



victorian refugee
health network

Statewide meeting report

Date: 7 March 2019, 3pm – 5pm

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

Co-chairs: Sheenagh McShane and Jacquie McBride

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Summary

The Victorian Refugee Health Network (the Network) statewide meeting was held on Thursday 7 March 2019. More than thirty people attended the meeting, which was co-chaired by Sheenagh McShane and Jacquie McBride.

Attendees at the statewide meeting were provided a series of updates relating to work being undertaken in the *Access to health services for people seeking asylum* working group; the *Disability Action Group*; the most recent settlement data; policy updates; current clinical issues; and a snapshot of activity in the Bendigo Refugee Settlement Network. Note that Power Point presentations from the state-wide meeting are appended to supplement the information in this report.

Meeting attendees also participated in a themed discussion investigating avenues and mechanisms for people from refugee backgrounds to contribute to health services to improve accessibility and service delivery. These approaches have been documented within this report to highlight current approaches to practice within the refugee health sector.

The meeting dates for 2019 have been set and will be held at the auspicing agency of the Network, Foundation House, 4 Gardiner St, Brunswick.

- Thursday 1 August 2019, 3pm – 5pm
- Thursday 28 November 2019, 3pm – 5pm

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.

Welcome

Jacquie McBride, co-chair of the Network, welcomed everyone and acknowledged the Traditional Custodians of the land on which the meeting was held. A show of hands was conducted to identify people who: travelled more than 50 km to get to the meeting, work directly with people from refugee backgrounds, work in management, policy, research, clinical work. There was a diverse mix of people in the room, though notably, only one person from a rural or regional area.

Headline updates

Working groups

Access to health services for people seeking asylum working group – Sarah Christensen

Sarah Christensen, co-chair of the working group and Refugee Health Nurse Program Coordinator IPC Health, provided an update on behalf of co-chair Tracey Cabrié and the working group. The working group has diverse representation from health and asylum seeker support agencies.

Status Resolution Support Services (SRSS)

A large focus of the working group meeting was the impact of changes to SRSS, in particular the provision of support letters for people seeking asylum to continue receiving SRSS. It was reported that the sector is experiencing increased pressure to provide support letters and that templates have been/are being developed to support health professionals with this. Since this meeting, the Department of Home Affairs have developed a template in consultation with Refugee Health Network of Australia (RHeaNA) based on an earlier template developed by AMES Australia. The template is currently in draft form only, please contact info@refugeehealthnetwork.org.au if you would like to access the template once finalised.

Pharmaceutical waivers

Pharmaceutical waiver programs continue at Asylum Seeker Resource Centre, Cabrini Outreach, and cohealth.

What does the group plan to do?

- Circulate template to assist health professionals writing SRSS support letters
 - The group ask all to disseminate through networks – Refugee Nurse Program, Primary Health Networks

Secretariat for this working group is currently provided by Donna Chesters, Acting Coordinator of the Victorian Refugee Health Network: chestersd@foundationhouse.org.au

Disability Action Group - Natalie Henry

Disability Action Group (DAG) co-chaired by Natalie Henry and Jacinta Bongiorno (Settlement Health Coordinators at IPC/AMES and DPV Health/AMES). The group has diverse representation including people from disabled persons organisations, disability support services, settlement, acute health services, community health, NDIS and local area coordinators.

AMES Australia are in the process of changing their hire agreement with AidaCare for mobility aids on arrival. Clients will now rent-to-own some mobility aids, rather than limiting support to 28 days

after arrival. The guideline is in the process of being updated however Natalie Henry can be contacted for further information in the interim: Natalie.henry@dpvhealth.org.au

A number of projects are underway, including:

- AMES Australia NDIS Awareness Project – members of newly arrived communities who have experience with or demonstrated knowledge of the challenges faced by people from CALD backgrounds with disability are currently being trained as Engagement/Project Officers to provide information in the communities' first languages about how and where to find support from relevant services. Community education is anticipated to start in April. Contact Tessa Hughes for more information: hughest@ames.net.au
- Ethnic Communities Council of Victoria (ECCV) NDIS multicultural consumer survey - findings to be shared at next meeting. Other work includes community education sessions on NDIS and development of CALD disability services directory: <https://eccv.org.au/eccv-cald-ndis-directory/>
- Brotherhood of St Laurence (BSL) north and west are developing a CALD community engagement plan. BSL (west) are planning training for Refugee Health Nurses and others working in the west.
- Diversity and Disability - DND is a self-advocacy program supporting people with disabilities from an ethnic background living in Victoria. The program is also run by people with disabilities from CALD backgrounds and provides opportunities to develop new skills, have fun and build self-confidence and self-determination
http://www.mrcnorthwest.org.au/disability_services.html
- Foundation House Community Advisory Group of people from Iraq and Syria living with disabilities or caring for someone with a disability and who have settled in the northern suburbs in the last five years. More info: <http://www.foundationhouse.org.au/news/disability-project/> or contact Samantha Furneaux furneauxs@foundationhouse.org.au
- Welcome to the Game: this program connects migrant and refugee background youth with sporting opportunities to support young people, their families and their local communities to make meaningful connections through sport. <https://www.welcometoaustralia.org.au/game/>
For more information and referral details, contact nathan@welcometoaustralia.org.au

