



victorian refugee
health network

Statewide meeting report

Date: Thursday 16 August 2018, 3.15 - 4.45pm

Venue: Training rooms, Foundation House, 4 Gardiner St, Brunswick

Facilitator: Sue Casey

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Summary

Sixty people from health, settlement, asylum seeker and community agencies, government and peak bodies attended the first Victorian Refugee Health Network (Network) statewide meeting on 16 August 2018 (see appendix 1 for attendee list). The meeting was facilitated by Sue Casey, a representative of the Network's auspicing agency Foundation House as an interim measure until Network co-chairs are appointed.

Updates were presented about the Network re-structure, including the appointments to the executive group, and about important contextual information such as the Humanitarian Settlement Program implementation and the reduction in Status Resolution Support Services. Feedback was provided by two thematic working groups relating to access to services for people seeking asylum and access to services for people from refugee backgrounds with disabilities.

Interactive activities enabled all participants to contribute to discussions identifying priority areas for future work, which included: mental health, access to services for people seeking asylum, social determinants of health (housing, employment and food security), post arrival health assessment and screening, support for the health workforce, community engagement, access to services for people from refugee backgrounds with disabilities, chronic disease prevention and treatment, health literacy and service planning & data collection.

The group were asked to indicate their interest in participating in thematic working groups to address some of the gaps identified, the most popular working group topics included: health service access, integrated health care/post arrival health assessment, community engagement and consultation, asylum seeker health and social determinants of health.

The Network executive group will review the issues raised in the meeting and propose Network responses accordingly. The next statewide meeting is scheduled for 1 November 2018.

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 the immigration status a person currently has or had on entry to Australia is significant (i.e. to service eligibility), this will be noted.

Meeting proceedings

Welcome

Sue Casey, Manager Sector Development and Partnerships, Foundation House

Sue acknowledged the traditional owners of the land and welcomed all attendees to the meeting, noting that this was the first statewide meeting since the restructure of the Victorian Refugee Health Network (the Network). The new structure allows a greater diversity of participation, and Sue noted it was good to see both new and old faces. The Network is made up of everybody in the room (and beyond) and the new format for the statewide meeting has been designed to allow for diversity in participation in the Network activities.

Sue noted that the seating style of 'theatre style' was being used to accommodate the 10 year celebration of the Network after the meeting. Future meetings will be set up to allow greater interaction and networking.

Network's new structure

Philippa Duell-Piening, Coordinator Victorian Refugee Health Network

Philippa provided an update about the revised structure of the Network (see summary below).

New Network structure

- Executive group – process group
- Statewide meeting – content group
- Working groups – detailed action groups (asylum seekers, disability)
- Three meetings per year
- Statewide meeting and working group



More detailed information about the restructure of the Network can be found here:

http://refugeehealthnetwork.org.au/wp-content/uploads/Structure_2018_April_Victorian-Refugee-Health-Network.pdf

Executive group

Executive group has been established after calling for nominations over the past months. The Executive group has 11 members with a diversity of expertise and experiences. There are 3 permanent executive members:

- Manager Sector Development and Partnerships, Foundation House (auspicing agency)
- Refugee Health Program Statewide Facilitator
- Department of Health and Human Services (funder)

All other members will serve a two year term, with half of the executive group rotating each year. As such, the first executive group members will rotate after two and three years to ensure continuity for the first two years of the implementation of the new Network structure.

The first executive group meeting was held in July 2018. During this meeting the group established Terms of Reference and identified that they would like to have co-chairs. Several members are currently considering the opportunity to take on the co-chair role. This group is largely a 'process' group to guide the priorities and workplan of the Network.

Details about the executive group, including draft terms of reference and minutes from the first meeting can be accessed here: <http://refugeehealthnetwork.org.au/about/executive-group/>

Statewide meeting

Statewide meetings are the 'content' meetings where issues and gaps will be identified. Statewide meetings will be held 3 times per year and are open to anyone working in refugee health or in supporting access to health services for people from refugee backgrounds. Members are able to subscribe to receive information about statewide meetings, including invitations, agendas and minutes here: <https://confirmsubscription.com/h/j/7AACD4738C404CA3>

Working groups

Working groups are detailed action groups that will meet three times per year on the same day as the statewide meetings. Currently there is an established asylum seeker working group and the AMES Disability Action Group (DAG) that will meet on the day of the statewide meetings. Further working groups will be established based on issues identified through the statewide meetings. These groups will be action focused and will then report back to the statewide meeting.

Headline updates

Humanitarian Settlement Program (HSP), Presented by Poly Kiyaga, AMES Australia

Arrivals data

There have been 2150 arrivals in Victoria between January 2018 to end July 2018. People are coming from Myanmar, Iraq, Syria, Afghanistan, Ethiopia, Eritrea, DRC, Iran.

In the south east there are more people arriving from Afghanistan, many who are joining families who have been in Australia for up to 10 years.

