the use of the phone interpreter the receptionist was able to explain that there are a number of GPs in the practice and some of the people that have arrived had made appointments earlier. Jawad felt respected because someone took the time to organise an interpreter and explain the system and how it works to him. He returned to his seat and waited for the GP. With the assistance of a phone interpreter the GP identified that Jawad had a number of life stressors related to being separated from his family, undergoing the visa determination process and living in crowded housing with other people with trauma symptoms. The GP referred Jawad to a community health counsellor who was able to arrange an onsite interpreter for the first counselling session and assess whether Jawad was experiencing torture or trauma-related mental health issues that required specialist support through Foundation House.

### Health system pressures

The significant rise in the number of refugees and asylum seekers with multiple vulnerabilities outlined in this action plan has increased demand for health and community services in both the short and longer term. Visible demand on the health system has been highest for on-arrival screening, support for basic health system orientation, health education, health assessment and follow-up care. The greatest pressure has been experienced by services in areas with high numbers of new arrivals, particularly in general practice, community health nursing, allied health, dental services, mental health

(and counselling) services, specialist clinics and language services. However, the need for ongoing primary and specialist healthcare following the first six to 12 months of settlement is high, particularly for people with complex health concerns or chronic diseases, including communicable diseases requiring longer term management, chronic pain, ongoing mental health issues and also for maternity care.

These short- and long-term challenges necessitate further development and innovation in Victorian health service provision. Supported by new Victorian Government investment, the Victorian health service system, particularly primary healthcare, needs to implement strategies in response to increased demand and deliver higher quality and flexible service responses in the longer term, together with a greater focus on health and service literacy and addressing longer term health inequities.

### The need for ongoing national collaboration

Ongoing cross-jurisdictional collaboration is also required to resolve longstanding health system issues and maximise the effectiveness of Victoria's response. Victoria is currently leading ongoing multijurisdictional work on refugee and asylum seeker health nationally, in collaboration with all Australian jurisdictions, through the Standing Council on Health.



# New approaches

## Adapting to a changing environment

To meet the compounding challenges outlined in [The case for action](#) (above), a new approach to refugee and asylum seeker healthcare is needed to improve health and wellbeing outcomes for refugees and asylum seekers and to ensure they have the opportunity to settle successfully in Victoria.

These changes require the Victorian primary health system to:

- use available resources flexibly and efficiently across all the stages of care and between partner agencies
- use an integrated and collaborative approach, especially when the number of arrivals is high
- focus on both short-term demand management strategies and the long-term capacity of the health system to provide timely and culturally responsive care
- build on current expertise in refugee health
- be responsive to local circumstances and service settings
- work with communities to support greater access to service and health information and strengthen cross-cultural practice of health service providers
- meet the healthcare needs of the maximum number of people possible
- respond consistently and equitably across client groups and geographic areas.

## Victoria's ongoing commitment to refugee and asylum seeker healthcare

### Vision

The Victorian Government's vision for refugee and asylum seeker health, in accordance with the priorities outlined in the [Victorian health priorities framework](#), is to ensure the Victorian health system is responsive to the needs of refugees and asylum seekers and contributes to the improvement of their health status and health experiences in Victoria.

### Victoria's new investment

In the 2013–14 State Budget, the Victorian Government prioritised refugee and asylum seeker health by providing additional funding of \$22.2 million over four years, with approximately \$6 million per year in ongoing funding. These resources are providing an immediate boost to capacity and strengthening health services that work with refugees and asylum seekers over the longer term.

This additional investment will help the Victorian Government to realise its vision for refugee and asylum seeker healthcare and to ensure quality healthcare by local service providers continues to be delivered in the right setting at the right time. It will increase the capacity of services experiencing highest demand with further investment in nursing, allied health, bicultural health services, mental health counselling services and language services including interpreting services and redevelopment of the online Health Translations website to provide more accessible translated health information.

The investment will also strengthen support for specialist health services and general practice to provide quality care for refugees and asylum seekers. Victoria's new targeted investment to improve refugee and asylum seeker health is outlined in more detail in Table 6.

One of the defining features of the recent investment is that language services funding is attached to all funded service provider positions, in recognition of the high use of interpreting services by newly arrived populations with limited or no English. See description below for details of flexible language service funding as a key approach underpinning the expansion of the RHP.

### Expansion of the Victorian Refugee Health Program

Additional RHP funding will deliver a more comprehensive program that recognises the need for a holistic approach that supports a broader range of health service providers. This expands on the formerly named Refugee Health Nurse Program to include:

- refugee health nurses
- allied health professionals
- allied health assistants
- bicultural health workers
- RHP language services support
- a statewide RHP facilitator
- refugee health nurse training
- allied health training
- case manager health orientation and training.

Funding for all new refugee health nurse and allied health positions will include language services, supported by training and the expanded statewide RHP facilitator role. Bicultural health workers will work alongside refugee health nurses, providing culturally responsive service navigation, health promotion and peer education. Case manager health orientation and training will help connect refugees and asylum seekers into the health system through greater understanding of the health system, and the supports and entitlements available to this population cohort.