The DAG plan to focus their work on the recommendations from the 2018 needs assessment: <http://refugeehealthnetwork.org.au/service-responses-for-people-with-disabilities-from-refugee-backgrounds-in-northern-melbourne/>

Contact DAG co-chairs:

- Natalie Henry: natalie.henry@dpvhealth.org.au
- Jacinta Bongiorno: jacinta.bongiorno@jpchealth.com.au

Data – Sue Casey

A data bulletin was circulated to meeting participants in advance of the state-wide meeting. Data bulletin can be accessed here: http://refugeehealthnetwork.org.au/wp-content/uploads/Data-bulletin_2019_March_Victorian-Refugee-Health-Network-statewide-meeting.pdf

Access to Settlement Data

This Refugee and Humanitarian Program data was compiled using data from the Department of Social Services Settlement Reporting Facility. While previously we had access to this facility and could run data reports as needed, this has been decommissioned. As such, data requests can be made to the Settlement Data Team settlement.data.request@dss.gov.au. The Settlement Data Team provide a report usually within a couple of days.

Data snapshot

The data update provided an overview of settlement and population trends. Points to note:

- A number the top ten countries of birth of people arrived in the past 6 months were not typical refugee source countries (e.g. Thailand, India, Malaysia) and are likely countries of first asylum.
- 19% of people arrived in the past 6 months have settled in rural and regional areas, up from the usual 10-15%.
- Increasing numbers of people seeking asylum arriving by plane, and there are concerns about how people are coming here, i.e. forced labour/human trafficking.

Policy update – Sue Casey

Please see appendix 2 for detailed policy update information.

Medevac legislation – Rebecca Eckard

- [Medical Evacuation Response Group or MERG](#) has been formed to centralise the process for individuals on Nauru and Manus Island who are applying to be transferred to Australia for medical care. The group is a mixture of health professionals, lawyers, counsellors and caseworkers from specialised refugee and asylum seeker support agencies. Website has been developed: <https://merg.org.au/>
- As the Medevac legislation was passed, the Nauruan government passed legislation to ban telehealth. There are concerns about how this will impact the ability for people to get support.
- It has also been reported that the Australian government has reopened Christmas Island with a view to send individuals evacuated under Medevac legislation there for treatment. Anyone with insights about the unsuitability of healthcare on Christmas Island for this purpose to please contact Rebecca Eckard: rebecca.eckard@refugeecouncil.org.au

Review into integration, employment and settlement outcomes for refugees and humanitarian entrants ('Shergold review')

- The Victorian Refugee Health Network (the Network) prepared a submission to this review. Due to short timeframes the Network was unable to consult broadly, and instead based the submission on existing reports, including previous statewide meeting reports. Read the Network's [submission](#).

Royal Commission into Mental Health

- People from refugee backgrounds are not included in the terms of reference.
- Mental health was identified as a priority area at the last statewide meeting. The Network is planning a consultation process including a sector roundtable to inform the submission. If

people are interested in facilitating regional consultations let Samantha Furneaux know:
furneaux@foundationhouse.org.au

Immunisation – ‘no jab no pay’ reminder

- Reminder about the importance of catch-up immunisation for people from refugee backgrounds. No-one who arrives in Australia as a refugee or asylum seeker will arrive fully vaccinated, due to differences between the Australian immunisation schedule and country of origin schedules. In addition to public health considerations, there are implications for families' Centrelink payments and enrolment in early childhood services if children remain un/under immunised in Australia. The Network will continue to include reminders about the importance of catch-up immunisation in the eBulletin.

Clinical services (universal, across the life span, and specialist)

The following services were asked to provide a clinical update:

- Settlement Health Coordinators in the North and West
- Monash Health
- Asylum Seeker Resource Centre
- Royal Children's Hospital
- EACH

Please refer to PowerPoint slides in appendix 2.

Additional discussion

Refugee Health Assessment

A Network participant raised a concern that they are seeing newly arrived and more established people from refugee backgrounds at outreach who have reportedly not had refugee health assessments. Bev reported instances of people presenting to outreach clinics in Mildura and Shepparton who have not had refugee health assessments then being found to have hepatitis B and C.

