



victorian refugee  
health network

## Statewide meeting report

Date: 1 August 2019, 3:15pm – 5pm

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

Meeting Chair: Sheenagh McShane

# Contents

Summary.....	3
Language.....	3
People from refugee backgrounds.....	3
Welcome.....	4
Headline updates.....	4
Network staffing update.....	4
Working groups.....	4
Access to health services for people seeking asylum working group.....	4
Disability Action Group.....	5
Data.....	5
Policy update.....	6
Royal Commission into Victoria’s Mental Health System.....	6
State Funding.....	6
Plane Arrivals.....	6
Medevac.....	6
Australian-United States Resettlement Arrangement.....	6
Local refugee health working groups.....	7
Eastern Region Refugee Health Network.....	7
South Eastern Refugee and People Seeking Asylum Health Alliance.....	7
Clinical services – Refugee Health Program.....	7
Discussion additional to slides:.....	8
Themed presentations:.....	8
Brotherhood of St Laurence – Given the Chance.....	8
Questions and discussion:.....	9
Monash Health – Refugee health employment strategy.....	9
Themed discussion: Steps toward developing a refugee employment focus in your practice.....	10
Utopia Health.....	10
Meeting Evaluation & Close.....	11
What was the most useful part of the meeting?.....	11
What can be better?.....	11

Should we increase the duration of the meeting? .....	11
Appendices .....	12
Appendix 1: List of attendees .....	12
Appendix 2: Data and Policy updates - PowerPoint slides.....	13
Appendix 3: Refugee Health Program Clinical Updates – PowerPoint slides.....	13
Appendix 4: Eastern Region Refugee Health Network (ERRHN) – PowerPoint slides.....	13
Appendix 5: South Eastern Refugee and People Seeking Asylum Health Alliance – PowerPoint slides.....	14
Appendix 6: Monash Refugee Health and Wellbeing – Employment Program - PowerPoint slides .....	14
Appendix 7: Themed Discussion worksheet: steps toward developing a refugee employment focus in your practice .....	14

## Summary

The Victorian Refugee Health Network (the Network) was established in June 2007. The aim of the Network is to facilitate greater coordination and collaboration amongst health and community services working with people from refugee backgrounds. A principal aim 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

This report details the proceedings of the Network's statewide meeting held on 1 August 2019. 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.

Close to fifty people from health, settlement, asylum seeker and community services, state and local government and peak bodies attended the Network's statewide meeting on 1 August 2019 (see Appendix 1 for attendee list). The meeting was facilitated by Sheenagh McShane, co-chair of the Network's executive group.

## 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 will be noted.

## Welcome

Sheenagh McShane (Network co-chair) acknowledged the Wurundjeri people of the Kulin Nation as the traditional owners of the land and welcomed all attendees to the meeting. Sheenagh asked for meeting participants to indicate how long they had been involved in the Network by show of hands. This exercise demonstrated the depth of Network and sector experience in the room, with many indicating their involvement over five years or more. It also showed the Network continues to draw in new members with several people indicating this was their first year as a part of the Network and/or their first statewide meeting.

## Headline updates

### Network staffing update

Meg Quartermaine, Victorian Refugee Health Network Coordinator, updated on staffing changes to the Network's secretariat at auspicing organisation Foundation House. This includes Josef Szwarc commencing as manager of Foundation Houses' Community and Sector Development Program, under which the Network is located, Meg Quartermaine as Victorian Refugee Health Network Coordinator and Rachael Unwin in the role of Victorian Refugee Health Network Sector Development and Policy Advisor. Rose Dupleix continues as the Project Worker for the Refugee Immunisation Project.

### Working groups

The Network convenes specialist working groups in response to emerging needs and priority work areas. The Network's *Access to health services for people seeking asylum* working group met prior to the statewide meeting. The Disability Action Group, which is auspiced by AMES, also met prior to the statewide meeting. The co-chairs of each of these groups shared headline updates from their respective meetings.