Commonwealth immigration policy and international circumstances are likely to continue to change. It is likely demand for services and supports will also change in response to numbers and locations of refugees and asylum seekers settling across Victoria over time. Therefore, flexibility in the investment in refugee health services, and flexibility in service responses, will be important features of the Victorian approach.

### Commonwealth responsibilities

The Commonwealth is responsible for ensuring that universal primary health services meet the needs of vulnerable populations, as well as holding specific responsibilities for the health of refugees and asylum seekers in detention and living in the community. However, there remain areas where Commonwealth funding models, eligibility, access and support arrangements restrict, and in some cases diminish, the quality and accessibility of healthcare provided for these vulnerable populations. Many of the issues are longstanding and will continue to be exacerbated by the cumulative number of refugees and asylum seekers requiring healthcare in Victoria, as well as the significant periods of time that asylum seekers are now likely to spend in the community with lower levels of Commonwealth-funded health support and case management.



Without a collaborative partnership between the Commonwealth and Victoria, these longstanding health system issues will impede the effectiveness of both Victoria's and the Commonwealth's approaches to refugee and asylum seeker healthcare. Since 2012, Victoria has been highlighting refugee and asylum seeker health as an issue of national priority through the Standing Council on Health. Victoria is leading collaborative work across all Australian jurisdictions which, coupled with the additional State Government investment, will continue to work towards:

- removing barriers to existing Commonwealth programs for refugees and asylum seekers
- increasing support for GPs and specialists through much needed MBS reforms
- implementing mechanisms to build capacity across the health system to address refugee and asylum seeker health issues.



**Table 6: Victoria's new targeted investment to improve refugee and asylum seeker health**

New or expanded program	Funding 2012–13	Annual, ongoing investment from 2013–14*	Activity funded by new investment	Priority areas for action supported by program
Refugee Health Program (formerly Refugee Health Nurse Program)	\$1.91 m	\$4.59 m	Additional nursing and allied health services with attached language services; increased nurse training and facilitation to strengthen agency capacity, support, referral networks, professional development.	<ul style="list-style-type: none"> <li>• Accessibility</li> <li>• Expertise</li> <li>• Service coordination</li> <li>• Cultural responsiveness</li> <li>• Health literacy</li> </ul>
Refugee Health Fellows Program	\$258,000	\$558,000	A new specialist Refugee Health Fellow position in Melbourne's south-east to deliver better access to secondary consultation and support for medical specialists and GPs across Victoria. Additional funding to each of the existing providers for further development of appropriate clinical information and health literacy products.	<ul style="list-style-type: none"> <li>• Accessibility</li> <li>• Expertise</li> <li>• Service coordination</li> <li>• Health literacy</li> </ul>
Rural mental health pilot	\$286,000 (non-recurrent)	\$310,000	New mental health counselling positions with attached language services in rural areas including Geelong, Shepparton and Mildura to provide community capacity building and direct services to individuals and families of refugee background.	<ul style="list-style-type: none"> <li>• Accessibility</li> <li>• Expertise</li> <li>• Cultural responsiveness</li> <li>• Health literacy</li> </ul>
Metropolitan mental health counselling	\$1.045 m	\$1.635 m	New counsellor advocate outreach positions with attached language services in metropolitan Melbourne to provide direct service to individuals and families.	<ul style="list-style-type: none"> <li>• Accessibility</li> <li>• Expertise</li> <li>• Cultural responsiveness</li> <li>• Health literacy</li> </ul>
Interpreting services**	\$2.873 m	\$3.51 m	Additional interpreting services support through the language services credit line and direct allocations of funding to high-use community health centres.***	<ul style="list-style-type: none"> <li>• Accessibility</li> <li>• Cultural responsiveness</li> <li>• Health literacy</li> </ul>
Health Translations website	N/A	\$361,000	Redevelopment of the Health Translations website to increase coordination and access to online translated health material for patients and service providers.	<ul style="list-style-type: none"> <li>• Service coordination</li> <li>• Cultural responsiveness</li> <li>• Health literacy</li> </ul>
Victorian Refugee Health Network	\$95,000 (non-recurrent)	\$90,000 (\$189,000 ongoing from 2014–15)	Increased support to agencies across the state to implement the new approach to refugee healthcare in Victoria and to promote expertise in refugee and asylum seeker health.	<ul style="list-style-type: none"> <li>• Accessibility</li> <li>• Expertise</li> <li>• Service coordination</li> <li>• Cultural responsiveness</li> <li>• Health literacy</li> </ul>
Telehealth	N/A	\$150,000	Funding from the Health Innovation and Reform Council's Telehealth Innovation Fund will support the development of the Victorian Refugee Clinical Hub**** to provide integrated patient care with telehealth support for GPs and specialists.	<ul style="list-style-type: none"> <li>• Accessibility</li> <li>• Expertise</li> <li>• Service Coordination</li> </ul>



\* Includes existing funding plus additional funding from the 2013–14 State Budget (and will increase annually with indexation).

\*\* Interpreter services funding includes an additional \$4 million over four years announced in the 2012–13 State Budget.