TB testing

There was some discussion about TB testing. A Network participant raised that some GPs are not willing to state that patients have been exposed to a 'confirmed case' of TB based on experience living in a refugee camp, so they will not be eligible for Medicare funded diagnostic tests. It was noted that the Medicare guidelines may be interpreted differently but at this stage the guidelines are a barrier to TB testing being undertaken consistently.

Local refugee health working groups

Bendigo Refugee Settlement Network – Kaye Graves, Bendigo Community Health Services

Kaye Graves presented on the work of the Bendigo Refugee Settlement Network – please refer to PowerPoint slides in appendix 3.

The Bendigo Refugee Settlement Network meet three times per year and are primarily concerned with the social determinants of health. The objectives of the network are to identify unmet needs in the refugee and migrant communities, enhance service coordination and identify professional development needs. Their work is underpinned by three sub-groups: the Refugee Health and Wellbeing Working Group; SHEV Safe Haven Enterprise Visa working party; and the English Education and Employment working group. The Bendigo Refugee Settlement Network has undertaken significant work to build a more inclusive and welcoming community in response to the anti-mosque protests that occurred in Bendigo a few years ago. The network is concerned with social cohesion, and view it as a public health issue.

Key initiatives:

- Building health literacy.
- Building a cultural intelligence for mainstream service providers about the refugee journey cultures and faith of new arrivals.

Themed discussion: Avenues/mechanisms for people from refugee backgrounds to contribute to health services to improve accessibility and service delivery

The following activity was conducted in small group. Names of group members were included in some instances, these have been shared where provided. If you are interested to know more about particular models documented, please feel free to contact info@refugeehealthnetwork.org.au and we will endeavour to put you in touch with the relevant Network member.

Focus of work: Primary Care / Hospitals

Table members' names: Joanne Gardiner, Chiedza Malunga, Mel Block, Michael Bromhead, Janet Harper, Beverly Biggs, Maria Loupetis, Kaye Graves

What approaches or models are used in your area of work?	How are these tailored to enable people from refugee backgrounds to participate?
<ul style="list-style-type: none"> A targeted 20-question research tool with interpreters / bicultural workers to collect feedback 	
<ul style="list-style-type: none"> A highly visual client feedback toolkit 	
<p><u>Cohealth Bicultural Internship Program</u></p> <ul style="list-style-type: none"> The program includes a ten-week course followed by paid project work. It enables meaningful consultation and successful employment across other sectors. It is a yearly program. 	

- The group noted the importance of being mindful of bicultural workers' potential conflict of interests – there is need for a declaration.
- The group also highlighted the importance of not using bicultural workers as interpreters.

Focus of work: Services for people seeking asylum

Table members' names: Tracey Cabrie, Kath Desmyth, Sophie Cavanagh, Rebecca Eckard, Julia Stoneham

What approaches or models are used in your area of work?	How are these tailored to enable people from refugee backgrounds to participate?
<ul style="list-style-type: none"> • Focus groups – at certain points in time. • Individual, one-to-one feedback → in language – but not using medical interpreters to do the feedback. If they will use them again for consultations, use different ones [a different interpreter for the purpose of feedback]. 	<ul style="list-style-type: none"> • Use people from other parts of the service to do F2F with people from other areas. • Can change not what you do, but how you do it?
<ul style="list-style-type: none"> • The act of giving feedback can be restorative and healing 	
<p>Agency co-design process: 6 months</p> <ul style="list-style-type: none"> • Employed external group • Staff from agency, external agencies and people seeking asylum • Scoping → consultation → design • Main feedback will be taken on board from clients. Agency will redesign service to meet the need of clients who provided feedback <p>*Requires investment – can be done in stand-alone agency or nationally across many sites</p> <p>*Financially resource intensive</p>	<ul style="list-style-type: none"> • Draw upon existing relationships with clients <ul style="list-style-type: none"> ○ Utilise people and make it diverse ○ Single, married, families, working, not working, newly arrived, long time here ○ Have good representation • Pay people seeking asylum to participate

Focus of work: Mental Health and Disability

Table members' names: Sophie Dutertre, Samantha Furneaux, Jacinta Bongiorno, Sue Casey, Jacquie McBride, Rose Dupleix, Saw Reginald Shwe, Soha Kalek, Michelle Clarke