#### [Access to health services for people seeking asylum working group](#)

The working group's co-chair, Sarah Christensen, noted strong attendance. Group attendees were from state government and across the health and community services sector. The working group included an update on improved Public Transport Victoria (PTV) concession card access for people seeking asylum. Previously a case manager from an asylum seeker assistance provider has needed to sign off on applications for transport concession cards. Changes to the current system mean that health services can now support people seeking asylum with applying for this concession.

The working group co-chair relayed group members' reports of increasing numbers of people in destitution across all regions following the Federal Government's changes to the Status Resolution Support Services (SRSS) Program in 2017 and 2018. There was some discussion regarding the recently allocated three million dollars of Victorian government funding which aims to fill the gaps resulting from these changes. While recipients of funding have yet to be finalised, it is clear the twelve month funding package will primarily be allocated to services directly supporting people seeking asylum as a 'crisis response package'. Strengthening connections between primary care providers, housing, employment and legal services will be a priority. Department of Health and Human Services (DHHS) representatives noted the funding will be concentrated in regions with high populations of people seeking asylum, being the South East and West of Melbourne.

There was some discussion about health service access for people in onshore detention as these numbers have the potential to increase. The discussion acknowledged this may be out of the working group's scope, yet the group also considered there may be some ways the Network can be part of a wider alliance in influencing improvements in this area.

## Disability Action Group

The Disability Action Groups' co-chair Jacinta Bongiorno also noted the good attendance for meeting today, with a wide range of stakeholders represented. The group welcomed a special guest speaker, Anwya Orah Khananya, who presented his experience as a new humanitarian entrant navigating the disability system in Victoria. Anwya shared valuable insights into disability service access issues for people from refugee backgrounds, particularly in regards to the National Disability Insurance Scheme (NDIS) and the Disability Support Pension (DSP). He also highlighted the intersectional nature of service accessibility for people from refugee backgrounds, noting the variable influence of factors such as English language skills, education, geographical location and family/ community resources. Following Anwya's presentation action group members provided updates from their respective agencies. The group's co-chair noted the spirit of collaboration in the meeting.

## Data – VRHN

Meg Quartermaine, Network Coordinator, spoke to the most recent settlement data for humanitarian entrants and people seeking asylum. Meg noted the gaps in the data bulletin circulated to participants prior to the meeting. The Network was unable to access some data as a result of the changes in the Commonwealth's settlement data collection and jurisdiction at the time of preparing the bulletin for this meeting, which has moved from Department of Social Services (DSS) to the Department of Home Affairs (DHA). The Network expects the ten year data will be available for the next data bulletin's distribution. Data presented on humanitarian entrants included:

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

Some noted shifts in the data from last reporting period, among LGA's, with Whittlesea shifting into the top fifteen and settlement area and Darebin having moved from the top fifteen.

Data relating to people seeking asylum illustrated the significant increase in numbers of people arriving by plane

- 16,082 plane arrivals nationally financial year 2018-19 (to 28/02/19)
- Top nationalities of people seeking asylum continues to be Malaysian and Chinese
- ~28,000 PPV applications were lodged nationally in financial year 2017-18; 18,290 in financial year 2016-17 (data for Victoria not available)

At the end of 30 June 2018, **6,634** people seeking asylum who arrived by boat prior to 2014 lived in Victoria on Bridging Visa E (BVE)<sup>1</sup>.

- 5,257 temporary protection visas (SHEV and TPV) granted to people living in Victoria<sup>2</sup>

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<sup>1</sup> Data updated since presented at the statewide meeting. Source: 'Illegal Maritime Arrivals on Bridging E Visa', Department of Home Affairs: <https://www.homeaffairs.gov.au/research-and-stats/files/illegal-maritime-arrivals-bve-june-2019.pdf>

- 4,373 people awaiting an outcome of their application
- Data about LGA of residence is not readily available

The data bulletin is available on the Network website [here](#)

## Policy update – VRHN and Refugee Council of Australia (RCoA)

The Network Coordinator updated on the progress of the Royal Commission into Victoria’s Mental Health System and RCoA provided further updates in relation to plane arrivals, Medevac transfers and legislation and the Australia-United States Resettlement Arrangement.