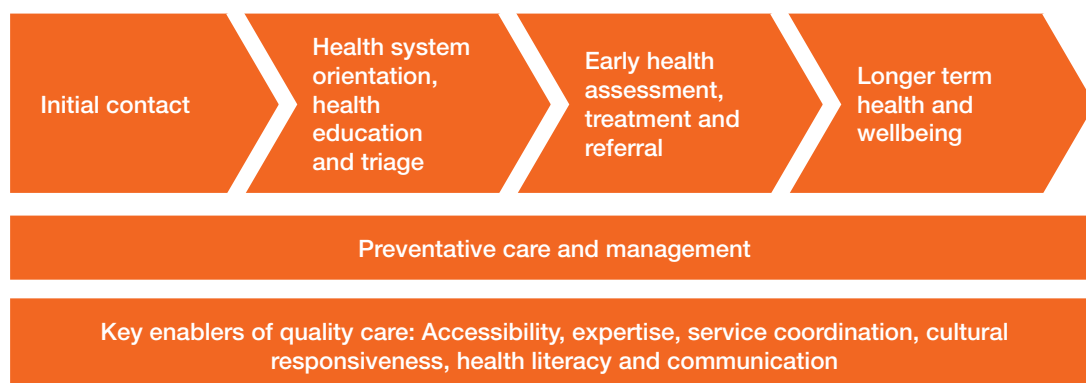
\*\*\*Funding allocated to departmental language services credit lines plus funding allocations made directly to agencies that are high users of language services. This funding does not include language services expenditure by Victorian hospitals and health services.

\*\*\*\* The Victorian Refugee Clinical Hub project led by Melbourne Health in partnership with the Royal Children's Hospital, Monash Health, Barwon Health and other healthcare providers will provide general medical practitioners with rapid access to specialist care summaries from the four Victorian immigrant/refugee health clinics, and facilitate the creation of integrated patient management plans, as well as support patient–GP–specialist consultations by telehealth. It will provide information to patients via an online portal and will also provide an important opportunity for collaborative research. This project was funded for 2013–14 (non-recurrent) by the Department of State Development, Business and Innovation, with co-funding from the Department of Health, the Institute for a Broadband Enabled Society, the University of Melbourne and the Windermere Foundation.

## Strengthening Victoria's approach to refugee and asylum seeker healthcare

Victoria's approach to healthcare delivery to refugees and asylum seekers is illustrated in the service user journey shown in Figure 8. The emphasis of this approach is basic health system orientation, health education and screening to provide best service fit for newly arrived refugees and asylum seekers. It provides access to comprehensive assessment and care based on need, and opportunities for refugee background communities to access health education and service system information in a timely way.

Figure 8: Refugee and asylum seeker healthcare journey



### Initial contact

Initial contact is the first contact by a refugee or asylum seeker with formal support services in Victoria and usually happens soon after arrival from overseas or upon release from a detention centre. This contact is often facilitated through case managers by a Commonwealth-funded settlement service or asylum seeker support agency, or through community health centre intake workers.

One of the most important functions at initial contact is health orientation, which involves providing accurate service information, initial needs identification and assistance for new arrivals about how to access Victorian health services appropriately. A second important function, unless healthcare is urgent, is to ensure people are triaged systematically to ensure referral into appropriate primary care settings. To inform the decisions made during triage, caseworkers need to ensure that any information available from the Commonwealth Government on a person's health is sought and

considered. Asylum seekers will likely have a health discharge medical summary (also known as a health discharge assessment) from the Commonwealth detention health provider, and refugees may have a health manifest that will include any health alerts for serious medical conditions needing more urgent attention. Those in the Family Migration Program are unlikely to have any formal medical records on arrival, although, like other migrants, will have undergone a visa screen.

To be able to undertake these roles, community health intake workers and case managers<sup>12</sup> need:

- to understand the Victorian health system to be able to refer people appropriately
- to understand the entitlements and available supports linked to different visa categories
- the skills to be able to recognise the need for urgent healthcare (including mental healthcare) for any individual they are supporting
- to be able to identify the person's preferred language(s)
- access to basic health education and information to help improve the client's knowledge and understanding of the health system, entitlements and available supports.

### **Health system orientation, health education and triage**

Initial needs identification for refugees and asylum seekers should be provided on arrival in Victoria to ensure presenting health issues and underlying health, mental health and broader social support needs (such as addressing housing, financial stress, food insecurity, family support and social isolation issues) are appropriately identified and addressed. This triage stage includes an identification of people's risk and strengths, eligibility and priority for services, and informs the urgency and type of assessments required. It could occur in person or by phone depending on local arrangements. Maximum coverage by the health screening and triage approach will depend on robust partnerships between health services, Commonwealth-funded settlement services and asylum seeker support agencies and primary healthcare services. It will also depend on active outreach and engagement strategies.

Basic health system orientation, health education and triage activities should be undertaken by a combination of some or all of the following professionals: nurses, medical staff, allied health professionals, bicultural health workers, intake workers and case managers, with the assistance of professional interpreters. For large groups, all professions might be required as well as administrative staff to ensure each staff member's skills and experience are utilised to maximum effect.

