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Refugee Health Network of Australia's
Submission to the Australian Government Coordinator General for Migrant Services
Department of Home Affairs

# Submission to the 'Next Steps to improve Australia's settlement and integration of refugees' discussion paper

## About the Refugee Health Network of Australia

The Refugee Health Network of Australia (RHeaNA) is a network of health professionals with expertise in refugee health representing every State and Territory. The purpose of the network is to improve the delivery of health care to refugees and those from refugee-like backgrounds in Australia.

RHeaNA is a volunteer-run organisation that developed in response to the need for refugee health professionals across Australia to communicate with each other at a national level. RHeaNA has a multidisciplinary focus and includes clinicians (medical practitioners, nurses and mental health workers), policy experts, health service managers and researchers. The Network draws on the expertise of specialists in the field of primary health care, mental health, infectious disease, paediatrics and public health. Our network has extensive experience in providing healthcare to people of refugee-background in Australia including newly arrived refugees who are being supported by settlement services.

RHeaNA takes a strong partnership approach and aims to achieve its objectives by collaborating with all key stakeholders. The key purposes of RHeaNA are to inform and support quality holistic health care for refugees and people seeking asylum in Australia; to provide advice to policymakers at Commonwealth, state and territory level on current and emerging issues in refugee health in Australia; to provide a forum for exchange of information between providers of refugee health care and other relevant stakeholders across Australia; and to develop a research agenda and disseminate research findings.

The RHeANA is pleased to provide this submission in response to the discussion paper: Next Steps to improve Australia's settlement and integration of refugees.

RHeaNA's response will focus on the health of newly arrived refugees, people seeking asylum and people who have had refugee-like experiences who are settled in the Australian community.

## Introduction

RHeaNA acknowledges the work of the Department and Coordinator General for Migrant Services in developing this discussion paper and in their engagement with and commitment to improving settlement outcomes for individuals and families who arrive in Australia through the humanitarian pathways.

As stated in the discussion paper, "*The health and wellbeing, including mental health, of most refugees doesn't appear to improve markedly over the course of their first five years in Australia, and the majority of refugees feel their physical health limits their daily activities, including work. Many factors may contribute to this, including access to suitable, stable housing.*" This statement acknowledges the important role of health and wellness in optimising settlement outcomes and the interdependence between the social determinants and health.

Health cannot be viewed in isolation and needs to be understood in broad terms. Improvement in health outcomes requires improvement in the social determinants of health (including housing, education, training and employment and community connectedness) as well as access to and delivery of quality health care to people of refugee background.

Ensuring that health and the social determinants are prioritised and treated as being interdependent early on in the resettlement process will lead to positive health outcomes, be more cost effective, increase capacity and societal participation of individuals and families. Health, education, housing and support services need to be appropriately funded and resourced, at least for the first five years following resettlement and more ideally be provided in a flexible model which supports a person/family centred approach ensuring that the most vulnerable and complex situations can be supported. Commitment to provision of support for this time period will provide stable service delivery, facilitate establishment of rapport and trust and support a continuum of healthcare.

In responding to this discussion paper, RHeaNA considers it to be an absolute priority to ensure consistent access to high quality culturally safe and trauma informed early intervention and care for all newly arrived refugees and people seeking asylum to reduce risks and to optimise both health and social outcomes, particularly in the first five years following resettlement.

RHeaNA recognises that the health needs of people of refugee background vary considerably and cross all disciplines of medicine, and include communicable disease, non-communicable

illness, nutritional deficiencies and mental health issues and may be complex. The diversity of presentations of illness vary in complexity and across the lifespan, with individuals at either end of the age spectrum requiring different types of support to enable effective health care to be delivered. Cultural and linguistic diversity can impact the presentations of illness and the understandings of health, so the delivery of health care needs to be responsive to this diversity.

Barriers to health access for people of refugee background have been well-described. Establishing effective pathways to care early in the settlement process is essential to support both the initial settlement process and to build resilience into the future to enable the individual, family and community to thrive. Access to accredited interpreter can support the delivery of care and assist in the establishment of trusted engagement with the health sector.

To date, there has been a paucity of evidence to guide the delivery of optimal health care to refugees in Australia that reflects the breadth, diversity and complexity of health needs. There is now a good national and international evidence base demonstrating the need for early, comprehensive and holistic resettlement health assessment and management which will ultimately optimise health and wellbeing trajectories. RHeaNA have been proactive in working across multiple Australian and international health sectors to increase the evidence base to enable the development of a best practice approach for the delivery of refugee health care and to ensure access to preventive health care (including funded catch up and ongoing vaccinations) that remains relevant across the age spectrum.

Recognising this complexity and drawing on its expertise, RHeaNA proposes the development of a consistently applied National Refugee Health and Wellbeing Framework through collaboration and sharing of knowledge and information with the federal DHA and DoH, state and territory governments and refugee health and settlement services to support a quality continuum of care.

## National Refugee Health and Wellbeing Framework

To improve health and consequent settlement outcomes, RHeaNA recommends the establishment of a National Refugee Health and Wellbeing Framework that:

- is grounded in evidence with a focus on provision of a continuum of quality, trauma informed and culturally safe care which starts offshore
- is nuanced across the age spectrum, this lifespan approach will support a focus on comprehensive age appropriate resettlement care.
- involves effective collaboration and information sharing between all key stakeholders
- is strength based, enhances self agency and optimises health and settlement outcomes in individuals and families.

