Statewide meeting report

Date: 28 November 2019, 2:30pm – 4.30pm
Venue: Training rooms, Foundation House, 4 Gardiner St, Brunswick
Meeting Chair: Victorian Refugee Health Network Executive group co-chair
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Summary

About the Victorian Refugee Health Network

The Victorian Refugee Health Network (the Network) was established in June 2007. The Network aims to facilitate greater coordination and collaboration amongst health and community services working with people from refugee backgrounds. The purpose of this collaboration is to improve service accessibility and responsiveness. An executive group provides strategic direction and oversight of the Network’s activities, through:

• building and maintaining relationships with key stakeholders
• identifying sector needs and work priorities
• defining boundaries of Network activities, and
• evaluating the function and impact of the Network

Statewide meetings

Victorian Refugee Health Network statewide meetings occur three times per year, providing a space to identify sector issues, prioritise areas for shared work and share service innovations. These meetings welcome anyone working in refugee health or supporting people from refugee backgrounds to access health services.

This report details the proceedings of the Network’s statewide meeting held on 28th of November 2019. Approximately fifty people from health, settlement, asylum seeker and community services, state and local government and peak bodies attended the meeting (see Appendix 1 for attendee list).

Language

People from refugee backgrounds

The term ‘people from refugee backgrounds’ is used throughout this report to refer to those who have arrived in Australia with, or who have subsequently been granted, permanent or temporary humanitarian visas, people seeking asylum, and those who come from refugee backgrounds who have another visa type, including family migration and skilled migration. Where a person’s immigration status is significant (i.e. to service eligibility), this is noted.
Welcome

The Network executive co-chair acknowledged the Wurundjeri people of the Kulin Nations as the traditional owners of the land and welcomed all attendees to the meeting.

Working groups

The Network auspices specialist working groups in response to emerging needs and priority work areas. The Access to health services for people seeking asylum and the Disability Action Group met before the statewide meeting. The co-chairs of each of these groups shared headline updates from their respective meetings.

Disability Action Group

The Disability Action Group welcomed a guest presenter from the National Ethnic Disability Alliance (NEDA) who presented information about NEDA’s Community Radio Engagement Project. NEDA’s research findings reveal a substantial accessibility gap in Disability Services for people from Culturally and Linguistically Diverse communities (CALD).

National Ethnic Disability Alliance (NEDA) in collaboration with The National Disability Insurance Agency (NDIA) is undertaking a Community Radio Engagement Project to:

- Create disability awareness and breakdown stigma attached to disability
- Increase NDIS awareness amongst humanitarian entrants and emerging communities

The radio campaign will target the Hume, Casey, Greater Dandenong Local Government Areas (LGAs), due to the high rates of humanitarian settlement in these areas. Humanitarian entrants have had a much lower utilisation rate of NDIS services than the wider population. While the campaign is focused on particular areas, NEDA anticipates the impact will extend beyond these LGAs.

The Disability Action Group’s co-chair noted robust discussion regarding the NDIS. The group examined the issue of inadequate understanding and awareness within the health sector of the role of Local Area Coordinators. The group also discussed the benefit of further initiatives which may boost General Practitioner’s capacity to engage with the NDIS access process. The Disability Action Group co-chair is happy to forward meeting minutes to those interested (contact info@refugeehealthnetwork.org.au if you are interested to receive these minutes).

Access to health services for people seeking asylum working group

The Access to health services for people seeking asylum co-chair reviewed the main themes from the working group discussion. The group discussed the various service packages recently funded by the Victorian state government. This funding package has aimed to bolster existing services. Life Without Barriers (LWB) had also shared an update on Status Resolution Support Services (SRSS). The shift in eligibility for SRSS means remaining program clients are mostly families with medium to high needs. The group discussed the ongoing gap in access to pharmaceuticals, radiology and pathology services for people seeking asylum. Network stakeholders are undertaking work to address these issues.
**Settlement Data Update**

The Coordinator of the Victorian Refugee Health Network spoke to the Network’s most recent settlement data bulletin for humanitarian entrants and people seeking asylum. The data bulletin draws together data provided by the Department of Home Affairs directly to the Network, as well publically available Department of Home Affairs and Administrative Appeals Tribunal reporting. The statewide meeting data presentation provided an overview of humanitarian settlement patterns across Victoria, with data points selected for their relevance to health service planning. Meeting attendees are encouraged to contact the Network directly if they required more detail on presented data. Demographic data presented for financial year July 2018 through June 2019 included:

- Top ten countries of birth
- Age upon arrival
- Location of residence; numbers settling per Local Government Area (LGA)
- Gender
- Main language spoken.