Large-scale basic health system orientation, health education and triage sessions should be considered as part of broader orientation sessions for refugees and asylum seekers delivered in partnership with settlement services and asylum seeker support agencies. The size of these sessions, whether group or individual, will vary based on where refugees and asylum seekers are settling (for example, in metropolitan or rural/regional areas), the size of the presenting group (an individual, a family, a small group or large group), available supports (which depend on visa status) and the flow of new arrivals affecting local demand. Regardless of whether triage is for an individual presenting at a community health centre or for a group delivered by settlement services, the same triage approach should apply.

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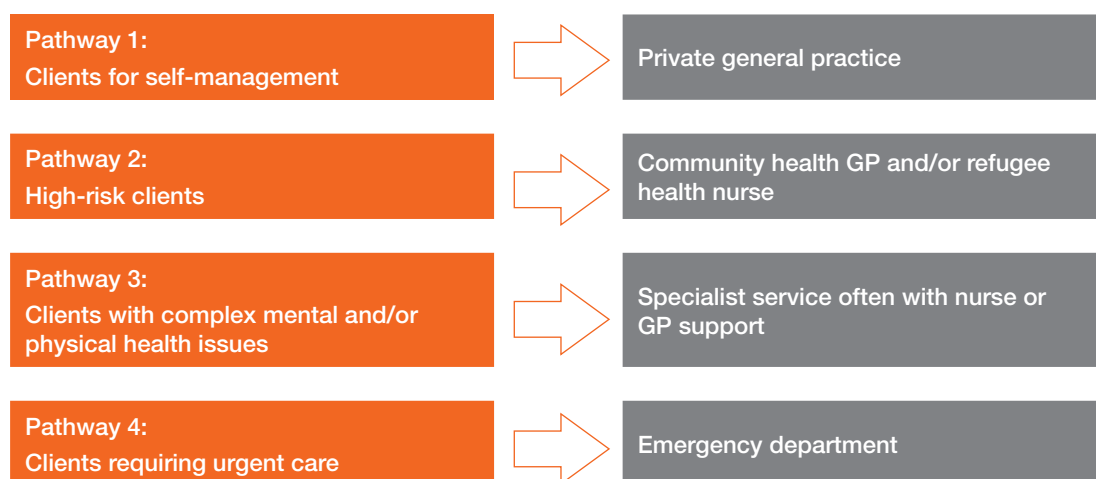
<sup>12</sup> Case management in Victoria is currently provided through the AMES Consortium, the Red Cross and their partner agencies and the Asylum Seeker Resource Centre.

The goals of the health education, health system orientation and triage approach for refugees and asylum seekers are to:

- orientate newly arrived refugees and asylum seekers to the Australian health system and to familiarise them with key aspects such as Medicare, types of services available, appropriate access and use of services, relevant health screening and health promoting programs
- ensure the largest possible number of new arrivals have access to health and wellbeing screening and are referred for necessary healthcare in a timely way
- allow continuity of care and reduce duplication in testing and treatment of health issues (those already identified for asylum seekers by the Commonwealth detention health provider or through offshore testing for refugees)
- identify the immediate health and wellbeing needs of refugees and asylum seekers after arrival in Victoria
- ensure clients are triaged to the most appropriate type of health services for comprehensive health assessment and care based on both their medical and other support needs and related urgency<sup>13</sup> (see Figure 9)
- improve health literacy for this population cohort and promote informed self-management and care (particularly later in settlement)
- facilitate optimal and cost-effective health outcomes.

Based on the needs of the individual, each person will be triaged on to the most appropriate care pathway, from category 1 for clients with lowest needs to category 4 for clients with urgent care needs.

**Figure 9: Triage process: pathways of care**



### Early health assessment, treatment and referral

Prevention, detection and intervention for health issues early in settlement, including while asylum seekers are waiting for their application for refugee status to be processed, will help people achieve optimal health outcomes and avoid compounding existing chronic health and mental health issues. This will guard against poor health becoming a barrier to successful settlement in the Victorian

<sup>13</sup> See *Asylum seeker integrated healthcare pathway* (Monash Health, South Melbourne Medicare Local and the Australian Red Cross 2013) available at <<http://www.semml.com.au/programs/refugee-health>>.

community. Comprehensive clinical health assessment should be undertaken in accordance with *Promoting refugee health: a guide for doctors, nurses and other health care providers caring for people of refugee backgrounds (3rd edition)* (Foundation House 2012a) and accompanying *Caring for refugee patients in general practice: a desktop guide (4th edition)* (Foundation House 2012b) and the RACGP endorsed *Refugee Health Assessment* form. Comprehensive health assessment:

- facilitates the early detection and treatment of health conditions
- complements offshore health assessments for refugees and tests and treatments initiated for asylum seekers by the Commonwealth detention health provider
- optimises the opportunity for prevention and early intervention, including catch-up immunisation
- helps ensure physical and psychological problems do not become enduring barriers to successful settlement
- can contribute to a person's psychological recovery
- provides an opportunity to introduce new arrivals to specific treatment and illness prevention services, and to assist them in establishing a positive understanding and relationship with the primary care system
- produces service-specific care planning as well as shared care planning
- facilitates timely referral to specialist and other health services, such as dental care or maternal and child health services, and to other support services such as material aid, housing and social supports, and facilitates person- and family-centred healthcare
- increases efficiency and cost savings of early detection and treatment of disease to prevent long-term complications and costly hospitalisation and expensive medications.