Have seen an increase of new arrivals who are single people or single-headed households.

Settlement Reporting Facility can be accessed for more detailed data for regions. Settlement Reporting Facility data usually comes back quite quickly after the request is made (often in a day or so). More info here: <https://www.dss.gov.au/our-responsibilities/settlement-services/programs-policy/settlement-services/settlement-reporting>

Issues and challenges

Employment: New HSP has a greater emphasis on employment.

Community Guides: previous HSS program included Community Guides, who were from newly arrived communities. The HSP contract and structure does not include Community Guides, however these roles have been integrated into the Client Support Worker roles. Client Support workers are able to accompany people to appointments and provide assistance to proposers plus assist caseworkers with admin in the office.

Proposers: AMES Australia is conducting Proposer information sessions around the changes from Humanitarian Settlement Services (HSS) to HSP.

Housing: AMES are funded to support people into private rentals, however there is concern about increasing homelessness. AMES are seeing an increase in people seeking public housing, particularly single-person headed households and single people.

Partnerships

Orygen: partnership with Orygen, a mental health clinician is co-located at AMES on site at Dallas and Footscray once per fortnight. This is working well for secondary consultations with case managers and referrals.

cohealth: cohealth in the west are coming to AMES one day per fortnight to provide generalist counselling and to provide secondary consult to Case Managers

Breast Screen Victoria (BSV): The project was successful with the asylum seeker pilot program, now expanding to include HSP clients in the North and West regions. 22 referrals have been made to BSV for women to have breast screening. Currently establishing an ongoing process for referrals.

First Funds: access to Arts Centre shows for AMES clients. Tickets were recently received for Snow White – some clients from Syria and Iraq were previously ballet dancers so was of particular interest.

Western Bulldogs: volunteers accompanying AMES clients to Western Bulldogs football games.

Jobs Victoria: Jobs Victoria is a state funded employment network providing support for people to complete training, including Myki and travel allowance. Also supporting clients to attend Jobactive appointments – supporting clients with the expectation of Jobactive in developing their plans.

Status Resolution Support Services (SRSS), Presented by Rebecca Eckard, Refugee Council of Australia (RCOA)

What is happening?

Changes to SRSS affect people seeking asylum who arrived without a valid visa (typically by boat) as well as people who arrive by plane with a visa and then apply for protection.

Support for people seeking asylum has been provided via a federally-funded program for over 25 years. Since 2014, this has been called SRSS. Many people seeking asylum previously have been denied work rights, so a basic living allowance has been provided at 89% of Newstart. Newstart is the lowest allowance available to people and equates to approximately \$35 per day. SRSS can include some health related support and some case work support.

In August 2017, policy changes (not based in legislation) relating to eligibility for SRSS occurred so that:

- anyone arriving by plane with a substantive visa (i.e. student visa) cannot access SRSS support until that substantive visa expires
- anyone who sends or receives money to or from an account not in their name and that totals more than \$1000 cumulatively over a 12-month period is not eligible to receive SRSS
- Students studying full-time are not eligible for SRSS

In May 2018, a 'redesign' of SRSS occurred, further restricting access to SRSS for the then 13,000 people receiving SRSS support. The redesign means there are now very high thresholds for vulnerability. Vulnerabilities for eligibility onto the program include:

- Ongoing, diagnosed, serious physical/mental health condition
- Pregnant
- Single parents with children under 6
- Aged 70+
- A primary carer for someone with physical disabilities, etc
- Experiencing family violence, fire, flood or other crisis event

What is important for health services to know?

The timelines for people to have their claims for protection assessed are very long. Even people on a positive pathway will wait years to have their claim assessed.

Primary protection determination assessments for people who arrived by boat will not be completed until 2020.

Thousands more people will no longer be eligible for SRSS.

SRSS providers need to evaluate vulnerability. To reapply or have SRSS reinstated, this takes approximately 15-20 hours of unfunded time.

There is a hope that people will retain Medicare during this time, however, many people may have complex needs and may be unable to afford their medications.

There are concerns that people are being exited from SRSS with no job and no alternative form of income. People seeking asylum are only eligible for Stream A of Jobactive – this is referral to use a computer only.

It is likely that people will present to health services destitute and simply because they have nowhere else to go.

Further information (including factsheets, briefing papers, and statistics are available at the #RoofOverMyHead Campaign site on RCOA's website:

<https://www.refugeecouncil.org.au/takeaction/roofovermyhead-resources/>

Feedback from working groups

Asylum seeker working group, Philippa Duell-Piening

18 people attended the new asylum seeker working group. Terms of Reference were discussed and will be confirmed post meeting via email.

The group spent considerable time discussing access to pharmaceuticals for people seeking asylum. People who remain on SRSS or are being exited, however despite Medicare access affordability of pharmaceuticals is an issue for people, many of whom are not in paid work.