The **eight key elements** of the proposed National Refugee Health and Wellbeing Framework are to:

1. Support flexible program design which addresses the breadth of refugee health needs, strengthens primary care and settlement service capabilities and that ensures access to appropriate primary care and non GP specialist services
2. Improve refugee health literacy and enhance self agency
3. Provide quality continuum of care and which is nuanced across the age spectrum including comprehensive screening and vaccination
4. Ensure access to preventive health care including to funded catch up and ongoing vaccination
5. Identify, measure and track key health metrics for people of refugee background over time
6. Enable access to funded interpreter services for all health consultations
7. Optimise service coordination and information sharing, including access to secure housing
8. Enhance community connections

These **eight element**s focus on health and acknowledge that optimising the physical and mental health of individuals supports improved engagement in the resettlement process and that early identification of health issues as early as possible will support transition into education, employment and other social and community activities. When the health of each family member is maximized (as a child or adult), all of the family is able to effectively engage with the resettlement process.

Each of these elements are presented in detail and specifically contextualised here as RHeaNA's response to this discussion paper.

## 1. Support flexible program design which addresses the breadth of refugee health needs, strengthens primary care and settlement service capabilities and ensures access to appropriate primary care and non GP specialist health services.

Health outcomes for refugees will be improved by understanding the breadth of health needs and enabling quality care and support.

The **National Refugee Health and Wellbeing Framework** would be a collaborative framework for refugee health care that integrates best practice approaches:
- to screening and assessments,
- to support early intervention,
- to enable access to appropriate services and

- focus on training of health care providers on provision of evidence based, culturally safe and trauma informed care and in processes to optimise access and efficiency of care appropriate to life stage.

The proposed framework relies on a **collaborative approach** that visualises health broadly with an understanding that improvement in health outcomes requires improvement in the social determinants of health (housing, education, employment). Health outcomes will be improved if refugee health experts from health services and other relevant organisations are directly involved in the planning and design of the Humanitarian Settlement Program (HSP). Supporting this collaborative approach to health care will have further benefits for future health care, education, disability and/or welfare support services.

This framework would necessitate establishment of a **true continuum of care** from immigration medical examinations (IME) to departure health checks (DHC) to refugee health services after arrival in each state and territory. Ideally, comprehensive screening of adults and children (including mental health and child and adolescent neurodevelopmental assessments and assessment for growth delay) would predominantly occur offshore and facilitate early linkages with necessary health services after arrival. Departure Health Checks would complement these assessments to ensure new and emerging health issues were identified and flagged appropriately in a timely way.

**Robust and seamless transfer of demographic and health information** will enable the issues identified offshore to be adequately communicated to settlement support services and health providers, facilitating timely and appropriate access to required care, informing placement decisions and reducing unnecessary duplication of screening and vaccinations. This is an essential aspect of a collaborative framework. The sharing of data supports effective settlement planning, improving the efficiency of care delivery, reducing initial costs and minimising the risk of individuals and families 'falling through the cracks' leading to adverse outcomes.

Expecting and enabling a true continuum of care would support the settlement process, enabling proactive decisions related to the settlement to ensure health needs can be addressed, including important processes such as flagging potential NDIS referrals thus facilitating timely access to NDIS. Sharing health information will enable timely health care support including the engagement of specialist health services such as paediatric services and access to timely comprehensive refugee health assessments.

Sharing Annual Indicative Referral Levels in a timely fashion with identified stakeholders in primary care and hospital services enables an effective response to support the settlement of newly arrived refugees.

**Disability support**

The significant wait times and obstacles to accessing NDIS for new arrivals is important to highlight. There are substantial difficulties identifying and then progressing NDIS support for

newly arrived refugees who often have to wait a long time for their assessments to ensure that they have the evidence required for their application.

Flexible provision of support programs that optimise access to timely and sufficiently resourced baseline assessments for individuals with disabilities (including medical, allied health, neurodevelopmental, psychometric), to align with early intervention principles and ensure resourcing for interim care and therapy until acceptance into the NDIS is essential. When pre-arrival documentation of health needs are adequately communicated, it is much more possible for the relevant services to be responsive to needs e.g. the requirement of disability aids such as wheelchairs can be identified in advance and addressed.

Delayed access to essential aids for adults and children, such as wheelchairs can obviously have a major impact on settlement, particularly ability to attend school, health appointments and/or work. Interim funding arrangements through the HSP to allow people with disabilities and other significant health issues who require mobility aids or other health related equipment should be considered as a priority.

Disability related to chronic pain needs to be addressed in a culturally appropriate trauma informed multidisciplinary pain management services and access to such services remain limited.

There are similar challenges enabling engagement with aged care services and ensuring that the aged care services being delivered are culturally responsive. Incorrect age can result in serious barriers to the delivery of healthcare and other services such as NDIS and Aged Care. Pathways to supporting a person to have their age corrected need to include health assessment data to enable more accurate age evaluations.

**Consideration of health in settlement decisions**

Recognising the complexity of an individual's health needs ideally prior to arrival, should also influence decisions about the appropriateness of the proposed settlement location. These decisions need to include a deep understanding of the management of the health care needs of refugees emphasising the importance of a comprehensive and well documented IME and DHC with robust information transfer to settlement services and post arrival refugee health clinics.

We recognise that currently undifferentiated and undiagnosed illness is commonly identified in people during the health assessments after arrival. While there may be opportunities for work in more regional areas, inability to effectively manage a health issue will prevent that individual from engaging with work and thus defeat the purpose of the planned regional settlement. This is especially the case if complex disability support is required and if that support is not available in the settlement location.

We note that many **regional and rural environments** have limited specialist services. If the individual being settled has a significant health issue that cannot be readily managed locally, then the process of seeking appropriate health care will severely interrupt the settlement

process and engagement with other services such as education and language services. This disruption can have an impact on multiple family members.