Refugees are entitled to a GP health assessment under the MBS within their first year of arrival or within one year of receiving their residency. The Australasian Society for Infectious Diseases (ASID) [guidelines](#) recommend that all refugees be offered a comprehensive health assessment, ideally within one month of arrival in Australia (ASID 2009). This principle should equally be applied to asylum seekers and to any person from a refugee-like background.

Depending on where a client is triaged, comprehensive health assessment could occur at a private or community-health-based general practice clinic, or via a specialist assessment at one of a number of refugee and immigrant health clinics in Victoria. Many refugees and asylum seekers will require referral and ongoing care after this initial comprehensive health assessment, particularly for issues such as chronic disease, chronic pain management or mental health issues.

Early comprehensive health assessment by GPs and specialists should be undertaken with professional interpreting services (as required), and the support of practice nurses, refugee health nurses or community health nurses. Secondary consultation and support should be provided by the Refugee Health Fellows Program as required.

### **Longer term health and wellbeing**

It is recognised that the health and wellbeing needs of people from refugee backgrounds change over time. For example, the health priorities of a new arrival will differ greatly from those from older migration waves who have been living in Victoria for several years. At some point after settlement, refugees and asylum seekers transition from more intensive and sometimes specialised care into more 'mainstream' care such as a chronic disease management program, a private GP or mainstream mental health services. To facilitate this transition, agencies need support to be able to make robust decisions about the readiness of a person to make that move, and the health system must be equipped to meet the long-term health needs of this vulnerable population group.

A shared care planning response is required when the consumer has numerous issues that require coordinated support within and across multiple agencies. An important component of this response is monitoring and review which ensures that the process for formal and informal monitoring of the effectiveness of service delivery in meeting the consumers goals, is in place. Shared care planning incorporates planning to include services which can support social and health needs across the continuum of care.

Health issues often emerge later in settlement, once other priorities such as housing, schooling and English language classes have been addressed. Sometimes these factors act as barriers to a person transitioning to mainstream primary healthcare. Therefore, it is critical that our health system has the capacity to provide timely, expert and culturally responsive care. The focus in the long term is on supporting mainstream health services to maintain and build expertise and cultural responsiveness through training and professional development, resources, networking, continuous quality improvement processes and other capacity building.

## Priority actions to achieve Victoria's new approach

In partnership with the Victorian Refugee Health Network, five priority areas for action have been developed which enable timely and quality refugee and asylum seeker health care, including:

- accessibility
- expertise in refugee health
- service coordination
- cultural responsiveness
- health literacy and communication.

These priorities underpin the Victorian Government's investment in refugee and asylum seeker health of \$22.2 million over four years, with approximately \$6 million per year in ongoing funding. The success of these priority areas for action will depend on collaboration via new and established partnerships across the local, state and Commonwealth health, community and settlement sectors. These priority areas are outlined in Appendix 2.

**Table 7: Priority areas for action to enable Victoria's new approach**

Key enabler of quality care	Definition
1. Accessibility	<i>All refugees and asylum seekers can get the right service at the right time, no matter where they live or their ability to speak English</i>
<b>Victorian actions</b>	Systematically <b>remove barriers to accessing health services and supports</b> including barriers related to language, appropriateness, affordability and eligibility
	Strengthen awareness and application of existing <b>priority of access and fee waiver arrangements</b>
	Increase <b>availability of locally accessible and quality healthcare</b> for refugees and asylum seekers across Victoria through funded service expansion, the Refugee Health Fellows Program and collaboration between agencies
	Better <b>identify and address gaps in available services along identified healthcare pathways</b> in each area of high geographic need through the Victorian Refugee Health Network, regional refugee health working groups, primary care organisations, Primary Care Partnerships and other agencies
	Implement a <b>health system orientation, health education and triage approach</b> in all higher settlement locations across the state to help manage demand and ensure timely access to appropriate services by the maximum number of people
	Actively <b>engage and support whole-of-general-practice engagement</b> to work in refugee and asylum seeker healthcare, including supporting the introduction of <b>nurse practitioners</b> in refugee and asylum seeker health
	<b>Maximise attendance rates at general practice clinics</b> following triage and referral, using whole-of-practice strategies for engagement such as confirmed appointment times and ensuring the person knows how to get to appointment
	Increase <b>support and training for intake workers</b> including refugee and asylum seeker case managers to actively participate in the health system orientation, health education and triage approach
	Improve <b>vaccination coverage and identification, treatment and management of serious medical conditions</b> for new arrivals to avoid worsened acute and chronic health conditions and lost opportunities for disease prevention
	Work with the Victorian Refugee Health Network to undertake a <b>scoping study to identify gaps in accessibility of immunisation</b> for refugees and asylum seekers from a state perspective
	Standardise and share <b>eligibility and triage criteria</b> tailored for use by medical (for example, nurses) and non-medical (for example, case managers) staff to ensure critical care needs are identified and to improve statewide consistency of referral pathways
	Widen the use of the <b>vulnerability assessment approach</b> to identify which clients no longer require ongoing intensive support or priority of access and could be supported to move from, for example, community health GPs or specialist clinics to private GPs for ongoing care
Ensure health providers access the existing full <b>fee-for-service reimbursement</b> from a Department of Immigration and Border Protection funded detention health provider for any healthcare provided to people in the <u>Community Detention Program</u>	