### Royal Commission into Victoria’s Mental Health System

Community consultations were held across Victoria throughout April and May. Formal submissions closed on July 5<sup>th</sup> and public hearings concluded July 26<sup>th</sup>. The Network contributed a written submission which can be read online by [following this link](#). The Network’s auspicing organisation Foundation House also made a submission which can be accessed [here](#). Please see the Network’s website for link’s to Network partners’ submissions. The Commission’s interim report is scheduled to be released in late November 2019.

### Victorian Government Funding

The recently released DHHS Strategic Plan has identified the health of people seeking asylum as a major priority. This is backed up by the three million dollar allocation for specialist asylum seeker programming in the Victorian 2019/20 budget, as discussed earlier in the meeting.

### Plane Arrivals

In terms of the significant increase in plane arrivals of people seeking asylum, the Malaysian and Australian governments are reportedly working together to address large numbers arriving from Malaysia.

### Medevac

Peter Dutton’s move to repeal the Medevac legislation passed the House of Representatives and has now been referred to a Senate Inquiry. As the senate committee does not meet until late October, we expect a repeal would not happen until November. RCoA hope a number of transfers can be completed using the bill until that time. The first quarterly report of the Independent Health Advisory Panel (IHAP), is available [here](#). It includes the number of people transferred to Australia for healthcare.

### Australian-United States Resettlement Arrangement.

580 people from Manus and Nauru have been resettled under the Australian-United States Resettlement Arrangement. There was some discussion regarding the people from Central America expected to be settled in Australia as part of the arrangement, who have not yet been visible in the settlement data. It may be that the numbers are very small and/or are being settled in other states/territories around Australia.

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<sup>2</sup> July 2019 data; updated since presented statewide meeting. Source: ‘IMA Legacy Caseload Report on Processing Status and Outcomes’, Department of Home Affairs: <https://www.homeaffairs.gov.au/research-and-stats/files/ima-legacy-caseload-july-2019.pdf>

## Local refugee health working groups

### Eastern Region Refugee Health Network

Merilyn Spratling is the Refugee Health Nurse Coordinator at EACH and coordinates the Eastern Region Refugee Health Network (ERRHN). Merilyn presented on the work of the ERRHN. The ERRHN has a broad membership, which includes community representatives from refugee backgrounds, organisations with experience delivering health, settlement and associated services for refugees and people seeking asylum and anyone with an interest in the area. Information sharing is the major function of the ERRHN, however advocacy is also a priority. Merilyn spoke to some of the network's successes and ongoing work areas including:

- Successfully identifying GPs willing to offer pro bono clinical care for Medicare-ineligible people seeking asylum (2014)
- Advocacy for improved support and referral pathways for people experiencing drug and alcohol issues (2017-ongoing)
- Advocacy to DIAC regarding mental health status of people released from detention (2012)

### South Eastern Refugee and People Seeking Asylum Health Alliance

Therese Watson chairs the South Eastern Refugee and People Seeking Asylum Health Alliance (the Alliance), which is auspiced by Enliven. Therese shared the Alliance's focus for 2019 has been mental health. The Alliance made a submission to the Royal Commission into Victoria's Mental Health System and have a number of mental health focused projects underway. The Alliance are collaborating with the South Eastern Melbourne Primary Health Network on a place based approach to suicide prevention for the second generation South Sudanese community, who are a considered a high risk group. The Alliance are also considering ways to build capacity in the wider community to identify and respond to suicidality, as there is insufficient case management available in the community. There is also a post prevention pilot protocol in development which aims to better coordinate approaches to assisting people bereaved by suicide.

Enliven has been funded to provide suicide prevention training with service 'gatekeepers', like the Asylum Seeker Resource Centre. Enliven are now in the scoping stage, that is, establishing what training is already in available.