Understanding the health care and broader social needs including the disability supports required by an individual will enable better planning and decision making around the settlement process. Services for people with disability can be difficult to access in regional and especially in rural environments. When identified health and disability issues are shared prior to settlement, appropriate decisions regarding the location of settlement can be made to reduce the cost of establishing support and avoid the need for further resettlement closer to the services required to address these health care needs. Access to English language support services (adult English tuition and intensive English centres for school aged children), accredited interpreter, bicultural support workers, cross cultural support services (mental health, women's health and early childhood groups) should also be considered.

**Variability in state and territory refugee health service structure and processes**

There is currently a lack of consistency in how refugee health services are structured and funded across the states and territories and in the efficiency of how newly arrived refugees access health services that they need. Funding support for primary care services that provide care to refugees varies enormously across the country. Support for **refugee health nurses** who understand the primary health care system, is an efficient approach that helps address many of the barriers that refugees experience when accessing health care. In most states and territories, there are barriers for children getting timely access to paediatric services.

All states and territories should have **specific paediatric and adolescent refugee health services** that focus on comprehensive age appropriate resettlement care, management and follow up. Engagement with these services is important to be undertaken in parallel with strong primary care engagement as this provides scaffolding across the continuum of health.

The proposed National Refugee Health and Wellbeing Framework would incorporate **capacity building through education and training** to optimise efficiency and quality of service delivery in each state and territory.

This framework recognises the need to **optimise access** to refugee health services very soon after arrival. Health access barriers need to be identified and addressed. It is vital to ensure efficient access to Medicare on arrival. Access to free interpreter services and translation of documents including health documents facilitates the delivery of health care. Access to care needs to be supported by settlement support services.

**Embedding a refugee health nurse** within the settlement service is an innovative idea that could enhance health outcomes and improve communication between settlement and health services. The refugee health nurse could help to triage clients' health needs, receive medical reports and ensure timely linkage to relevant health services. In more recent times, the need for more urgent coordination of Covid vaccinations for newly arrived refugees has also

highlighted the potential advantages of an embedded refugee health nurse who could support this process.

The framework acknowledges the importance of **flexibility in design** to ensure the breadth of health needs of refugees and people seeking asylum are addressed. Optimising the physical and mental health of individuals requires access to **high quality trauma informed health care**. and the support needs to be flexible, person centred and can be readily extended according to need and complexity. Health care needs to be readily accessible recognising potential geographic, physical, cultural and language barriers that may complicate health care delivery.

Ultimately enhancing access to quality health care can transform the capacity of people of refugee background to engage with the settlement process. Addressing the health needs of each family member (child or adult) enables the whole family with their transition into education, employment and other social and community activities.

**Education and early childhood support**

Timely engagement in formal education and early childhood support is an integral part of child and adolescent trauma-focused resettlement goals, improving psychological well being, physical activity, school based screening, socialisation and sense of belonging. Educational needs of children need to be considered as a priority in placement decisions, so that there is the capacity to support a child who speaks a language other than English. Personal supports for wellbeing and/or mental health needs may require culturally appropriate services or opportunities to nurture spiritual health through worship. Consideration of these broader supports are important when determining settlement locations.

**Feedback and continuous improvement**

It would be essential to support this framework with robust feedback processes based on strong clinical governance with a focus on continuous improvement.

## 2. Improve refugee health literacy and enhance self-agency

Health outcomes for refugees will be improved by enhancing refugee health literacy.
Refugee health literacy requires education and support programs that provide:

- Health literacy,
- Health system literacy,
- Digital health literacy.

Health literacy will be enhanced if newly arrived refugees are provided information about the health care system with targeted information relevant to the area where they are being settled.

Some examples of the key health system literacy issues that need to be conveyed include:

- an understanding of the primary health care system (understanding that primary health care as the gateway to care is often a new concept for people arriving from overseas and that refugee health nurses play an essential role in delivering this care).
- how to access emergency care
- how primary health care and the hospital and health services work together
- introducing the expectation of a comprehensive health assessment
- knowing how to request an interpreter for an appointment

RHeaNA are very willing to discuss other key health literacy and digital health messages. There are some standard health issues that need to be covered, though at times there will be specific health needs identified for some groups of newly arrived refugees for which the health messaging may need to be modified. The capacity for tailoring of the information needs to be incorporated into the design of the education programmes.

Embedding a refugee health nurse within the settlement services can assist in ensuring the key health messaging within the health literacy programmes are accurate and appropriately tailored for the clients.

It is helpful to support and reinforce the delivery of health literacy education provided by the settlement agency through consistent messaging during English literacy education classes. This is possible when settlement services work closely with refugee health services and education services. Enabling refugee communities to assist in the codesign of the key health messages can help maintain the relevance of and engagement with these messages by these communities.

Programs that support individual needs and enhance their self-agency are generally holistic and focus on a number of the dimensions of health and wellbeing such as: physical, mental, emotional, spiritual, financial, social (connectedness), environmental, and workplace. Enabling people to work together to enhance their skills in any of these areas should be encouraged.

There are many programs that have demonstrated success in enhancing individual self agency, including: leadership for youth in sport, cooking programs for mothers of school-age children, reflective writing activities, drama groups. The key to success is to involve the refugee communities in determining what they are keen to engage with. Such programs can have a dual purpose of enhancing education and improving health literacy.

## 3. Provide quality continuum of care which is nuanced across the age spectrum including comprehensive screening

The National Refugee Health and Wellbeing Framework includes and expectation that all newly arrived refugees would have a comprehensive health assessment. This should be undertaken:

- in a culturally safe and responsive and
- trauma-informed way
- be age and developmentally appropriate with parallel utilisation of specialist health services, particularly paediatric in conjunction with primary care and community refugee health nurses
- be flexible and person centred and readily extended according to need
- completed in a timely manner, whilst acknowledging the potential differences in health service access across different regional and urban settings.