<b>Recommended Commonwealth actions</b>	Timely renewal of Medicare cards for asylum seekers living in the community with lapsing bridging visas when their Medicare cards expire and for newborn children
	Expand eligibility and access arrangements for specific Commonwealth programs so that health entitlements are determined by need rather than visa or residency status; for example, asylum seekers are not eligible for Commonwealth-funded hearing services
	Support a catch-up immunisation program for refugees and asylum seekers that provides access to vaccines as recommended in the current <i>Australian immunisation handbook</i> , even if people arrive to Australia outside of the eligible age criteria
	Provide case management support to all new arrivals to Victoria (regardless of visa class) to ensure proper support to access health and community services and supports beyond the initial six weeks

<b>2. Expertise</b>	<i>Further develop expertise in refugee and asylum seeker healthcare and strengthen the long-term capacity of mainstream general and specialist health services</i>
<b>Victorian actions</b>	Increase capacity for ongoing secondary consultation and expert support for GPs, specialists and other health professionals by Refugee Health Fellows and refugee health professionals
	Expand the use of telehealth initiatives to facilitate communication and collaboration between general practices and refugee and immigrant health clinics, Refugee Health Fellows, specialists and interpreters
	Increase support to mainstream agencies to improve expertise in refugee and asylum seeker health through targeted capacity building with primary care, clinical mental health services, the newly reformed mental health community support services (previously called psychiatric disability rehabilitation support services), alcohol and drug treatment services, dental services and hospital emergency departments
	Introduce a planned and coordinated professional development and training approach for health service providers and refugee and asylum seeker case managers through the Victorian Refugee Health Network and improve case managers' knowledge of the Victorian health system and specific refugee services by implementing a generic training web application for all new staff
	Increase support and flow of targeted information and resources, especially with outer metropolitan, rural and regional service providers
	Formalise mechanisms for GP education, support and liaison through the development of a collaborative care/liaison model in refugee health involving general practice, community health, specialist care and casework/settlement services
	Review service guidelines for refugee and asylum seeker health to provide best practice advice on working with people from refugee backgrounds and asylum seekers, particularly within community health and primary care settings
	Introduce specific training in refugee and asylum seeker health for practice nurses working in general practice

<b>Recommended Commonwealth actions</b>	Increase the level of expertise in the healthcare sector through expanded inclusion of <b>refugee and asylum seeker healthcare in practice-ready courses</b> such as nursing, medicine, allied health and social work
	<b>Increase the knowledge of case managers</b> working at the AMES Consortium, Red Cross and Asylum Seeker Resource Centre through increased health education and orientation
	<b>Build the supports available to general practice</b> through their local primary health organisation so they work effectively with refugee background populations
	<b>Review Medical Benefits Schedule item numbers</b> to better reflect the real costs to general practice and specialist services and to promote greater utilisation of practice nurses and bicultural workers trained in refugee and asylum seeker health; this will lead to better practice and cost-efficiencies

<b>3. Service Coordination</b>	<i>Coordinate local area needs assessment and service planning and extend service coordination approaches across Victoria to improve client care</i>
<b>Victorian actions</b>	Use the Victorian Service Coordination platform and tools to strengthen a <b>consistent approach to intake, screening/triage, referral and information-sharing</b> across organisations, including in response to secondary settlement
	<b>Coordinate local area client needs assessment and service planning</b> via local refugee health working groups and committees in areas of significant settlement involving community health services, Primary Care Partnerships, primary health organisations and local government
	<b>Collect client and service data</b> in a standardised way using agreed categories to ensure activity is captured and the long-term health status of clients can be measured
	<b>Develop and implement care pathways</b> including agreed referral protocols for health service providers to assess and appropriately refer new arrivals with specific health needs such as mental health, dental, tuberculosis and other significant medical conditions and maternity care

<b>Recommended Commonwealth actions</b>	Improve the provision of data regarding refugee and asylum seeker population distribution to jurisdictions to support health service planning including source countries, cohort-level information and LGA-level information regarding place of residence prior to arrival, through to settlement and any early secondary migration
	Introduce a health alert system or similar for people being released from detention to enable timely provision of health services
	Improve the direct transfer of quality health information from detention centres to health service providers and improve the direct transfer of information between Commonwealth- and state-funded health and community service providers and policymakers
	Improve the provision of data regarding refugee and asylum seeker Commonwealth-funded health services utilisation including regular dissemination of and linkage between Commonwealth settlement (Department of Social Services and Department of Immigration and Border Protection) and Medicare datasets (federal Department of Health) and other relevant datasets such as the Australian Childhood Immunisation Register to enable health services planning
	Strengthen population-based health planning and service responsiveness and consistency by developing a national refugee and asylum seeker policy framework using available national and state and territory data and research and through focused effort by primary health organisations
	Recognise refugee and asylum seeker health as an issue requiring a strategic national response through ongoing national collaboration as part of the work of the Standing Council on Health