The Alliance has recognized the high number of people around Dandenong at risk of destitution, with 850 people without income and around 100 of those people without work rights. In response, they have established the People Seeking Asylum at risk of Destitution Task Force (PSSARD). Areas of work are still to be developed though initial activities may consider issues like pharmaceutical costs and work with emergency services.

The Alliance are also looking to do some work with emergency services to support them in developing a 'refugee and asylum seeker friendly lens'. Therese noted emergency services are generally very high quality, though there could be some room for improvement in terms of coordinating care after emergencies and their use of interpreters.

## Clinical services – Refugee Health Program

The Statewide Facilitator for the Refugee Health Program provided a snapshot of clinical updates from the Refugee Health Program across the state. Please refer to PowerPoint slides in **Appendix 3**.

### Discussion additional to slides:

The Refugee Health Program continues to work hard to build capacity within health clinics to ensure more GPs can see people from refugee and asylum seeker backgrounds.

The EACH Refugee Health Program report ongoing issues around lack of access to psychiatrist / clinical psychologist who bulk bill, use interpreters and can write reports for Centrelink (e.g. for Disability Support Pension (DSP)). A meeting participant raised the service Care in Mind who provide phone and online counselling, reportedly with interpreters (catchment limited; provided by NW PHN). It was also discussed that it is unlikely this service can write the extensive reports required for NDIS and the DSP. A representative from Monash Refugee Health and Wellbeing shared that while they have some mental health staff resourcing, the high population of people seeking asylum in the area is pressuring these resources.

A number of points were raised with regards to TB testing. These were:

- The Refugee Health Program raised concern that clients are being billed for interferon gamma release assay (IGRA) testing - i.e. Quantiferon testing
- Clinicians clarified that the reason clients are being billed is because of the Medicare requirements for IGRA: a GP must confirm that a patient has been exposed to a confirmed case of TB, or the patient will not be eligible for a Medicare rebate and will be billed for the test.
- Discussion that it is almost impossible to prove that someone has been exposed to a confirmed case of TB overseas (e.g. in a refugee camp).
- In order to change this, would need liaison with Victorian TB service, National Tuberculosis Advisory Committee (NTAC) and Communicable Disease Network of Australia (CDNA)
- VRHN has previously raised these same concerns multiple times over several years.
- An important related issue reported by the Settlement Health Coordinators is that GPs are not explaining the costs associated with the testing, and so patients with limited incomes (tests are billed approximately \$60) are not having the opportunity to opt out. Therefore people are being sent to have the test and billed subsequently.

### Themed presentations:

The February 2019 executive group meeting identified employment as a priority area for action for the Network. The Network welcomed two guest presentations relating to employment for people from refugee backgrounds.

### Brotherhood of St Laurence, Given the Chance,

Simon Gray presented on the work of Given the Chance, a program supporting disadvantaged job seekers into paid employment by partnering with a variety of business across different industries<sup>3</sup>.

The program was initially started with private benefactor sponsorship in 2013. When the program commenced, it was the only employment program supporting people seeking asylum. Simon shared some figures on the program outcomes:

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<sup>3</sup> <https://www.bsl.org.au/services/work-and-learning/given-the-chance/>

- 1421 people have come onto the program
- 816 jobs were created for 521 candidates.
- 70% of people seeking asylum stayed in the work for over six months.

More recently, the Victorian government approached the Brotherhood of Saint Laurence (BSL) with plans to create the Jobs Victoria Employment Network (JVEN). Given the Chance has since become a part of JVEN. Since becoming a part of JVEN, the program has been running since 2016 in Epping, Dandenong and Flemington and is one of the larger providers of the Job Victoria contract, specialising in refugee, asylum seeker and skilled migrant populations. Since 2016 Given the Chance has had

- 4000 people on the program
- 490 employers engaged
- 990 people found work.

The program is outperforming the mainstream networks. Simon shared his view that this is because Given the Chance go out and talk to employers, and come from the perspective they are giving employers access to a new pool of candidates.

Simon said the program is always looking for candidates to be referred onto programs and welcomed questions from meeting participants.