Appropriate prioritisation of assessments will be supported by the continuum of care with the robust transfer of information outlined in element 1. Ensuring a comprehensive health assessment minimises disruption to resettlement processes.

Each individual will have specific health issues identified during their assessment. These health needs will be broad and varied. The health needs of different household members may compete with each other and need to be prioritised appropriate and may compete with broader resettlement priorities. Communication between settlement services and health care services is essential to enable the establishment of these priorities. The delivery of health care should align to the Australian Commission for Safety and Quality standards for organisations providing care to refugees and migrants.

When considering this framework, it is important to remember that a significant percentage of newly arrived refugees are children (typically around 50%), and women. Age and gender have a significant impact on health care needs and health outcomes. The breadth of health issues includes:

- Preventive health care (usually including catch up immunisations),
- Acute health needs,
- Management of non-communicable diseases (including chronic diseases such as diabetes, syndromes or other genetic/rare diseases),
- Reproductive and antenatal health
- Disability, neurodevelopmental, cognitive or behavioural concerns
- Mental health care needs,
- Oral health needs,
- Nutritional concerns (food insecurity and malnutrition),
- Communicable diseases (including assessment for tuberculosis)

This broad range of health issues is best addressed through standardised and/or multidisciplinary assessments.

**Primary care**

Supporting newly arrived refugees to link with primary health care has been challenging.This reflects the dispersed nature and federal funding model for general practice, its limited surge capacity, the absence of a guiding framework for refugee health care that is endorsed and supported across a continuum of care and limited training. The model of care proposed by Russell et al in "Coordinated primary health care for refugees: a best practice framework for Australia" provides an overarching vision for the delivery of refugee health care with a focus on the newly arrived refugee. The National Refugee Health and Wellbeing Framework is consistent with this best practice approach. Practical guidelines exist to support the delivery of care. The establishment of a partnership advisory group can support the coordination required to maximise the health outcomes of people of refugee backgrounds.

The health assessment is the beginning of the health care process and appropriate follow up of health issues that are identified is essential to maximise the benefits of the initial health assessment. This requires an integrated approach to care. The follow up process can be enabled by the settlement support services, the health care provider and the consumer. Support from health navigators can enable access and coordination of care. A flexible approach to care has always been important, though the recent COVID-19 pandemic has highlighted this. Empowerment of refugee communities through enhanced health literacy will support this aspect of care (see element 2).

**Child and adolescent assessments**

Timely assessment and early intervention is especially important for children and adolescents to maximise their development and support their educational opportunities.

Comprehensive health assessments for children and adolescents are ideally undertaken within the paediatric specialist refugee multidisciplinary teams, again acknowledging the potential differences in health service access across different regional and urban settings. The Woodland framework for best practice refugee health service provision is complemented by cumulative paediatric literature demonstrating benefits of standardised and/or multidisciplinary assessments.

A comprehensive multidisciplinary assessment would consider that the broad domains of health (physical, dental, psychological, nutritional, neurodevelopmental and educational) are intertwined and also intersect with child protection (including cultural child protection concerns including underage/forced marriage, female genital cutting, child labour overseas), early childhood adversity, interrupted education, lived and vicarious trauma and broader socioeconomic determinants.

This holistic assessment should be undertaken in a flexible, age appropriate manner overcoming access barriers with access to point of care paediatric medical, nursing, immunisations, allied health, psychology, education and dental assessments. A family-focused approach to appointments (where all children in a unit can be seen together) where accredited

interpreter are provided and other logistical barriers (e.g. medications/transport) are addressed is recommended.

Detailed educational and neurodevelopmental assessments are essential for children and adolescents, with adequate follow up over the first 2-3 years. Taking a strength-based approach is appropriate, whilst considering access barriers, health and general literacy, parental education, cultural norms and societal/community supports. This focus allows for establishment of rapport, manifestation of emerging academic, psychological or neuro-behavioural concerns over time. This also enables time for families to link to community supports, NGOs, navigation of NDIS (as needed) or subspecialists, and time to ensure successful mainstream education transition. Care coordination and advocacy are also important roles played by paediatric refugee health services.

**Mental health care**

Currently mental health services that can provide regular timely trauma informed care are not broadly available. Yet mental health care support is a vital part of the resettlement process. While some people need programs to nourish their wellbeing, others require more intensive mental health services. While the Forum of Australian Services for Survivors of Torture and Trauma at the state and territory levels provide excellent support, access to continuing care is not consistently available and access to these services in regional areas can be limited.

Access to other psychological supports for newly arrived refugees is often limited as many services do not have the expertise in refugee health. Mental health support and treatment needs to be trauma informed with access to appropriate bicultural and community supports that support the delivery of care is an important part of the healing process especially when the client has complex needs. Ensuring specific groups have tailored mental health care available is also important. Mental health services providing care to young children and adolescent need specific expertise and not all FASSTT services have this expertise. Women of refugee backgrounds need their perinatal mental health screening and care provided with appropriate expertise.

**People seeking asylum**

Currently, the health needs of asylum seekers are typically addressed in a piecemeal manner. A holistic approach to care will support positive settlement outcomes for those who are granted protection. It is important to ensure that people seeking asylum in Australia have access to quality health care while on bridging visas to ensure that their health needs can be supported appropriately while their claim is being processed. Consistent access to Medicare reduces the risks of substantial physical and mental health impacts of prolonged uncertainty, improves engagement with regular health services and reduces the high economic costs of delayed access to care, particularly to preventive care.