The Network coordinator noted the surge in settlement from July through to October 2019 with 1, 878 people arriving in three months. It was also noted that India has moved into the top 10 countries of birth for humanitarian arrivals, though this is understood to be humanitarian entrants of Chin background.

In terms of areas of settlement, while the Commonwealth has established targets for rural settlement of 50% by 2022\(^1\), the current data shows just 13% of newly arrived humanitarian entrants have settled in regional or rural areas. The Network is monitoring settlement patterns and exploring how to best responding to the new policy context.

**Policy Update**

**Plane Arrivals**

The Director of Policy and Research at Refugee Council of Australia provided information about the change in the profile of those seeking asylum. Recently we have seen a significant increase in the number of people seeking asylum arriving via plane, most from Malaysia and China. There are associated concerns about human trafficking\(^2\),\(^3\). Refugee Council of Australia is focusing on ensuring those people who are seeking asylum have a fair process.

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\(^3\)Legal and Constitutional Affairs Legislation Committee, 2019-2020 Supplementary Budget Estimates, Prime Minister and Cabinet portfolio, *Home Affairs*, 21 October 2019, p. 70, accessed 21 January 2020, [https://parlinfo.aph.gov.au/parlInfo/download/committees/estimate/48ea734a-e5f8-4bc6-813e-1f22b32a238a/toctoc.pdf?fileType=application%2Fpdf&search=%22committees/estimate/48ea734a-e5f8-4bc6-813e-1f22b32a238a%000%22](https://parlinfo.aph.gov.au/parlInfo/download/committees/estimate/48ea734a-e5f8-4bc6-813e-1f22b32a238a/toctoc.pdf?fileType=application%2Fpdf&search=%22committees/estimate/48ea734a-e5f8-4bc6-813e-1f22b32a238a%000%22)
Medevac
The Legal and Constitutional Affairs Legislation Committee’s report regarding the inquiry into the Migration Amendment (Repairing Medical Transfers) Bill 2019 [Provisions] was released in October 2019. The report recommends repealing the Medevac legislation. The Senate will be voting on the bill imminently, with Jacqui Lambie holding the deciding vote. There are reports Senator Lambie has agreed to vote for the repeal bill providing a condition is met by the Coalition. While there is some conjecture regarding the nature of that condition, nothing has been confirmed. Refugee Council of Australia has been working on maintaining the Medevac legislation. There is also work happening across the sector, considering how to address the medical needs of people in offshore detention effectively should the law be repealed.

The Victorian Refugee Health Network made a submission to the senate inquiry and can be viewed on the Network’s website here.

Australian-United States Resettlement Arrangement.
As facilities on Manus Island are closing down, work continues to promote the United States resettlement arrangement for all who are eligible. As of September 30 this year, 632 refugees from Papua New Guinea and Nauru have resettled in the United States. A small number of people have resettled in Canada under the private sponsorship program. Under the Canadian Government’s private sponsorship guidelines, the sponsoring organisation needs to raise CAD16,500 (about AUD18,400) before each application can proceed. These funds are allocated to the refugee’s living costs in the first year after arrival in Canada. Refugee Council of Australia has raised several hundred thousand dollars for this private sponsorship program. Network members were encouraged to circulate the donation opportunity throughout their networks. Please see Refugee Council of Australia’s website for more information.