ASRC, Monash Health and Cabrini are the main services provided to people seeking asylum however these services are experiencing an increase in demand for service and an increase in client complexity.

The group agreed that maintaining continuity with a person's existing primary care provider is important and will assist with demand management for the pro-bono services. EACH and cohealth have a small budget allowance to provide pharmaceuticals for people seeking asylum.

Group also noted that there are larger numbers of people arriving by plane with valid visas and then seeking asylum as well as the increase in people exiting SRSS.

Disability Action Group, Jacinta Bongiorno

The Disability Action Group (DAG) was started in 2015 under the auspices of AMES Australia. The group will continue to be auspiced by AMES but will now meet on the Victorian Refugee Health Network statewide meeting days.

The group will be looking closely at the recommendations from the Victorian Refugee Health Assessment needs assessment report – the group will compile the existing work that is happening in line with recommendations and new areas of work that the group could take up.

Refugee Disability Network

Pro-bono clinicians network are providing allied health services to people seeking asylum and people from refugee backgrounds who are struggling with wait lists and access to services. Currently getting this information out through refugee health nurses, refugee health fellows and others.

Guest speakers

Group had a guest speaker from the Office of the Public Advocate about Guardianship Orders. No eligibility requirements for this service.

In addition, a representative from the Mental Health Complaints Commission spoke about promoting the right to make complaints about state funded mental health services to people from refugee backgrounds.

Rural and regional representation

The DAG is currently seeking rural and regional representation on the group. Interested people may contact Jacinta Bongiorno jacinta.bongiorno@ipchealth.com.au or 0437 128 197.

Gap analysis and identification of priorities workshop

Participants were asked to document program innovations that they are currently working on and issues that they felt required further work on cards that were posted around the room under key headings. Following this participants reviewed all the cards and used orange stickers to vote on issues that they viewed as priorities. The results are documented below in order of priority as voted by the group.

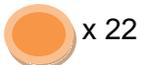
Mental Health

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Program innovations		
Issue addressed	What are you working on?	Who
Health literacy, access to services	Evaluation of the refugee health literacy project Training for service providers (MH and AOD) on cultural responsiveness and working with interpreters Implementation of language services policy	Agnieszka Kleparska, North Western Melbourne Primary Health Network
This is a gap	Currently not doing any refugee/asylum seeker work or projects, however have been involved in a number of secondary consults of care where refugees have been involved from a mental health perspective.	Cinzia, Alfred Health
Identifying levels of distress due to pre-settlement experience, building health and service literacy	Developing health resources for Karen – healthy eating guide Consulting with Karen refugee community to understand levels of mental health/distress, health and service literacy, and representation in mainstream services. Building capacity of service providers – understand refugee journey impacts.	Kaye Graves, Bendigo Community Health Service
Mental health	Supporting better access to mainstream mental health services and supporting community led mental health literacy projects. 	Amber Scanlon, DHHS
Mental health	Mental health screening for adolescent/youth asylum seekers and new refugees	Debbie, Cabrini Asylum Seeker and

		Refugee Health Hub
<u>Gap analysis and identification of priorities</u>		
Issue identified	What further work could be done?	Who
Refugee and asylum seeker support, assessment Mental health assessment	Build capacity of staff working with refugees and asylum seekers to meet their needs as patients and to address gaps in knowledge of staff particularly where assessment of impact of migration on mental health is concerned. DSM5 Cultural Formulation etc.	Cinzia, Alfred Health
Awareness raising about people seeking asylum	More agencies, orgs, individuals, bodies aware of who people seeking asylum are and what their rights, entitlements and health needs are (focus on mental health).	Rebecca, RCOA
Specialist mental health services	Increasing access to psychiatric services.	Tom Roth, Cabrini outreach
Mental health	There is great access to torture/trauma counselling however there is a shortage of psychiatric care for other mental health issues as well as community mental health case management and support.	Tracey Cabrié, Cabrini Asylum Seeker and Refugee Health Hub
Mental Health	Increase cultural competency in mainstream mental health services and strengthen awareness and linkages to community-led supports to sustain wellbeing and build community connections.	Amber Scanlon, DHHS
Improving access to mental health and AOD services	Improving service providers responsiveness to refugees and asylum seekers by: Training Bicultural workers Cross-sectoral partnerships Developing minimum standards for providers who apply for funding	Agnieszka Kleparska, North Western Melbourne Primary Health Network

Access to services for people seeking asylum – SRSS, pharmaceuticals, destitution