<b>4. Cultural responsiveness</b>	<i>Increase the cultural responsiveness of the Victorian health system</i>
<b>Victorian actions</b>	Stronger promotion of a whole-of-organisation approach to cultural responsiveness, with trained staff, resources and policies in place
	Increased consultation with communities around health needs, service design and delivery, and evaluation of services
	Services and service models actively and flexibly address the cultural needs and practices (such as dietary, spiritual, family, attitudinal and other cultural practices) of diverse local communities

<b>5. Health literacy and communication</b>	<i>Work with refugees and asylum seekers to address health literacy and strengthen communication with health service providers across health encounters</i>
<b>Victorian actions</b>	<p>Attach <b>language services funding</b> to all new health and mental health positions and initiatives focused on refugees and asylum seekers</p> <p>Provide <b>funding for interpreting services across the service system</b> more broadly</p> <p>Promote <b>professional development, training and support</b> for health and mental health service providers to improve use of language services</p> <p>Increase production and sharing of <b>online translated health information</b> to support improved health literacy for clients with limited English proficiency and decrease duplication across state-funded services</p> <p>Improve <b>coordination of existing health literacy programs</b> to ensure best fit across the spectrum of refugees and asylum seekers</p> <p>Improve <b>health literacy practices of service providers and organisations</b> to enable refugees and asylum seekers to take an active role in managing their own health</p> <p>Standardise <b>early health information and health system orientation material</b> for all refugees and asylum seekers so it is accessible, understandable and actionable</p> <p>Improve knowledge of the health system of Commonwealth-funded refugee and asylum seeker case managers and community guides through <b>standardised health orientation and health system training</b> across support agencies</p>
<b>Recommended Commonwealth actions</b>	<p>Improve access to fee-free <b>language services</b> for mental health and allied health professionals using Medical Benefits Schedule items and ensure language services accompany any new Commonwealth-funded programs and are weighted appropriately in any new funding models</p> <p>Explore the evidence for inclusion of a <b>weighted unit cost in hospital-based funding formulae</b> to reflect costs associated with providing interpreting services for populations with low English proficiency</p>

## Overall outcomes

The successful implementation of the priority areas for action that underpin Victoria's new approach (listed above in Table 7) will ultimately lead to better health outcomes for refugees and asylum seekers in Victoria and reduce health inequalities for this vulnerable population group.

Outcomes of the action plan that will improve the health status of individuals, families and communities settling in Victoria include:

- improved access to essential health and mental healthcare on arrival in Victoria
- improved understanding of how health services and related support services in Victoria work, and access to necessary health information and education
- more culturally responsive services that are sensitive to the needs of people from a range of refugee backgrounds, and services that reflect individual, family and community needs.

The action plan will also improve broad health system outcomes including:

- increased expertise to screen, identify, treat and manage illness to maximise opportunities for disease prevention
- reduced barriers to access through delivery of healthcare in clinically- and cost-appropriate settings
- more effective service coordination, information sharing and communication between clients and service providers, supported by appropriate language services
- enhanced workforce capacity to improve access and service coordination including greater involvement of general practice staff (such as GPs, nurse practitioners and allied health staff) in refugee and asylum seeker health and better linkages to non-health sectors (such as settlement)
- improved cultural responsiveness and increased expertise and capacity in refugee and asylum seeker healthcare
- accessible and understandable health information provision by healthcare organisations and health professionals
- stronger service integration, collaboration and partnerships across the state
- a more holistic approach to health through greater service coordination and connection with non-health sectors such as education, employment and, housing, which can be applied to other vulnerable groups.





## Next steps

The strength of local, state and Commonwealth partnerships across Victorian metropolitan and rural/regional areas is the centrepiece of The Victorian refugee and asylum seeker health action plan 2014–2018.

To implement the priority actions, the Victorian Department of Health will work closely with members of the Victorian Refugee Health Network to continue to refine and monitor Victoria's approach. This collaboration will ensure the Victorian health system continues to have the capacity and the flexibility to provide health services to refugees and asylum seekers from their arrival across Victoria and continuing over the medium and longer term.