Royal Commission into Victoria’s Mental Health System
The Interim Report from the Royal Commission into Victoria’s Mental Health System was released publically this morning and available online at https://rcvmhs.vic.gov.au/interim-report

The Coordinator of the Victorian Refugee Health Network provided a brief review of the material and recommendations, acknowledging there has not yet been time for analysis. At first glance, the interim report recognises people of refugee background have cohort-specific needs which are not reliably met by current mental health system in Victoria. The report also notes:

• The adverse effects of stigma on help-seeking among refugees
• Experiences of trauma, racism and stressful migration; impacts on mental health
• The difficulty many culturally and linguistically diverse people have in accessing culturally appropriate services.

The Royal Commission has made nine interim recommendations, which intend to lay the foundations for future reform. They are as follows:

• Establishing the Victorian Collaborative Centre for Mental Health and Wellbeing
• Expanding acute services in targeted areas
• Increasing investment in suicide prevention
• Expanding Aboriginal social and emotional wellbeing services
• Designing and delivering Victoria’s first lived experienced–led service

Contact: info@refugeehealthnetwork.org.au
• Supporting lived experience workforces
• Ensuring workforce readiness for future reforms
• Establishing a new approach to mental health investment
• Setting up a Mental Health Implementation Office to drive the initial effort.

The Network Coordinator also acknowledged the current Productivity Commission inquiry into mental health. The Productivity Commission released their draft report in October 2019 (see https://www.pc.gov.au/inquiries/current/mental-health/draft) and are soliciting feedback.

**Victorian Parliamentary Inquiry into Early Childhood Engagement of CALD Communities**

The Network made a submission to this inquiry which can be read on the Network’s website here. The material focused on NDIS, early intervention, mental health and access for people on temporary protection visas or seeking asylum. The Network appeared at a public hearing on Monday to answer further questions about the submission (see transcript). The Committee is due to report in June 2020.

**Victorian School Dental Program**

The Senior Policy Officer Diversity at Department of Health and Human Services gave a brief update regarding the Victorian School Dental Program. It was advised that all Victorians attending public primary, secondary and special schools are eligible for free dental care through the Victorian School Dental Program, Smile Squad.

One Network member queried whether this policy also applies to children and adolescents seeking asylum, as they see children and adolescents seeking asylum who are explicitly excluded from dental checks in their health service. The Senior Policy Officer Diversity confirmed that the policy clearly applies to all children and adolescents attending public primary, secondary and special schools in Victoria, regardless of Medicare status.

Stakeholders were invited to get in touch if they have any issues with this.

**Local refugee health working group update**

Local refugee health networks provide a forum for local area coordination. They set priorities according to the needs and views of their regional membership working on a range of projects to improve referral pathways, health care delivery, and engagement with local communities from refugee backgrounds, including those seeking asylum.

**Ballarat Regional Settlement Advocacy Committee (BRSAC)**

The Manager of Intercultural & Engagement Support at Ballarat Community Health (BCH), presented on the work of the Ballarat Health and Wellbeing Action Group (HWAG). The Ballarat Health and Wellbeing Committee is one of four action groups associated with the Evolve partnership. The action groups include:

• Health and Wellbeing (which BCH chairs)
• Youth
• Education and Employment
• Advocacy and Events
The Evolve partnership’s members include the City of Ballarat, Ballarat Regional Multicultural Council (BRMC), BCH, Centre for Multicultural Youth, Wimmera Development Agency. City of Ballarat Councillor and BRMC co-chair the partnership. This group has a five-year action framework 2015-2020 with pooled resources and aims to complete collective advocacy and increased collaboration.

The Health and Wellbeing Action Group (HWAG) has a diverse membership including City of Ballarat, BCH, BRMC, Ballarat Health Services, Victoria Police, Women's Health Grampians, Jean Hailes, and Foundation House.

At the beginning of 2018 BCH surveyed HWAG members and broader stakeholders to help shape directions for the HWAG in 2018 and beyond.

The survey identified key health concerns/issues for our multicultural community were:

- Parenting in Australia
- Mental Health (in particular depression and anxiety)
- Family violence/respectful relationships
- Healthy eating and keeping fit in Australia

Since this survey - these concerns/issues have continued to be reiterated as the most important for consideration.