Program innovations		
Issue addressed	What are you working on?	Who
Pharmaceutical waiver	Cabrini Outreach focus on SRSS changes in particular pharmaceutical support (waiver)	Tom Roth, Cabrini Outreach
Access to primary health services and pharmaceuticals	<p>Providing assistance for people seeking asylum accessing pharmaceuticals by working with state government and other service providers.</p> <p>Increasing access to free GP services for people seeking asylum both within our services and the community.</p> <p>Increasing immunisation coverage for both children and adults.</p> <p>Conducting full refugee health assessment on all referrals.</p>	Sheenagh McShane, ASRC
Supporting people seeking asylum – including those losing SRSS	Working group with key organisations in the area – Migrant Information Centre, Centrelink, Job Providers	Maria, EACH
Asylum seekers exited from SRSS	<ul style="list-style-type: none"> • Engaging clients with GPs and other health care providers • Assisting with access via emergency relief funding & taxi vouchers • Pharmaceutical relief • Networking with local charities for food/bill relief 	Belinda Tominc, DPV Health
Pathology, mental health	<p>Identifying local pathology services who will do pro bono services for asylum seekers (with or without Medicare but cannot pay for services)</p> <p>Support/education for local health care providers</p>	

	Implementing STAR-MH tool into health assessment process	
Pharmaceuticals for people coming off SRSS	<ul style="list-style-type: none"> Looking at ways to support people to stay with their current health service provider Currently in discussions with ASRC, Monash Health, DHHS 	Tracey Cabrié, Cabrini Asylum Seeker and Refugee Health Hub
SRSS changes	Both operational response and advocacy for change	Rebecca, RCOA
Pharmaceutical access	<ul style="list-style-type: none"> In process of working on a response to enable improved access to pharmaceuticals for asylum seekers We have small brokerage which is running out Have access to 'court funds' (our org.) which is enabling contribution to costs 	Tim Andrews, Primary Care Connect
Building network for improving health of refugees	I coordinate the Refugee Health Network in Outer North of Melbourne. I also contribute to the design and implementation of multisector strategies for improving health and wellbeing for refugees.	Mohammad Karimi, Hume Whittlesea PCP
Access to medications	Access to radiology/glasses for asylum seekers	Ambi Kaur, cohealth
Oral health	"Value based Health Care" – transformation to a more compassionate, needs based approach to prevention based oral health care. eg: Families seen together; only wait if low risk of deterioration in oral health; improved messaging and experience at Dental Hospital Clinics. 4 chair trial starts this year – soon.	Martin Hall, Dental Health Services Victoria
<u>Gap analysis and identification of priorities</u>		
Issue identified	What further work could be done?	Who
Access to employment	Support for people now deemed ineligible for SRSS, left unemployed, without income or access to mainstream services.	John, The Smith Family

NDIS, access to pharmaceuticals, SRSS	NDIS – continued advocacy for asylum seekers with disability to enable access to NDIS Pharmaceuticals – HCC access? To enable access to medication on PBS. Brokerage funds for community health (RHP?) SRSS – other support access	Tim Andrews, Primary Care Connect
Overburdened services and duplication	Collaboration and improved communications across sector to provide timely (and correctly timed) initiatives which are useful.	Linny, The Water Well Project
Health literacy and access to health services	Health literacy information aimed at new arrivals understanding the Australian health system. In particular, information sheets for people seeking asylum (with and without Medicare)	Sheenagh McShane, ASRC
Building capacity of service providers	Identify resources and share resources and knowledge Prepare for refugee reuptake	Mohammad Karimi, Hume Whittlesea PCP

Social determinants of health (housing, employment, food security)



<u>Program innovations</u>		
Issue addressed	What are you working on?	Who
Access to mainstream services	Delivering financial literacy workshops for people of refugee backgrounds	John, The Smith Family
Housing	RMH fellows – qualitative study of refugees' (not AS) experiences of housing insecurity/lack of suitable housing	Joanne Gardiner, cohealth, Foundation House, RMH VIDS
<u>Gap analysis and identification of priorities</u>		

Issue	What further work could be done?	Who
Housing	Partnership and advocacy with crisis housing providers – are people from refugee and asylum seeking backgrounds being excluded from these services because they don't have enough \$ to move to transitional housing? Improved transition from crisis accommodation to transitional housing Increase accessibility of low cost housing	Melanie Block, cohealth
Housing and financial disadvantage - asylum seekers	Encourage and promote increased partnerships with local councils and private businesses, churches and other faith agencies, housing services, real estate agents is all I can think of at present.	Ambi, cohealth
Housing and employment for asylum seekers		Shiva Vasi, Monash University
Housing Access to community mental health Centrelink service access	Improved communication between housing services, settlement services and community advocates Increased support/knowledge of services for clients	Rachael, cohealth
Health literacy	Try novel approaches to increase individual health literacy and responsibility of health care	
Mental health, racism, AOD	Research and education, advocacy and policy work around mental health, access to services, racism, AOD issues	Masha Mikola, Centre for Culture, Ethnicity and Health
Centrelink – access, fairness, insecurity, Disability Support Pension	Research into experiences people of refugee background have with Centrelink/Job Networks e.g. no interpreter, monies ceased, rude treatment High level meetings with appropriate agencies/persons to address issues/improve responses e.g. AMA, RACGP, Network, RCOA, ECCV, DH, DHHS	Joanne Gardiner, cohealth, Foundation House, RMH VIDS