The wait times for protection claim processing, tribunal and federal circuit court appeals are currently very long with consequent prolonged uncertainty and adverse mental health impacts

borne by many. Availability of appropriate trauma informed mental health services to provide care to people seeking asylum, given the recognised high prevalence of mental health issues in these diverse cohorts are very limited. Part of this cohort are the growing number of individuals and families from countries such as Iran who have not been successful in their initial applications for protection however cannot be deported involuntarily and thus remain in the community, typically without Medicare access or income support for prolonged periods. Understanding the health impacts of processing issues such as these are important considerations when considering health and settlement outcomes.

In addition to this, restrictive immigration detention, particularly for prolonged periods has been correlated with adverse physical and mental health outcomes and is recognised to be more costly than other available options. Any efforts to minimise the use of restrictive detention, particularly prolonged detention of people seeking asylum would be welcomed by the RHeaNA.

## 4. Ensure access to preventive health care including to funded catch up and ongoing vaccination

Health outcomes for refugees have been improved by the provision of comprehensive preventive care as a part of the comprehensive health assessment (covered in element 3).

National Refugee Health and Wellbeing Framework recognises the breadth of preventive health needs relevant to newly arrived refugees. Health literacy support can empower people of refugee backgrounds to engage with their regular preventive health care (see element 2).

Nearly all refugees arriving in Australia are under-vaccinated according to Australian standards and funding of vaccines for newly arrived refugees through the National Immunisation Program (NIP) has enabled catch up to be arranged for children and adults. The funding of vaccines reduces the risks of specific infectious diseases, protecting the individual and their community. Disability and chronic health impacts that can result from these infectious diseases have long term impacts on the community as well as the individual with the resultant carer burden, reduced employment for individuals and for carers.

Continuing to ensure advocacy for access to vaccinations including seasonal vaccinations, for people seeking asylum and humanitarian entrants to enable immunisations for children and adults has benefits that extend well beyond health and will support engagement with education and employment into the future.

The Australian Immunisation Register can be used to record all of these vaccines which benefits refugees who may be quite mobile early in their settlement period as they seek work and move to be closer to community members for support.

**Oral health**

Oral health services can be difficult for refugees to access. Equitable access to dental care is an essential component of general health. Access to ongoing oral health care early in the re-

settlement period can be challenging and needs to be better supported. Significant gaps occur in preschool dental pathways and access to comprehensive care, general anaesthesia and preventive care.

Integration of services, through partnerships between settlement and primary health care and oral health services is vital for the delivery of good outcomes. It is vital that such partnerships have the support they require with adequate administrative support. Partnerships of this kind need to include the voices of people of refugee background to support this work.

## 5. Identify, measure and track key health metrics for people of refugee background over time

The National Refugee Health and Wellbeing Framework visualises the delivery of quality refugee health care as measurable. People experience a wide range of health issues and comprehensive, evidence based health care may uncover more health issues that need to be addressed. Definition of appropriate health outcomes and effective mechanisms of measurement of these health outcomes requires a deep understanding of this complex space to determine the most effective approach. For this reason, simply documenting that a newly arrived refugee has had a comprehensive health assessment within a certain time does not provide an adequate measure of refugee health outcomes or of the quality of care delivered.

Previously the Medicare Benefits Schedule had a specific MBS item for refugee health assessments provided by GPs (previously 714 and 716). This provided a clear process to track the number of refugee health assessments undertaken post arrival with important implications for public health. Currently the health assessment item number that includes refugee health assessments is a generic item number used for a range of health assessments. Reinstatement of a specific item number would be welcomed, while ensuring that the mandatory criteria for billing assessments undertaken are evidence based and that GPs are appropriately remunerated for undertaking these often time consuming and complex assessments.

RHeaNA is keen to work collaboratively with the Departments of Health and Home Affairs to support the codesign of appropriate measures. The voice of refugee communities will be important to include in the development of these measures and in the future review of the delivery of care.

While measuring refugee health outcomes in the early settlement period is challenging, so is the development of follow up measures to determine the types of supports that may be required into the future. The health of all Australians is documented through the Australian Institute of Health and Welfare. Currently, there is no national minimum dataset for refugees and therefore there is lack of coherence within the health sector and between jurisdictions on the data being recorded for refugees. Inconsistent data collection across the sectors results in a limited capacity to understanding of the health issues experienced by specific communities.

The proposed National Refugee Health and Wellbeing Framework would support the development of an agreed nationally consistent set of data fields used to record the demographics of individuals across public health, primary health care and hospital sectors.

The RHeaNA would support the development of an integrated approach within the proposed Framework by defining a minimal dataset that could be built into health systems. This would include key information such as country of birth, year of arrival, languages spoken, need for interpreter and cultural background. Measurement of the diversity, complexity and breadth of health issues, measures of connectedness to health services, health literacy and community engagement, as well as common social determinants of health are all valuable markers to consider.

Documentation of these key pieces of information for all individuals would enable effective measurement of health outcomes, providing insights into the health of different communities at different times after the initial settlement period. Measurement of health outcomes will assist in developing appropriately targeted supportive initiatives. Working collaboratively to enable the collection of demographic information within and across health software systems, including primary care electronic medical records, can assist in providing the necessary data to effectively support communities well after their early settlement years.

An effective Framework would also provide support for ongoing research that would inform future enhancements of the model of care for refugees and ensure a robust and agile approach that supports positive health outcomes for refugees.

## 6. Enable access to funded interpreter services for all health consultations

Health outcomes for refugees have been improved by enabling free Interpreter services for health providers. The TIS National (Translating and Interpreting Service) has been supporting the delivery of health care to newly arrived refugees and others who require linguistic support related to their consultations.