The key issues that respondents said they would like the HWAG work on during 2019 were:

- Improving the cultural competence of health providers, including their ability to work with interpreters (NB This was reinforced through Federation University’s research project Exploring the Lived Experiences of Migrants Settling in Regional Victoria)
- Developing more accessible information for the multicultural community about the health care system in Australia and about health and wellbeing services in the area (NB This was reinforced through Federation University’s research project Exploring the Lived Experiences of Migrants Settling in Regional Victoria)
- Improving access to counselling and other mental health and wellbeing issues
- Developing more accessible information for the community about specific health issues (including through the establishment of a multicultural health ambassador/train the trainer program)
- Improving access to GPs and their understanding of refugee and migrant health needs.

It was noted that the HWAG are also considering the distinction between rural and regional areas, in acknowledgement that work in regional centres may look quite different to rural practice and service provision.

There was a question about HWAG’s connection with the Primary Health Network regarding General Practitioner Engagement. The Manager of Intercultural & Engagement Support said she understands there is work underway and is happy to take further questions on notice.

**Themed presentations**

The Network welcomed two guest presenters. Panos Massouris, National Immigration Support Services Manager at Life Without Barriers and Dr. I-Hao Cheng Chief Investigator, OPTIMISE GP Capacity Building Project.
Status Resolution Support Services – Panos Massouris, Life without Barriers

Panos presented information about Status Resolutions Support Services (SRSS) applications and models of service. Panos noted the significant shift in Life Without Barriers (LWB) client demographics. The majority of clients are now families, whereas it has previously mainly been single men. All clients must be assessed as having medium or high need.

LWB’s former case coordination focus has become more case management focussed. LWB staff need to make detailed assessments and action plans responding to client needs. The process requires staff include a reasonable amount of detail documenting how the program will meet clients' needs. Please see appendices for PowerPoint slides.

Questions and discussion

Some discussion followed regarding the health needs of people on SRSS, for example, a query whether there is scope to secure private therapy funding for children and families with developmental support needs. Panos advised LWB can recommend private treatment if there are significant vulnerabilities or risks if the child is not treated.

Childcare was raised as a valuable developmental support. Panos updated Department of Home Affairs have recently started approving childcare. Applications must indicate the period childcare is required for, and for what purpose. Supporting clients, where possible, to become employment-ready is a priority for LWB. Accessible childcare may mean more LWB clients may be able to access employment opportunities.

OPTIMISE GP Capacity Building Project – Dr I-Hao Cheng, Monash University

Dr. I-Hao Cheng presented an update of the OPTIMISE GP capacity building project – see appendix 4 for presentation slides.

The OPTIMISE project is funded by a NHMRC research partnership grant from 2016 to 2020, and was piloted in regions of high refugee settlement: South West Sydney, North West Melbourne, and South East Melbourne.

The project aims “…to generate a model suitable for national uptake that has a collaborative design and a system-oriented approach to:

- Increase access to and quality of primary care for refugees

Stakeholder consultation identified four priority target areas for the project to address: recording refugee status, using interpreters, performing refugee health assessments, and referring to specialised care. Twelve practices per region (South West Sydney, South East Melbourne and North West Melbourne) were recruited to take part in the project and with the support of trained ‘practice facilitators’ developed practice improvement plans. Project data assessing the model’s effectiveness was collected over three years from sources including data extracted from a modified PENCAT tool utilized by participating practices, TIS usage data, pre and post-practice and provider surveys, interviews, action plans, and reflective diaries.
Next steps
The research team has completed preliminary data analysis and is now in the process of conducting secondary data analysis and writing up findings. Initial results look ‘promising’. A protocol report was published in June 2019 (see https://bmchealthservres.biomedcentral.com/articles/10.1186/s12913-019-4235-6), a further five journal articles have been submitted for publication, and the research team is planning to present at a number of conferences in Australia, North America and the UK. In the second half of 2020, the team will be looking to commence dissemination through partner agencies.

Questions and discussion
One meeting participant asked whether the modified PENCAT tool will be rolled out Australia-wide. Hao acknowledged the possibility of rolling out the PEN modification nationally, noting several caveats. Firstly there may be issues regarding intellectual property. Secondly, it would require significant funding. Hao suggested that if the sector is interested in having the tool rolled out, the academic team would like to hear from them.