Post arrival health assessment and screening



Program innovations		
Issue addressed	What are you working on?	Who
Health literacy/information	Working with service providers in the community to provide health education to community groups from refugee/asylum seeker background.	Linny, The Water Well Project
Access to eye care	Improving accessibility of eye care	Josephine Li, Australian College of Optometry
Due to the rapid intense settlement in Bendigo – health and service literacy poor	Building capacity of mainstream providers, GP and nurse practices	Graeme Kelly, Bendigo Community Health Services
HAPlite and good systems for sharing information and collecting data	Settlement Health Coordinators have implemented a system to triage /review pre arrival health data – the case managers are informed of healthcare requirements in a summary. Case managers respond and refer as required.	Lindy Marlow, Refugee Health Program
AMES/HSP not having access to HAP-Health Assessment Portal	Pre-screening pre-arrival HSP referrals from AMES to increase case managers knowledge for pre-arrivals in collaboration with settlement Health Coordinator at AMES	Sarah Christensen, IPC Health
Breast screening for new arrivals	<ul style="list-style-type: none"> • Discussing how to implement and incorporate in initial needs assessment • Drafting a Memorandum of Understanding 	Poly, AMES Australia
Health screening, disability/NDIS, and access to offshore health information	<p>Health screening</p> <p>Linking patients to disability services/NDIS</p> <p>Access to offshore health screening information</p>	Ingrid Laemmle-Ruff, Royal Children's Hospital
Child and adolescent health	<ul style="list-style-type: none"> • Child health – clinical • Adolescent health – clinical <p>Development, Disability, Education</p>	Georgie Paxton, Royal Children's

	<ul style="list-style-type: none"> • TB prevalence – research • Language services/healthcare outcomes - research 	Hospital
Immunisation	Promoting access to immunisation for refugees/asylum seekers	Chelsea Taylor, DHHS
Provision of health promotion sessions	I work with The Water Well Project. We deliver health promotion sessions for the refugee and asylum seeking communities. Our sessions are topic based, as requested by community organisations. They are delivered by medical professionals and are tailored to meet group needs. We are funded by TIS to provide interpreters for our sessions. We have delivered almost 500 sessions to date – recent expansion to NSW and TAS.	Jennifer Keyes, The Water Well Project
<u>Gap analysis and identification of priorities</u>		
Issue	What further work could be done?	Who
Communication and coordination between services, mental health care	<ul style="list-style-type: none"> • More streamlined health screening processes/sharing of screening results • Mental healthcare/therapy as well as assessment • Coordination of services 	Ingrid Laemmle-Ruff, Royal Children's Hospital
Improving practice	Identifying levels to encourage best practice (or report poor practice) amongst GPs, specialists or other health providers	
Data/reporting	<ul style="list-style-type: none"> • Status report! • Data linkage considering post arrival screening 	Georgie Paxton, Royal Children's Hospital
Increasing access to eye care	Finding funding to expand accessibility of eye care, training of staff and expanding outreach services	Josephine Li, Australian College of Optometry



Program innovations		
Issue addressed	What are you working on?	Who
Capacity building staff – collaborative health care	<ul style="list-style-type: none"> • Facilitation of full day study day • Collaborative refugee and asylum seeker working group with external partners • Refugee and Asylum Seeker Action Plan – service gaps, education, inclusive practices • Hospital wide clinical service planning 	Sharryn Beard, Northern Health
<ol style="list-style-type: none"> 1. Capacity building staff 2. Coordinated/collaborative healthcare 3. Clinical services plan 	<ul style="list-style-type: none"> • Information/study day • Local multi-agency network • Action Plan which will include: <ul style="list-style-type: none"> • Acute service gaps • Education • Inclusive practice strategies • Finalising Clinical Service Plan 	Jason Cirone, Northern Health
Quality improvement, interpreting	<ul style="list-style-type: none"> • Improving quality of primary healthcare services delivered to refugees by mainstream private GPs. • Increasing uptake of free interpreting services in general practice 	Shiva Vasi, Monash University
Immunisation	<ul style="list-style-type: none"> • Improving access to immunisation for people from refugee backgrounds and people seeking asylum living in Hume & Whittlesea 	Rebecca, Hume City Council