# Appendices

## Appendix 1: Where do refugees and asylum seekers live in Victoria?

Refugee population settlement by LGA, Victoria 2010–11 to 2012–13\*

LGA	No. of refugees	LGA	No. of refugees
Greater Dandenong (C)	2,683	Frankston (C)	38
Hume (C)	2,054	Stonnington (C)	28
Casey (C)	1,292	Cardinia (S)	27
Brimbank (C)	1,274	Colac-Otway (S)	16
Maroondah (C)	855	Glen Eira (C)	16
Wyndham (C)	804	Moira (S)	9
Whittlesea (C)	649	Mornington Peninsula (S)	8
Greater Geelong (C)	637	South Gippsland (S)	8
Maribyrnong (C)	613	Latrobe (C)	7
Greater Shepparton (C)	394	Alpine (S)	6
Moreland (C)	314	Bass Coast (S)	6
Darebin (C)	267	Mount Alexander (S)	6
Melton (S)	235	Mitchell (S)	5
Mildura (RC)	205	Nillumbik (S)	5
Yarra Ranges (S)	191	Bayside (C)	4
Whitehorse (C)	176	Hepburn (S)	4
Hobsons Bay (C)	174	Wellington (S)	4
Knox (C)	143	Hindmarsh (S)	3
Manningham (C)	136	Ararat (RC)	2
Greater Bendigo (C)	108	Glenelg (S)	2
Swan Hill (RC)	107	Southern Grampians (S)	2
Melbourne (C)	100	Strathbogie (S)	2
Monash (C)	99	Baw Baw (S)	1
Wodonga (RC)	92	Benalla (RC)	1
Banyule (C)	86	Campaspe (S)	1
Moonee Valley (C)	83	Horsham (RC)	1
Yarra (C)	72	Indigo (S)	1
Boroondara (C)	43	Surf Coast (S)	1
Kingston (C)	43	Warrnambool (C)	1
Port Phillip (C)	42	Not Recorded	39
Ballarat (C)	38		
<b>Total</b>			<b>14,263</b>

Source: Department of Immigration and Border Protection 2014b

\* These figures do not include asylum seekers.

C = Council; RC = Rural City; S= Shire

## Appendix 2: Priorities for action that underpin Victoria's approach

### 1. Accessibility

Access is the opportunity or ease with which people are able to use appropriate services in proportion to their need. Refugees and asylum seekers often experience difficulties in accessing health services due to factors regarding affordability, eligibility, timeliness, demand and capacity of services, and geographic distance from services. This is in addition to difficulties accessing services caused by cultural and language barriers and lower health literacy.

### 2. Expertise in refugee health

Quality healthcare for refugees and asylum seekers entails an understanding by service providers of the diverse impacts on health and wellbeing of the refugee or asylum seeker experience including:

- the impact of resettlement and social factors such as low income and poor housing on health and wellbeing and the special needs of groups within the refugee population
- risk factors and presentations for certain conditions particularly mental health issues and chronic, infectious and vaccine-preventable diseases
- undertaking a high-quality comprehensive health assessment using national coordinated protocols and best practice to identify and respond to specific physical and mental health conditions
- refugee and asylum seeker entitlements, priority of access and fee arrangements and eligibility for services, as well as knowledge of available targeted services.

### 3. Service coordination

Collection and transfer of health and care information from Commonwealth to state services and between state services can impact on the ability of healthcare providers to develop or sustain treatment, especially for chronic disease management or mental healthcare. It can also influence the probability of inadequate or duplicated testing and treatment or availability of timely support after arrival in Victoria.

Effective collaboration, partnerships and planning within and between agencies and sectors are essential to enhancing the pathways for care for refugees and asylum seekers and improving their health outcomes. To respond to the changing immigration policy environment, the health system needs to be sufficiently robust and coordinated to ensure health information continues to be comprehensive and shared in a timely way. A coordinated approach to sharing and distributing resources and information across partner agencies is also needed.

### 4. Cultural responsiveness

Cultural responsiveness describes the capacity of health services to respond to the healthcare issues of diverse communities, and requires knowledge and capacity at different levels of intervention: systemic, organisational, professional and individual (Department of Health 2009). It includes understanding of people's needs, experiences and social and cultural practices that vary widely within refugee background communities.

An essential step in providing culturally responsive services that improve health literacy is to ensure effective communication between refugees and asylum seekers and service providers through the use of professional interpreting services. Poor communication and understanding of clients' information needs by service providers can compromise clients' health outcomes and contravene health services' risk management requirements and duty of care.

### 5. Health literacy and communication

Health literacy is defined as the degree to which individuals can obtain, process and understand the health information and services they need to make appropriate health decisions. Healthcare providers and the health system can provide information and improve interaction with individuals, communities and each other to respond to and improve health literacy (Institute of Medicine 2004). It includes knowledge of the body and how to prevent, treat and manage particular health conditions, as well as how to navigate the health system and its processes. Health literacy also entails building competence in clients' decision making and their ability to critically analyse and use health information (Nutbeam 2000). These skills are essential for good health.

Refugees and asylum seekers are more likely to have lower health literacy and therefore poorer health outcomes as a result of language and literacy barriers, different cultural perceptions of illness and healthcare, unfamiliarity with the Australian health system and an ill-defined relationship to services in general due to a history of displacement. Community engagement is essential to understanding their health and mental health needs and experiences.

Alongside providing interpreting services, refugees and asylum seekers often require translated information to help provide crucial information about illness prevention, treatment and management as well as material to better orientate people to the Australian health system.

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