What approaches or models are used in your area of work?	How are these tailored to enable people from refugee backgrounds to participate?
<ul style="list-style-type: none"> • Foundation House Community Advisory Group of people with disabilities and their carers (uses the Foundation House Community Capacity Building Framework) 	<ul style="list-style-type: none"> • This bypasses community leaders to approach directly the people who have lived experience, depending on the topic – pregnant women, older people etc • People receive payment for their time • Meetings held in community language
<ul style="list-style-type: none"> • Disability Action Group • Using the recommendations from the Foundation House needs assessment in the North, have developed a spreadsheet to keep track of the issues, initiatives and opportunities 	
<ul style="list-style-type: none"> • Consultation with mental health patients through bicultural workers <ul style="list-style-type: none"> ○ Looking at experience and outcomes for mental health patients ○ The bicultural workers conduct interviews for the service experience part of the research 	<ul style="list-style-type: none"> • Using bicultural workers • Designing a set of standards (soon to be released) • Creating tools too
<ul style="list-style-type: none"> • Foundation House Community Engagement • Using community leaders and providing education to them, for instance on accessing the NDIS, wellbeing programs (a non-stigmatised way to talk about mental health) 	<ul style="list-style-type: none"> • Find non-stigmatised language / descriptions to talk about sensitive issues (e.g. mental health) • Supporting community leadership, women in leadership, youth leadership etc.
<ul style="list-style-type: none"> • Focus group recruited by (paid) community consultants can provide rich information but only represent a certain 'type' of community members e.g. usually friends of the community consultant 	

Focus of work: Children and adolescents

Table members' names: Donna Chesters, Georgia Paxton, Chelsea Taylor, MCRI

What approaches or models are used in your area of work?	How are these tailored to enable people from refugee backgrounds to participate?
<p>MCRI</p> <ul style="list-style-type: none"> • Work with community advisory groups • Bicultural researchers • Facilitate communications between health services and community (co-design) 	
<p>RCH</p> <ul style="list-style-type: none"> • Family based model • Phone reminder system – 84% attendance suggests engagement with program • Word of mouth • Support rights to assist people to access complaints officer • Quality assurance – asking people what they want re the process • Hospital experience surveys • Ask young people / kids what they want – hard to get ethics approval 	
<p>Foundation House</p> <ul style="list-style-type: none"> • Ucan2 program → opens up for young person to express themselves • Ambassador / internship program 	

Wrap up and evaluation

What was the most useful aspect of today's meeting for your work?

Learning! Making contacts
Information sharing
Meeting regional people
Bendigo presentation
Tools
Updates – policy and general overview of past 6/12
Updates very good
The themed meetings at the end
Hearing what others are doing, meeting the regional people
Networking, updates
Updates from the sector
Networking
Group work at the end
Clinical updates
Policy updates data / trends
Networking and seeing my friends
The themed group discussions

What could be done differently to improve future statewide meetings?

More info from rural and regional programs/areas. It felt a bit metro-centric
More time to network
More clarity about discussion questions
Think about promotion to people not here
More time for group meetings
Longer time for speakers and more questions
Nothing
More updates from organisations working in the sector
More extensive representation, meet more often

More clinicians
More time for small group discussion
Smaller group discussions
Afternoon tea and wine and cheese
Food!
Less agenda items to cover
Meeting regional reps

Appendix 1: Attendees

Name	Organisation
Agnieszka Kleparska	NWMPHN
Bernice Murphy	CEH
Chelsea Taylor	DHHS
Chiedza	Monash Health
Christopher Phung	University of Melbourne
Georgie Paxton	Royal Children's Hospital
Jacque Mcbride	MonashHealth
Jane Yelland	Murdoch Children's Research Institute
Jennifer Keyes	The Water Well Project
Joanne Gardiner	RMH
Julia Stoneham	Diabetes Victoria
Kath Desmyth	cohealth
Kaye Graves	Bendigo Community Health Services
Maria Loupetis	EACH Social and Community Health
Melanie Block	cohealth
Michael Bromhead	Foundation House
Michelle Clark	DHHS
Mohammad Daud Karimi	Hume Whittlesea Primary Care Partnership
Neylan	Hepatitis Victoria
Robert Gruhn	Ethnic Communities' Council of Vic
Rose Duplex	Victorian Refugee Health Network / Foundation House
Samantha Furneaux	Victorian Refugee Health Network, Foundation House
Sarah Christensen	IPC Health
Saw Reginald Shwe	Foundation House
Sheenagh McShane	ASRC
Soha Kalek	Australian Government Department of Human Services
Sophie Cavanagh	Red Cross
Sue Casey	Foundation House

Name	Organisation
Tessa Hughes	AMES Australia
Tracey Cabrie	Cabrine Asylum Seeker and Refugee Health Hub
Bev Biggs	RMH Refugee Health Program
Janet Harper	RMH Refugee Health Program
Jacinta Bongiorno	IPC/AMES
Natalie Henry	DPV/AMES
Rebecca Eckard	Refugee Council of Australia
Joseph Youhana	BSL