	<ul style="list-style-type: none"> • Building capacity and knowledge of refugee and asylum seeker immunisation for GPs and practice nurses in Hume & Whittlesea 	
General practice engagement	Working with stakeholders of the Refugee Immunisation Project to consider how we can support general practice in the provision of catch up immunisation services.	Lauren Tyrrell, Victorian Refugee Health Network
<u>Gap analysis and identification of priorities</u>		
Issue identified	What further work could be done?	Who
Data re refugees and asylum seekers accessing Northern Health and their experiences	<ul style="list-style-type: none"> • Refugee Liaison Officer • Benchmarking with other acute health services where advanced in refugee and asylum seeker health space • Data - mandated 	Sharryn Beard, Northern Health
Promoting bicultural workers	Bicultural workers promoted and supported to be in all primary care services	
Support for general practice	Being provided more time to support general practices working with people from refugee backgrounds and also to new practices.	Maria, EACH
Need for more EFT within Refugee Health Program	Accurate representation of numbers of clients within our program to showcase the need and build a case for extra funding.	Sarah Christensen, IPC Refugee Health Program
Private GP practices many (bilingual) not completing full refugee health assessment	<ul style="list-style-type: none"> • A more robust form of support and education for GP practices e.g. co-location of refugee health nurses within private practices to support building GP capacity. • PHN involvement in supporting this initiative 	

<ol style="list-style-type: none"> 1. Local refugee and asylum seeker population 2. Their experiences with our hospital 3. Refugee Liaison Officer 4. Specialised services/clinics 	<ul style="list-style-type: none"> • Profile local area/data • Source/gain local refugee and asylum seeker feedback • Advocate for RLO • Benchmarking with other advanced acute health services for clinics/specialised service 	Jason Cirone, Northern Health
Sector coordination (silos)	Eg. Private GPs knowing where to access info and how to provide this/disseminate relevant info (e.g. RCOA weblink and factsheets)	Debbie Hocking, Cabrini Asylum Seeker and Refugee Health Hub
Not sharing information with health professionals	<ul style="list-style-type: none"> • Planning for My Health Records • Kindness 	Jacinta Bongiorno, IPC Health
GP support and assessment of refugees and asylum seekers	Improve GP capacity and knowledge of refugee and asylum seeker health needs	Rebecca, Hume City Council

Community engagement



<u>Program innovations</u>		
Issue addressed	What are you working on?	Who
Asylum seeker employment and inclusion	<ul style="list-style-type: none"> • Providing community conversations in workplaces to support cultural diversity • Mentoring for people seeking asylum and employment pathways • Developing partnerships 	Jane Lazzari, Red Cross

Community engagement	<ul style="list-style-type: none"> • Bicultural internship project <ul style="list-style-type: none"> ○ Internship training for bicultural workers ○ Reciprocal learning between agency and bicultural workers ○ Community based project delivered by employed bicultural workers 	Mel Block, cohealth
Health education and information around women's health	MCWH provides outreach health education in 20 languages for women on a wide range of health topics including healthy living, sexual and reproductive health and mental health and wellbeing. Sessions are delivered by women from the community and in language. Educators are paid and receive regular training.	Jasmin Chen, Multicultural Centre for Women's Health (MCWH)
Access to care; responsiveness of mainstream services	<p>Research – around the time of pregnancy and early childhood and in partnership with community, services, policy...</p> <ul style="list-style-type: none"> • Understanding pathways to poor outcomes (e.g. stillbirth, birth trauma) • Hearing voices of community/community engagement to inform mainstream care • Innovation in services – language, communication, health literacy, social isolation 	Jane Yelland, Murdoch Children's Research Institute
Sexual health, health literacy, cultural competence	<ul style="list-style-type: none"> • Sexual health education • Cultural competence and health literacy training 	Masha Mikola
<u>Gap analysis and identification of priorities</u>		
Issue identified	What further work could be done?	Who
Expansions of our sessions across VIC	<ul style="list-style-type: none"> • We want to expand provision of our services across Melbourne and Victoria • Identification of new partners/communities in need 	Jennifer Keyes, The Water Well Project
More health education and information	We would like to increase our sessions and reach to emerging communities – we need to train more bilingual health educators	Jasmin, Multicultural Centre for Women's Health
Becoming more LGBTI friendly	<ul style="list-style-type: none"> • Training staff to be more aware • DPV Health is working on Rainbow Tick certification • Increasing community knowledge i.e. posters 	Belinda Tominc, DPV Health

Community navigating health system	Community education	Poly, AMES Australia
Community education about NDIS	Working with community groups to educate members about the new system NDIS concepts of choice and control	Dina, Foundation House
Asylum seeker employment and inclusion	Clearer pathways through from English language learning, education and training, through to meaningful and sustained employment and inclusion	Jane Lazzari, Red Cross
Lots of different services but lack of communication between them/cooperation	Increased capacity and willingness to engage with each and work on shared goals to improve outcomes with better efficiency	

Access to services for people from refugee backgrounds with disabilities (access to NDIS, allied health)



<u>Program innovations</u>		
Issue addressed	What are you working on?	Who
Allied health service provision	Refugees, asylum seekers, newly arrived – scoping at present an Allied Health Clinic for EACH	Cat, EACH (OT)
Disability	<ul style="list-style-type: none"> • Refugee Disability Network (probono OT, speech pathology etc) • Student clinics • Website for refugees with a disability accessing services in Brimbank • Identifying disability before arrival and coordinating services including equipment 	Jacinta, IPC Health
Lack of access to/long wait times for clients to see allied health	<ul style="list-style-type: none"> • Refugee Disability Network – clinicians working in a probono capacity (mainly OTs and speech pathologists) to see clients who can't access services (e.g. asylum seekers) or are on long wait lists before they can access the necessary assessments 	Natalie, DPV Health