The National Refugee Health and Wellbeing Framework acknowledges that the use of accredited interpreters to address linguistic barriers within the consultation enables health care to be delivered safely and improves the quality of care provided. The inclusion of pharmacies access to interpreters supports the safety and quality use of medicines by refugee background community members. Pharmacists play a vital role in health care delivery for acute and chronic disease, provide vaccinations and support health literacy.

The use of telehealth during the COVID pandemic has changed the way in which healthcare is delivered with many positives for the broader population. However there is evidence that the use of telehealth has increased health inequity for many people from refugee like backgrounds. This is related to the variable health literacy and technical skills, language diversity as well as housing insecurity and low internet capacity. As newer technologies play a greater role in

health care, measures will be needed to ensure that health care continues to be delivered safely and equitably to people from refugee like backgrounds.

During the Covid-19 pandemic, it became clear that people from refugee like backgrounds did not have ready access to the same health messages. Over time, it became clear that the mortality of people from culturally and linguistically diverse backgrounds was higher than that of the general Australian community. The use of interpreters and the translation of information delivered in printed and spoken formats has helped to address the gaps in health literacy and access to care. Into the future, when significant health issues emerge, it will be essential to embed the provision of interpreted and translated resources to support better health outcomes.

Extension of the TIS National to allied health providers including mental health clinicians will greatly improve the care delivered to people who speak languages other than English including newly arrived refugees. We welcome the current provision for access to accredited interpreters by allied health practitioners in the 2022/23 federal budget, and strongly encourage this to be extended to the aged care sector and psychologists.

The National Refugee Health and Wellbeing Framework would support the education of health professionals in their use of interpreter services embedded within training for health professionals about cultural safety and cultural responsiveness in the delivery of health care.

Settlement agencies can enhance health outcomes by:

- Advocating for the use of accredited interpreters when supporting all health care appointments, including primary care, non-GP specialist appointments, mental health, allied health, radiology and other procedural appointments,
- Educating and supporting bicultural workers to advocate for the use of an accredited interpreter when they are present for health care appointments,
- Educating refugees about their access to interpreters and support and empower refugees to request (noting that children and adolescents should not be used to interpret for family members),
- Recognising that interpreters are generally required during radiological and other procedures and support the booking of interpreters for such appointments through explanation and advocacy.

## 7. Optimise service coordination and information sharing, including access to secure housing

The proposed National Refugee Health and Wellbeing Framework would focus on health fusing a broad lens that includes the social determinants of health such as education, employment and housing.

**Service coordination**

Service coordination can be optimised by settlement services so that the newly arrived refugee is effectively linked to health and other services to maximise their wellbeing. Coordination requires effective processes for communication. This ensures identification of specific needs, the services required to address these and timely engagement with these services.
The National Refugee Health and Wellbeing Framework supports partnerships across a breadth of organisations will enable a strategic approach to support service coordination including communication pathways across services and within services.

An advisory group of relevant partners that meets regularly can address concerns around engagement with health services, support health access and ensure the delivery of quality care. By providing a clear pathway for communication, a supportive partnership will assist partners to develop a deeper understanding of each other's perspectives and effect a cohesive approach to enable wellbeing. Each service can learn more about the needs of each other's organisations and understand service limitations and capacity issues that can complicate their responsiveness at different times. Such a partnership can enable a proactive approach to emergent issues, such as a crisis situation with urgent settlement needs.

Good coordination by settlement services that impact health would include:

- Effective strategies to manage the multiple engagements required, especially when there are multiple family members. It is common for newly arrived refugees to need to juggle health and other appointments. Supporting them to prioritise the most pressing appointment, cancel appointments that clash, and re-book new appointments are important skills for the future.

- Effective sharing of health information to enable the continuum of care - from pre-arrival assessments, to early urgent health care provided soon after arrival, to the comprehensive health assessment and beyond. (as discussed in element 1). Enhancing processes that enable safety through communication while being appropriately mindful of consent and privacy.

- Develop effective two-way communication pathways between the settlement services and the services that the settlement services work with. Over time, all organisations can change their processes of communication and these pathways need to be regularly updated to enhance this communication as it impacts directly on effective coordination.

- An accurate understanding within the settlement services of how to best engage with the breadth of local health services to support the coordination of each refugee's health care.

- Empowerment of the newly arrived refugee through health service literacy and health literacy. Education about the health system is supported when the bicultural workers and case managers who are working with the individual person/family have an excellent grasp of the health services they are interacting with.

**Housing:**

Housing is a fundamental requirement for maintaining good health, both physical and mental health. The issue of housing is specifically mentioned in this discussion paper. Housing is a basic component of the social determinants of health and affordable housing is a difficult issue for many Australians, including newly arrived refugees. Without secure housing, refugee families remain vulnerable and there is a direct impact on the health outcomes for people of refugee backgrounds. Currently access to secure housing is a substantial barrier to optimising settlement outcomes.

Secure housing provides a sense of safety that benefits health and for wellbeing, including mental wellbeing. When settled in secure accommodation, individuals and families can develop a relationship with their primary health care provider and improve their understanding of pathways to care, particularly for emergency healthcare when required.

Identifying housing that is safe, secure and stable enables families to focus on the other aspects of re-settlement, including their education and employment. It enables connectedness and feeling of belonging to the community. This enhances the feeling of wellbeing and supports engagement with education, training and facilitates employment. It enables engagement with the local community services such as the local library.

- The housing issue is more complex than just affordability. While affordability is essential, it is important that the understanding of the difficulties in housing newly arrived refugees has a broader lens. With the current demand in housing and competition in the housing and rental market, it is very difficult for people with limited English and poor digital literacy to readily engage and compete in the current housing market. Engaging with the rental market, even with support, can be daunting.

