



Australia's Humanitarian Program 2021-2022: Submission on the management and composition of the program

Focus on Humanitarian Settlement Program Component

Prepared by the Refugee Health Network of Australia (RHeaNA) and Refugee Nurses of Australia (RNA)

About this submission

The Refugee Health Network of Australia (RHeaNA) is a national multidisciplinary network comprised of health, mental health, policy and community professionals with expertise in refugee health. Formed in 2009, RHeaNA provides linkage for state and territory refugee health services and networks and acts as an avenue for sharing of knowledge, development of national best practice guidelines in refugee health and policy development. Refugee Nurses of Australia (RNA) network provides a professional platform for nurses working in the field of refugee health and has members from all States and Territories across Australia. The RNA has a national focus and provides an opportunity for nurses working with people from a refugee background to share resources, be advocates, contribute to clinical guidelines and be involved in community of practice opportunities.

RHeaNA and RNA acknowledge that there are distinct refugee health programs in each State & Territory across the country. This submission therefore focuses on the common, underlying issues that are experienced across jurisdictions.

RHeaNA and RNA recognise the achievements of the Humanitarian Program and, more specifically, the Humanitarian Settlement Program (HSP). Members of both organisations sit within refugee health services and work closely with HSP service providers across all states and territories to facilitate the safe and coordinated delivery of the health component of the HSP. As a result, the submission focuses on the HSP component of the Humanitarian Program. This submission acknowledges the role settlement services play in supporting new arrivals, but also the ongoing challenges particularly during the COVID-19 pandemic.

This submission has been developed through consideration of: the current global pandemic; the collective experiences of RHeaNA and RNA members with the HSP; and on review of the following documents:

- Department of Home Affairs Discussion Paper Australia's Humanitarian Program 2021-2022 <https://www.homeaffairs.gov.au/reports-and-pubs/files/2021-22-discussion-paper.pdf>
- Shergold review: Investing in Refugees, Investing in Australia. The findings of a Review into Integration, Employment and Settlement Outcomes for Refugees and Humanitarian Entrants in Australia <https://www.homeaffairs.gov.au/reports-and-pubs/files/review-integration-employment-settlement-outcomes-refugees-humanitarian-entrants.pdf>
- RHeaNA letter to Refugee and Migrant Services Advisory Council, July 2020 (attached)
- National Settlement Outcomes Standards <http://scoa.org.au/wp-content/uploads/2020/11/NSOS-2020.pdf>



Summary of Recommendations

These recommendations focus on three key areas:

1. **Integration of Health in all aspects of Humanitarian Settlement Program (HSP).** This stems from the well evidenced knowledge base that health is a fundamental building block for successful settlement.
2. **Strengthening Health-Related Program Outcomes.** This is underpinned by the knowledge that quality outcome measures are vital for maximising the effectiveness and minimising harm or risks of the HSP.
3. **Covid Quarantine learnings and considerations.** This is guided by the understanding that the current context around Covid-19 presents specific challenges when providing health services to new humanitarian arrivals.

1. Integration of Health in all aspects of the Humanitarian Settlement Program

Whilst Australia's HSP has a strong focus on English, Education and Economic participation, the Shergold Review (2019) recognises that good health is vital to economic participation and is a key building block for successful settlement (p 23, Recommendation 2). Integration of Health into the HSP is particularly important given the government commitment towards regional settlement (expected to exceed 40%). A coordinated, integrated approach is essential to ensure that health providers in regional communities are prepared, upskilled and appropriately resourced to deliver health care to new arrivals.

To ensure that health is well integrated in to the HSP planning and management, we suggest consideration of the following:

- **Creating an opportunity for refugee health services and professionals to directly contribute to the co-design and commissioning of the HSP.** This would formalise clear lines of communication between the Department of Home Affairs and key stakeholders in refugee health. In doing so, health services and professionals can provide advice on the health impacts of the refugee journey and can be involved in the planning and development of suitable and achievable health related KPIs and contractual communication processes. This could be achieved through:
 - **The development of an outcomes-based model and national framework:** Developing a *National Refugee Health and Wellbeing Framework* would strengthen Standard 3 of the National Settlement Outcomes and would inform, prioritise and integrate health strategies.
 - **Expert health advice provided to existing panels involved with HSP:** Having access to specialised Refugee Health advice on existing panels such as RaMSAC, would assist in the monitoring and implementation of the standards.
- **Creating opportunities for ongoing, regular consultation with Health Services.** Due to potential pre-arrival experiences during the refugee journey, humanitarian entrants can arrive in Australia with complex and multiple health needs that may require immediate care on arrival and ongoing care coordination. It is therefore imperative that on the ground health