Community Advice	Currently establishing a community advisory group of people from refugee backgrounds living with a disability or caring for a person with a disability, who have settled in the northern suburbs in the last 5 years and speak Arabic. The group aims to identify shared priorities, bring in relevant services and make recommendations for service improvements to better meet their needs.	Samantha Furneaux, Foundation House
<u>Gap analysis and identification of priorities</u>		
Issue	What further work could be done?	Who
Allied health – access to services	<ul style="list-style-type: none"> • Increase education re need (to staff, management) • Proposal to management/ CEO re Allied Health Clinic • Liaison with networks/universities/organisation 	Cat, EACH

Chronic disease prevention and treatment



x 3

<u>Program innovations</u>		
Issue addressed	What are you working on?	Who
	<ul style="list-style-type: none"> • Access to employment and training • Addressing destitution • Provision of clinical care models – access, transitions, capacity building • Latent TB model of care • Preparing regions for refugee communities (Cardinia)  • Education, training and research 	Jacque McBride, Monash Health
Complex health issues 	<ul style="list-style-type: none"> • Providing multidisciplinary medical care for asylum seekers with multiple complex health issues and no Medicare • Healthcare for chronic disease 	Karella de Jongh, St Vincents
<u>Gap analysis and identification of priorities</u>		
Issue	What further work could be done?	Who

Allied health – access to services	<ul style="list-style-type: none"> • Increase education re need (to staff, management) • Proposal to management/ CEO re Allied Health Clinic • Liaison with networks/universities/organisation 	Cat, EACH
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Health and service literacy



x 6

Gap analysis and identification of priorities		
Issue identified	What further work could be done	Who
Poor understanding of service providers re refugees	Build capacity of service providers to understand lived experience, language and health literacy and build health and service literacy of refugees	Kaye Graves, Bendigo Community Health Services

Service planning, data collection



x3

Gap analysis and identification of priorities		
Issue identified	What further work could be done	Who
Outcomes of RHP	Using PAIVING system – to expand and monitor outcomes across range of RHA screening to better inform RHP model	Chelsea Taylor, DHHS

Victorian Refugee Health Network working groups

Participants were asked to identify working groups that they would be interested in participating in.

Q. What working groups would you participate in and contribute to?

Responses to the multiple choice poll:

Working group	Number of people (n=41)
Health service access	22
Integrated health care – post arrival health assessment	21
Asylum seeker health	16
Community engagement and consultation	16
Social determinants and access to healthcare	13
Mental health	10
Clinical review/governance in refugee health	10
Health care for people with SHEV	4
None of the above	0

Responses to word cloud: (top 6 responses)

Working group	Number of people (n=35)
Health (and service) literacy	12
Research and research translation	9
Access/GP access	5
GP support	3
LGBTI	2
Chronic disease	2

All word cloud responses are in appendix 3.

Wrap up and evaluation

A poll was taken to assist with evaluation of the meeting format. All feedback will be reviewed by the Network secretariat to assist with planning for the next meeting.

Upcoming statewide meeting 2018:

Afternoon of Thurs 1 Nov 2018, times TBA.

Appendices

Appendix 1: Attendees

Attendees were asked to sign in at the start of the statewide meeting. As some participants were travelling from other working groups, they did not sign in. The sign in sheet was therefore incomplete and there may be some errors in this attendee list. Please let us know if you have been omitted or listed here erroneously and we will amend.

Name	Organisation
Agnieszka Kleparska	North Western Melbourne PHN
Aisleen Glasby	DPV Health/AMES Australia
Amber Scanlon	Dept Health and Human Services
Ambi Kaur	cohealth (Kensington)
Anabella Niyomwungere	Department of Health and Human Services
Anthony Bernardi	Department of Health and Human Services
Belinda Tominc	DPV Health
Cat Grigg	EACH
Chelsea Taylor	DHHS
Cinzia Bonciani	Alfred Health
Debbie Hocking	Cabrini
Dina Korkees	Foundation House
Georgie Paxton	Royal Children's Hospital
Gerard Murren	AMES Australia
Giam D'Amico	Cabrini Asylum Seeker and Refugee Health Hub
Ingrid Laemmle-Ruff	Royal Children's Hospital
Jacinta Bongiorno	IPC Health
Jacqui McBride	Monash Health
Jane Lazzari	Red Cross