- Legal contracts involved with rental agreements and understandings of the rights and duties related to being a tenant are also important hurdles.

Currently, many newly arrived refugees find themselves staying in temporary accommodation for a prolonged period of time. This can compromise their health. Uncertainty and insecurity can be re-traumatising, and mental health issues can be difficult to address. Physical health can also suffer as there is often a delay in the completion of the comprehensive health assessment Catch up vaccines may be delayed and preventive health care may not be initiated. Important public health examinations such as screening for tuberculosis may be delayed and there is an increased risk of dissemination of infectious disease in more crowded accommodation.

Housing instability can seriously impact recently arrived refugee children and their families registering for school. Settlement providers are reluctant to register children while they are in temporary housing. There are anecdotal reports within the RHeaNA of families who have been in Australia for 4 to 6 months whose children are not yet enrolled in school due to unstable housing. Early school enrolment is critical for children to establish a sense of identity, social connectivity, improve social and emotional regulation, reduce trauma loads, and commence language acquisition. Key performance indicators of resettlement need to include measures of

timely school linkages as these are important for health outcomes as well as educational outcomes.

Every effort needs to be made to secure longer term accommodation which enables health access, child care, early childhood support, English classes, early intervention or disability services, community nursing, primary care and school enrolment is available for newly arrived refugees.

## 8. Enhance community connections

Australia is a multicultural nation and used to welcoming people from diverse backgrounds. The arrival in a new country is not the end of the refugee journey. This journey continues as people learn to engage with the local health care services, education, employment, religious institutions and sport/recreation. As with everyone in the community, when people are well enough to engage with their usual day to day activities, they will have an opportunity to build deeper relationships with their community over time. These relationships enable the feeling of belonging that fosters wellbeing.

Greater opportunities for refugees to build deeper relationships and friendships with the wider Australian community can be created through innumerable initiatives:

- Ensure that newly arrived refugees have an understanding of the Australian community. Cultural dissonance can be confronting and providing a safe space that invites open discussion about life in Australia can reduce anxiety.
- Support the newly arrived refugee to maximise their physical and mental health as soon as possible as an important step to enable better engagement with the community.
- Identify the supports that would be personally relevant to the newly arrived refugee and actively direct them to these supports, e.g. consider the needs based on age, stage of life, personal interests.
- Developing programs that proactively break down linguistic and cultural barriers such as working with communities on specific events that help celebrate and share diverse experiences. Such activities can be integrated with other events already within the community or education cycle e.g. harmony day, international women's day. Ensuring that people of refugee background have the opportunity to engage in the preparations of such events. This may require some support for bicultural workers or other supports initially to foster this process. (See Appendix 1 for some examples)
- Ensuring that community health activities and sporting activity providers be supported with funding to utilise interpreters and/or bilingual workers to optimise participation of children and adults who speak languages other than English.

**Community driven settlement support**

It has always been the responsibility of the wider community to support refugees and humanitarian entrants to settle into their new country. As discussed above, the feeling of belonging enhances wellbeing. There are a number of ways to foster these opportunities.

- When leaders within the community set the expectation for support, then the community will readily follow.
- Providing tangible positive opportunities for engagement with newly arrived communities to highlight our common humanity. Engagement that facilitates understanding and communication is the first step to enabling 'help'.
- Providing opportunities for broader community members to engage with specific programs. Many people are keen to offer their support but are uncertain how to step into a supportive role. Examples include programs for teaching people of refugee background to drive and hold cooking and other educational classes that are run through community centres. Culturally safe sporting opportunities including promoting water safety and swimming lessons (e.g. women and girls culturally safe swimming classes) and increased support for local government initiatives focussing on overcoming transport barriers, increased community linkages and relationship building should be supported. These programs often support English language development and a deeper understanding of local community services through conversation. Minimal support with bilingual workers may be required. Such programs may need to be auspiced by organisations that can provide the necessary space and insurance for such activities.
- Settlement agencies have a deep understanding of the specific needs of the recently arrived refugees and can develop relationships with community partners that may support settlement through art, health literacy or other activities. Through these partnerships, the feeling of belonging can be enhanced.
- It is important for people of refugee background to be included in the planning of activities. Decision making roles are empowering.
- Supporting members of the local communities to have the necessary skills for cross-cultural communication requires some expertise. Settlement services, and other partners supporting re-settlement, may be able to assist with such skills training.

## Innovative program examples

Some more general suggestions for innovative programs have been mentioned in this document. Some specific examples are collated in Appendix 1. It is important to support the engagement of people of refugee background in the design of such programmes to enable better engagement of the clientele. It is important that people who are contributing to the design of such programmes are paid for their work and contributions. Innovative programs are only valuable if there are strong linkages with the settlement services to enable newly arrived refugees to engage with these programs. Some of these programs cater for both newly arrived refugees and those who have been settled for some time.

## Summary of recommendations

In responding to the 'Next Steps to improve Australia's settlement and integration of refugees' discussion paper, The Refugee Health Network of Australia has provided a detailed outline of the key issues related to health and health outcomes that need to be addressed to improve the resettlement of people of refugee backgrounds in Australia.

Recognising the breadth of settlement issues that intersect with health and impact health outcomes, RHeaNA has described the essential elements of a **National Refugee Health and Wellbeing Framework** which is underpinned by the current evidence and best practice guidelines. These eight elements of the Framework are illustrated in some detail to indicate how the refugee settlement process can be guided by the Framework. These elements intersect, given the complexity of refugee health. When implementing this Framework, it is vital to recognize the diversity within the diversity of the communities of people of refugee background within Australia. The specific needs of children, women and people with disability are highlighted.