Meeting Evaluation & Close
Meeting participants were invited to respond to a brief evaluation of the meeting using SLIDO.

Today’s meeting focused on information and updates. Was this useful?

What can be better?
- This is the first catch-up I have attended so I found it all very interesting and informative.
- Was great. More specific clinical updates
- Organise the meeting in other regions as well. Invite people from dept if home affairs to engage with providers
- It’s just that the topics were not as relevant to me as usual for some reasons
- First meeting - was useful today. Would enjoy the small group discussions
- Increased time for more questions Client experiences of going through the programs

Contact: info@refugeehealthnetwork.org.au
• Introductions - opportunities to know where people work, and also more thorough introductions of the speakers for those of us who are new to this space.

• My first meeting, I found it all useful

• Less jargon and proper introductions of content (I am new to the network/refugee health space)

• More time for discussion

• Engaging guest speakers outside mental health, provide updates and stats from services that we don’t hear about always such as in employment and education areas

• None

• All good, keep mixing up the topics to meet diverse needs and interests.

• Provide results for the last presentation. Or at least sum-up rather than saying no results available

• More question time

• It was good

• Worked well! Good forum

• All good today thanks

• Sector updates

• More info from each group

• I found this meeting to be the best one this year

• Presentation slides, more photos and client voices

• Longer discussions

**Would you prefer more group work topics in future meetings?**

![Pie chart showing preferences](chart.png)
## Appendices

### Appendix 1: List of attendees

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<thead>
<tr>
<th>First Name</th>
<th>Surname</th>
<th>Company</th>
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<tr>
<td>Russel</td>
<td>Anbiah</td>
<td>EACH</td>
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<td>Sharryn</td>
<td>Beard</td>
<td>Northern Health</td>
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<td>Natasha</td>
<td>Blucher</td>
<td>Cabrini Asylum Seeker &amp; Refugee Health Hub</td>
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<td>Stephanie</td>
<td>Cantrill</td>
<td>Polio Australia</td>
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<td>I-Hao</td>
<td>Cheng</td>
<td>Monash University</td>
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<td>Catherine</td>
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<td>Shrinkhala</td>
<td>Dawadi</td>
<td>Monash University</td>
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<td>Kath</td>
<td>Desmyth</td>
<td>cohealth</td>
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<td>Rosemary</td>
<td>Dupleix</td>
<td>Victorian Refugee Health Network</td>
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<td>Sophie</td>
<td>Dutertre</td>
<td>Centre for Culture Ethnicity and Health</td>
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<td>Rebecca</td>
<td>Eckard</td>
<td>Refugee Council of Australia</td>
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<td>Kate</td>
<td>Egan</td>
<td>ASRC</td>
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<td>Bernadette</td>
<td>Flanagan</td>
<td>Cabrini Asylum Seeker and Refugee Health Hub</td>
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<td>Samantha</td>
<td>Furneaux</td>
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<td>Joanne</td>
<td>Gardiner</td>
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<td>Hamish</td>
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<td>Georgia</td>
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<td>Meg</td>
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<td>Neha</td>
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<td>The National Ethnic Disability Alliance</td>
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<td>Rowena</td>
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<td>Linda</td>
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<td>Krystina</td>
<td>Savvas</td>
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<td>Jawid</td>
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<td>CathCare</td>
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<td>Katy</td>
<td>Theodore</td>
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<td>Jessica</td>
<td>Trijsburg</td>
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<tr>
<td>Rachael</td>
<td>Unwin</td>
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<td>Kim</td>
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<td>Department of Health and Human Services</td>
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<td>Monash University</td>
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<td>Margot</td>
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Appendix 2: Data and Policy updates
Data and Policy updates (PowerPoint slides)

Appendix 3: SRSS Applications and Models of Service
SRSS Applications and Models of Service (PowerPoint slides)

Appendix 4: OPTIMISE GP Capacity Building Project
OPTIMISE GP Capacity Building Project (PowerPoint slides)