### Questions and discussion:

One meeting participant asked if BSL have the ability to assist with the skills recognition process for professions like engineering or medicine. Simon reported BSL talking to 'tier 1' employers (e.g. Lend lease). Simon noted the Pathways Program at John Holland which offers six month work placement for people of migrant and refugee backgrounds<sup>4</sup>. Simon reports BSL have had limited success with other engineering employers.

Another participant asked about Given the Chance's capacity to support people into work as interpreters, as it seems to be quite difficult for people to get into work in that area. It was noted that becoming accredited with NAATI can be prohibitively expensive, i.e. between \$2000 and \$3000, and that tests only happen once or twice a year. It was suggested that RMIT and Monash Universities may have scholarships for people wishing to study translating and interpreting of new and emerging languages. There was a discussion about people gaining work in emerging languages, which may not require accreditation. While Simon agreed it is possible to gain work in emerging languages, people may then be quite limited in the work that is available. Simon also queried how desirable interpreter work generally is for clients of Given the Chance.

Simon clarified that JVEN/ Given the Chance do not have access to brokerage.

## Monash Health, Refugee Employment Program

Rob presented on the Monash Refugee Health and Wellbeing Employment Program. He shared the key elements of the program, which can all be viewed via his presentation slides available in **Appendix 6**.

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<sup>4</sup> See <https://www.johnholland.com.au/who-we-are/latest-news/transforming-lives-new-pathways-to-engineering/>

## Themed discussion: Steps toward developing a refugee employment focus in your practice

Following these presentations, a workshop was facilitated for participants to consider how they may work within their organisations to ensure they are 'walking the walk', and put in place steps towards employing people with refugee backgrounds.

### Utopia Health

One group presented on their discussion of an initiative already in the works 'Utopia Health'. Utopia Health is a primary health centre with pro bono services available for people without Medicare and asylum seeker backgrounds. Utopia health are now employing people of 15-20 staff, five of whom are currently seeking asylum in Australia. These positions are not only entry level positions, but across a range of roles. The program is currently based in Hoppers Crossing. This program may yet expand as there is interest from a range of community services and health care providers across the board.

Further information about Utopia has been provided since the meeting:

*Utopia Refugee and Asylum Seeker health is a new primary care service opening in Hoppers Crossing in October. We will provide bulk-billed care to refugees and pro bono GP services to asylum seekers. The service has been co-designed by people from refugee backgrounds and we will also be employing people of refugee backgrounds to work at the service. Our staff already have extensive experience of refugee health in the west. We will be supported by Infectious disease physicians linked with the Victorian Infectious Diseases Service (VIDS) and liver specialists linked with Western Health. We will also provide a Mantoux testing service. See our website for further details: [www.utopiarefugeehealth.com](http://www.utopiarefugeehealth.com)*

## Meeting Evaluation & Close

Meeting participants were asked to consider

### What was the most useful part of the meeting?

- Being able to talk about my service..... Utopia!!!!
- Presentations
- Policy updates Networking
- Employment Job done by BSL
- Updates
- Kath's Update
- Connecting with colleagues Service delivery updates eg. Rhn
- Clinical updates
- Rob Koch presentation Policy update RHP update
- Updates
- Employment presentation
- Updates

### What can be better?

- Great work
- Some way of sharing info about who is doing what
- Maybe a little more discussion re policy?
- Longer time More sector updates No group work
- More group work and discussions Invite a great and potential employer
- It went well - no improvements
- Summary of actions as a result of meeting
- I would have got a lot out of knowing where everyone was from and what they do (but it was my first time).
- Having one theme to follow through and all other updates to be a handout. Program updates from the state can be done as a template to be provided and time used for presentations
- More time to network
- More action oriented work
- Workshops and presentations
- Think it worked well
- Make it longer for guest speakers
- Timing of presentations
- Have earlier meetings
- All good
- Afternoon tea
- More interactive activities