A **partnership approach** that enables engagement and communication across multiple sectors involved in settlement is essential. All stakeholders providing services need to have a deep understanding of how their service can impact upon the health of the newly arrived refugee. In particular, settlement services need to have a deep understanding of the health services they are engaging with.

RHeaNA is keen to collaborate in the **codesign** of the health aspects required for settlement and contribute to the development of appropriate key indicators for measuring health outcomes/quality into the future.

Signed on behalf of the Refugee Health Network of Australia

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## Appendix 1 : Innovative programs

**Queensland Examples**:

- M-CHooSe Pilot: Embedded Healthcare Coordinator for Multicultural General Practice Patients
  Michelle Smith, David Chua, Tracey Johnson, Meryl Jones and Donata Sackey (Value Based Health Care Poster Presentation 2021) Patients from culturally and linguistically diverse backgrounds had quicker access to the health services they needed, better understanding of their conditions and treatments & had better overall outcomes because of M-CHooSe.

- Community engagement with refugee-background communities around health: the experience of the Group of 11. This article seeks to outline the successful development of a model of consumer and community engagement with vulnerable refugee background populations that is based on the principles of recovery from trauma.

- Evaluation of a collective response initiative to engage CALD communities in COVID-19 Health Communication Evaluation Report (July 2021) A targeted interagency collective engagement effort by organisations, government, health services, community leaders, and other stakeholders to ensure Culturally and Linguistically Diverse and refugee communities in Brisbane have timely access to accurate and appropriate COVID-19 information.

**Victorian Examples:**

- Settlement Health Coordinator (SHC) Positions in Victoria
  The 2016-17 Victorian state budget provided funding over four years for additional health and human services to support rising refugee settlement in response to the Middle Eastern refugee crisis. This included funding to co-locate Senior Refugee Health Nurses with local settlement service providers to provide health and community services orientation, triage and referral for new arrivals. The SHC, a senior Refugee Health Nurse, provided advice, secondary consultation and training to settlement case managers, health providers, and newly arrived people from refugee backgrounds. The SHC was employed by a community health service in an area of high settlement and located at the local settlement service.

  The evaluation of this initiative suggested that the SHC intervention provided greater certainty that refugees are accessing primary and specialist care as early as possible, thus mitigating health risks and potentially avoiding escalation to acute care. Recommendations regarding this program included the continuation of the co-location of SHCs with refugee settlement services in high refugee settlement areas, which is especially crucial in rural and regional areas where there are high settlement numbers

and limited and/or no specialised health services for refugee background communities to be referred to.
More context and information related to the role see the PD for the above role, found at the following link: More info:
https://dpvhealth.org.au/app/uploads/2018/05/Settlement-Health-Coordinator-Position-Description.pdf

- Refugee Health Fellows program
https://refugeehealthnetwork.org.au/engage/refugee-health-fellows/

**Tasmanian Examples:**

Examples of collaboration and innovation
Improve refugee health outcomes

- The Tasmanian Government funds the Australian Red Cross to deliver the Bi-Cultural Health Program to assist newly arrived individuals, groups and communities of culturally and linguistically diverse backgrounds (especially those from refugee backgrounds), to better understand and independently access systems and services to support and maintain health and wellbeing. The health specific nature of the work provides many opportunities to support people to have improved health outcomes.

- The Tasmanian Government facilitates the COVID-19 Migrant Support Network bringing a multi-agency, multi-disciplinary approach to the response and recovery process.

Mental health and social connections

- The Healthy Tasmania initiative funds the Australian Red Cross to deliver the Connected Women project. The goal is to promote improved mental health and wellbeing by building and strengthening social connections. The project engages participants to co-design solutions to address barriers, utilising a strengths-based approach.

Opportunities for the wider community to help refugees and humanitarian entrants settle

- The Healthy Tasmania initiative funds Wildcare to deliver the Get Outside program which facilitates nature based experiences for refugees and new migrants to Tasmania – connecting to place and to each other.

**ACT Examples:**

- Community response taskforce. Examples of COVID home care, community-led vaccination and myth-busting programs led by the South Sudanese community in partnership with government, churches and Companion House. Article authored by South Sudanese leaders in the ACT here:
https://www1.racgp.org.au/ajgp/coronavirus/community-led-vaccination-programs

Similar government/community/civil society organization collaborations were also used for the Mon, Karen and Latin American communities, and newly arrived Muslim communities.

- Companion House employment support program. The service employed an adviser for persons under 25 years who were experiencing long term unemployment to develop personalized, culturally sensitive plans to develop skills and enter the workplace. This resulted in an 85% employment rate for participants, a marked contrast to their progress to date in JobNetwork support programs.

**NSW examples:**

- Multicultural online health appointment booking translation tool

https://www.mhcs.health.nsw.gov.au/publications/appointment-reminder-translation-tool/create_an_appointment

**WA examples:**

- Child and Adolescent RHS multidisciplinary team approach which links families from community health to tertiary care.
- RHS dental programme
- CAHS RHS-Ishar Healthway collaborative targeted dietary education project (Healthy Foods, Healthy Cultures) to address food insecurity in children and adolescents. Ishar is the Multicultural Women's Association.
- **Afghan Women's Support Group**
  Ishar has established weekly groups to support vulnerable Afghan women by:
  creating a safe space to connect with other women, enhancing a sense of community, providing information, increasing help-seeking behaviours, to support the changing needs of current Afghan migrants and the new arrivals.
  Various topics and for discussion and activities such as:
  parenting, health- physical and mental, legal, Centrelink, other local service providers and as per requests from the participants
  The groups provide specific educational presenters and interpreters, supported by bilingual staff, creche with age appropriate activities for 0-4 aged children

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