services including Hospital and Health Services (HHS) and Primary Care and Refugee health specific services are prepared for indicative numbers of new arrivals, have an understanding of the potential health and cultural issues and are adequately resourced to support new entrants. Likewise, when on the ground health services have reached maximal capacity to safely care for new arrivals there needs to be an avenue for feedback to the Department of Home Affairs. This could be achieved through:

- **Extending current consultation mechanisms.** Whilst current consultation mechanisms are in place with State & Territory Departments, it is imperative that this is broadened to include key health touchpoints. This includes but is not limited to: TB clinics, oral health services, general practice, child health.
- **Formalising arrangements between State-funded Refugee Health Services and HSP providers.** Currently, there is a lack of integration or formal arrangements between specialist State-funded refugee health services and settlement service providers. There is also no formalised requirement for settlement providers to be familiar with and act upon State-funded refugee health service recommendations regarding pre-arrival medical planning or post-arrival medical care. Negative health outcomes and clinical risks can arise when settlement service providers who often have limited health experience do not appreciate the importance or immediacy of medical information or the value in following competent health service guidance. This can be particularly challenging when case managers are trying to navigate multiple settlement priorities alongside health.

Ensuring Refugee Health Services (RHS) have timely and direct access to offshore medical reports and flagged health alerts. Refugee Health Services currently rely on the HSP provider to share offshore health information by sharing documents (releasing the HAPlite ID) or discussion of health alerts which have arisen on the HAP system. Offshore health information is not always provided in a timely manner and health workers are, at times, only notified of the need for complex healthcare on or after arrival. This places new entrants at risk. Ensuring access to complex tertiary care requires as much notice as possible to ensure continuity of treatment after arrival and adequate handover to the treatment facility. It is also important that offshore health information is reviewed by specialist RHS as not all significant medical issues are given a health alert by the HSP system. Access to health information should also be available to other Australian departments for the purpose of facilitating appropriate access to services and care e.g. NDIS, Disability Support Pension, specialist care.

Case Study 1: Regional North Qld settlement site had large number of new arrivals requiring Emergency Department care soon after arrival and no interpreter was available in Australia for language. Significant strain placed on an unprepared HHS and significant clinical risk to new entrants. Subsequent pressure on already overloaded General Practices to provide care to new entrants without pre-planning or upskilling in refugee health and no language support for consultations. (Through these challenges the local RHS nurse worked with the HHS and primary care to facilitate the health care of these new arrivals and supported and upskilled the health care providers.)

Case study 2: A child arrived in Australia to be settled in a rural area with uncontrolled seizures but no health alert was in place on HAP system. Settlement health coordinator within RHS became aware of health issues 24 h after child's arrival and given that there was no pre-existing health alert on HAP had



to very strongly advocate to the settlement provider for child to be taken to Emergency department. After 5 days, child was taken to ED and subsequently required 2 weeks of care in ICU.

2. Strengthening Health Related Program Outcomes

To ensure new arrivals to Australia reach their potential to contribute economically and socially, it is fundamental that they have access to quality healthcare to maximise good health. It is important that quality outcome measures around health are included in the HSP and that KPIs are appropriate, achievable, and based on health system context and capacity.

To strengthen health-related program outcomes, we suggest consideration of the following:

- **Clarification and review of existing health related KPIs with health input to ensure that KPIs facilitate safe and quality healthcare and outcomes.** It is not evident whether the current health KPIs for settlement providers have been designed or evaluated by health service providers. It is understood by refugee health services that KPIs exist for acute medical care generated by HAPLITE Health Alerts and for a Comprehensive Refugee Health Assessment (CHA). However, it is not clear across jurisdictions what the exact reporting / KPI requirements are and whether there is regular evaluation of these KPIs by health representatives to ensure they are appropriate and achievable quality outcomes.
- **Clarification for Health Service Providers on support available for clients under the HSP, and clear pathways for Health Providers to request increased support for clients.** Health service providers recognise that settlement services are funded to provide support for clients to access health services but that the number of supported visits is stipulated within HSP contract. Given that medical providers are in a direct position to appreciate a person's health literacy and health system navigation ability it is important that health providers have an avenue to Department of Home Affairs to request further supported health visits.
- **Inclusion of quality health indicator metrics in the current HSP.** There is existing concern that current KPIs focus only on output measures rather than outcome measures. It is imperative to implement jointly developed, service integrated health outcomes that improve clinical safety. Refugee Health services and professionals are well-placed to work with the Department of Home Affairs to identify quality measures that are evidence-based and linked to longer-term health outcomes including, but not limited to: completion of immunisation, linkage to general practice, quality health assessment completed, access to NDIS. Integration of Health in all aspects of the Humanitarian Settlement Program (*Section 1*) would facilitate this process.
- **Language service pre-planning and expansion of TIS National availability.** TIS should be included during pre-planning phases to ensure availability for newly settled communities. It is vital that certified interpreters are sourced and available for newly arriving cohorts when accessing healthcare. TIS should be included during pre-planning phases to ensure availability for newly settled communities This includes extending TIS access to allied health providers who deliver services in primary care. Currently, Primary Health Networks cover the cost of interpreting for allied health. RHeaNA and RNA recommend expanding TIS access so that the cost is not shouldered by the Primary Health Networks. The system also requires a more proactive approach to identification of interpreter gaps which could be achieved through Commonwealth oversight. As part of quality assurance within the HSP, we would also



recommend that TIS National prioritise training and retention of minority language interpreters.

3. Covid and Quarantine learnings and considerations

RHeaNA applauds the Department of Home Affairs for resuming the HSP program, after a pause in 2020 during the Covid pandemic. As the program resumes, it is important to note that hotel quarantine is overseen by individual State & Territories. State refugee health services are currently supporting settlement services and hotel quarantine to manage humanitarian entrants arriving with complex medical needs. They have developed processes to support healthcare access and clinical safety of new arrivals in hotel quarantine by:

- Providing pre-arrival health advice to enable hospital and health service planning prior to arrival
- Working with key stakeholders including settlement agencies, emergency operations (health and police), hotel management, community GPs, pharmacies
- Connecting new arrivals to appropriate care - telehealth, hospital
- Providing linkage between settlement staff (intra and interstate), health services and quarantine staff
- Supporting clients from own settlement region, other regions within same state and interstate
- Educating and building capacity of hotel quarantine staff to provide culturally appropriate and trauma informed care

Case study 3: HSP arrivals for North QLD arrived into Brisbane airport and undertook hotel quarantine in Brisbane. On arrival, a baby in the family was noted by health staff at the airport to look unwell. They reported this to hotel quarantine health staff and the state-funded refugee health service in Brisbane. The refugee health service contacted the family then arranged a telehealth appointment with a refugee friendly GP. The following day, however, the mother contacted the refugee health service to advise that the child remained unwell, so refugee health nurses liaised with staff at the children's hospital and hotel quarantine to arrange for the child to be transferred for further assessment at the children's hospital. The refugee health team from the resettlement destination provided the details of the GP that the child was to be linked with in North QLD so that hospital discharge summaries and information for follow up could be handed over to the receiving health team in the settlement destination. Throughout the child's period in quarantine, the refugee health services in Brisbane and North QLD worked closely with each other, the settlement teams in Brisbane and North QLD and the hotel quarantine and hospital staff to ensure that the child received appropriate clinical care and the family were supported.

Case study 4: HSP arrival to Victorian quarantine had been undergoing chemotherapy for treatment of lymphoma. Travel had been delayed due to several flight cancellations; in that time the individual had fallen and sustained a fracture and had commenced a new round of chemotherapy. The updated health information was not uploaded into the HapLITE system. On arrival, the RHS connected with the individual, collected the updated medical information and was able to coordinate care (blood tests, GP review and oncology referral) with the appropriate hotel quarantine health staff.

Refugee health services are playing a critical role in supporting the safety of new arrivals with complex medical needs, within and across state borders. However, some arrivals move interstate upon completion of hotel quarantine. **It is vital that clear processes are in place to strengthen coordination**



of HSP arrivals who are quarantine in one State and settling in another to ensure they are receiving the health services and support that they need. We believe that the Commonwealth Government has a vital role to play in providing this high-level oversight.