Name	Organisation
Jane Yelland	Murdoch Children's Research Institute
Jasmin Chen	Multicultural Centre for Women's Health
Jason Cirone	Northern Health
Jawid	Hepatitis Victoria
Jennifer Keyes	The Water Well Project
Joanne Gardiner	Cohealth/RMH/Foundation House
John Davis	The Smith Family
Josephine Li	Australian College of Optometry
Karella de Jongh	St Vincent's Hospital Melbourne
Kaye Graves	Bendigo Community Health Services
Kim Mestroni	Occupational Therapy Australia
Kudzi Nhatarikwa	Australian Red Cross
Lauren Tyrrell	Victorian Refugee Health Network
Lindy Marlow	Statewide Facilitator Refugee Health Program
Linny Kimly Phuong	The Water Well Project
Maria Loupetis	EACH Social and Community Health
Martin Hall	Dental Health Services Victoria
Masha Mikola	Centre for Culture, Ethnicity and Health
Matt Rodger	Foundation House
Melanie Block	cohealth
Merilyn Spratling	EACH
Mohammad Daud Karimi	Hume Whittlesea Primary Care Partnership
Natalie Henry	DPV Health

Name	Organisation
Pamela Rodriguez	DHHS
Philippa Duell-Piening	Victorian Refugee Health Network
Poly Kiyaga	AMES Australia
Rachel Barter	cohealth
Rebecca Eckard	Refugee Council of Australia
Rebecca Fredrickson	Hume City Council
Rose Dupleix	Victorian Refugee Health Network
Sarah Christensen	IPC Health
Samantha Furneaux	Victorian Refugee Health Network, Foundation House
Sharryn Beard	Northern Health
Sheenagh McShane	Asylum Seeker Resource Centre
Shiva Vasi	Monash University
Sue Casey	Foundation House
Tim Andrews	Primary Care Connect
Tom Roth	Cabrini Asylum Seeker and Refugee Health Hub
Tracey Cabrie	Cabrini Asylum Seeker and Refugee Health Hub

Appendix 2: What are the biggest issues facing refugee health at the moment?

Mental health	16
Housing and homelessness	16
SRSS changes and vulnerability assessment	13
Access to services – timeliness/waitlists, affordability, eligibility, mainstream access	12
Employment, economic participation and job support	11
GPs/GP support	11
Disability, NDIS and access to NDIS, aids and equipment, changes to mental health because of NDIS	9
Service demand, capacity and waitlists	8
Health screening	6
Oral health	5
Health information and health literacy	4
Destitution and poverty	4
Funding/Govt. funding	4
Duplication of services, silo of services, inefficiencies	4
Service literacy/understanding a complex health system, understanding processes	4
Community participation - included in local decision making	4
Low competency of health provider	3
Language and communication barriers & language services uptake	3
Medicare ineligible asylum seekers accessing health services, pathology etc	3
Centrelink Job Network and Jobactive	3
Isolation	2
Citizenship issues and applications	2
Health and health services	2
Family violence	2
Stigma	2
Family separation	2
Settlement support and case managers	2
Pharmaceuticals	2
Asylum seeker support	2
Transport	2
Immunisations	2
High chronic hep B and big proportion undiagnosed	1
Bicultural workers	1
Education support	1
No health care card	1
Family services	1

Education of training skills	1
Media	1
Accreditation overseas edu	1
Community detention cohort	1
MyGov	1
Asylum seekers accessing Community Mental health services	1
Culture shock	1
Confusion	1
Chronic visa processing	1
Different programmatic outlooks	1
Emerging issues in established communities	1
Social disharmony	1
Racism	1
Nurses	1
Health records	1
Income support	1
Outcomes	1
Timely therapy services	1
Early onset chronic disease	1
Quality of life	1
Mainstream health system responses to trauma/social adversity	1
AOD issues	1
Election, politics and policy	1
Refugee health program function	1
Coordinated timely healthcare	1
Centrelink barriers	1
Offshore-onshore information	1

Appendix 3: Word Cloud: What working groups would you participate in/contribute to? (full list)

Health (and service) literacy	12
Research and research translation	9
Access/GP access	5
GP support	3
LGBTI	2
Chronic disease	2
Appreciated collaboration of services and sharing of information	1
CPD programs	1
Family violence prevention	1
" evidence-based psychological therapy"	1
Mentoring and GP support	1
"Gelato appreciation"	1
Immunisation	1
Engaging communities in appropriate research	1
Build health sector capacity	1
Community developments	1
Capacity strengthening	1
Women's health	1
Engagement	1
DFV	1
Informing practice with lived experience	1
Safe sharing of health records	1
Policy and strategy	1
Men's health	1
"Translational research"	1
Bicultural workers	1
primary health care	1
improving access and outcomes of health assessment	1

Education	1
Community engagement	1
Audio resources	1
Mental health	1
Promoting local and state based research	1
Outer northern refugee health network	1
Increase Funding	1
Employment and training	1
Gp practice engagement and support	1
Building workforce capacity	1
Policy and advocacy	1
Disability	1
Addressing chronic disease needs	1