### Should we increase the duration of the meeting?

**Yes - by 30 minutes = 40%**

**Yes - by 1 hour = 10%**

**No- 50%**

# Appendices

## Appendix 1: List of attendees

<b>Name</b>	<b>Role</b>	<b>Organisation</b>
Ambi Kaur	Refugee Health Nurse	Cohealth (Kensington)
Beverley-Ann Biggs	Head, International and Immigrant Health	University of Melbourne
Chelsea Taylor	Project manager, Immunisation	DHHS
Chiedza Malunga	Team Leader	Monash Health
Donna Chesters	Program Leader	Foundation House
Dr Ingrid Laemmle-Ruff	Immigrant Health Fellow	Royal Children's Hospital
Gabrielle Bennett	Hepatitis educator	St Vincents
Giam D'Amico	Social work - mental health	Cabrini asylum seeker health hub
Hiba Abd El Hamed	Policy Officer	Department of Health and Human Services
Jacinta Bongiorno	IPC Settlement Health Coordinator	IPC
Janan Allouche	Settlement Health Coordinator	DPV/AMES
Janet Pasricha	Refugee Health Fellow	Doherty Institute
Jawid	Manager New Arrival and Intercultural Program	CathCare
Joanne Gardiner	GP	cohealth
Judith Murray	Team Leader Medical and Nursing Program	EACH
Karen Linton	GP	Cohealth
Kim van den Nouwelant	Senior Policy Officer	Department of Health and Human Services
Kath Desmyth	Statewide Facilitator RHP	Cohealth
Kaye Graves	Manager Cultural Diversity & Relationships	Bendigo Community Health Services
Krystina Savvas	Project Administrator	The Water Well Project
Lester Mascarenhas	GP	Cohealth
Katy Theodore	Project Officer/ Dentist	Dental Health Services Victoria
Mark Timlin	Refugee Health fellow	Monash Health
Merilyn Spratling	RHNP/EACH nursing and medical team leader	EACH
Mi Nguyen	Project Officer	Multicultural Centre for Women's Health
Nathan Hamilton	Program Coordinator – Welcome to the	Welcoming Australia

<b>Name</b>	<b>Role</b>	<b>Organisation</b>
	Game	
Natasha Davidson	Care Coordinator - RN	Royal Melbourne Hospital
Neylan Aykut	Health Promotion	Hepatitis Victoria
Paula Hearnden	Metro Access	Wyndham City Council
Piers Carozzi	Head outreach and community eyecare	Australian college of optometry
Rebecca Eckard	Director of Policy	Refugee Council of Australia
Rosemary Dupleix	Project Worker	Victorian Refugee Health Network
Russel Anbiah	Manager- Clinical and Allied Health Services	EACH
Samantha Furneaux	Senior Policy Advisor and Schools Development	Foundation House
Sarah Christensen	Refugee Health Program Coordinator	IPC Health
Sheenagh McShane	Health Program Manager	ASRC
Soha Kalek	Community Engagement	DHHS
Sophie Cavanagh	Assistant Manager	Red Cross
Sophie Dutertre	Project Officer	Centre for Culture, Ethnicity and Health
Tessa Hughes	Project Coordinator	AMES

## Appendix 2: Data and Policy updates

[Data and Policy Updates \(PDF of PowerPoint slides\)](#)

## Appendix 3: Refugee Health Program Updates

[Refugee Health Program Updates \(PDF of PowerPoint slides\)](#)

## Appendix 4: Eastern Region Refugee Health Network (ERRHN)

[Eastern Region Refugee Health Network \(PDF of PowerPoint slides\)](#)

## Appendix 5: South Eastern Refugee and People Seeking Asylum Health Alliance

[South East Melbourne Refugee and Asylum Seeker Health Alliance \(PDF of PowerPoint slides\)](#)

## Appendix 6: Monash Refugee Health and Wellbeing – Employment Program

[Monash Refugee Health and Wellbeing Employment Program \(PDF of PowerPoint slides\)](#)

## Appendix 7: Themed Discussion worksheet: steps toward developing a refugee employment focus in your practice

[Themed Discussion worksheet: steps toward developing a refugee employment focus in your practice \(PDF\)](#)

