



victorian refugee  
health network

# State-wide Meeting

July 2024



# Acknowledgement of Country



## Order of Agenda – 2:00pm – 4:00pm

Time	Agenda item	Speaker
2:10pm	National Policy Update	<b>Rebecca Eckard</b> Refugee Council of Australia
2:25pm	Settlement Service Update	<b>Gerard Murren</b> AMES
2:40pm	Status Resolution Support Services (SRSS) Update	<b>Jennifer Sinclair</b> Life Without Barriers
2:50pm	Victorian Settlement Data	<b>Samina Hassan</b> Victorian Refugee Health Network
3:00pm	Rural and Regional Update	<b>Broni Paine and Leigh Stanbrook</b> Primary Care Connect
3:15pm	Overview of Refugee Health Program	<b>Kath Desmyth</b> Refugee Health Program
3:30pm	Community health response to newly arrived Palestinians	<b>Dr. Mariam Hassan</b> Australian Islamic Medical Association
3:50pm	Evaluation via SurveyMonkey	All

# National Policy Update

25 July 2024

Rebecca Eckard  
Refugee Council of Australia

# Key issues and updates

1. Resolution of Status visas

2. Offshore Processing

3. Protection visas and SRSS

4. Immigration detention

5. Humanitarian crises arrivals

6. Humanitarian Program & Complementary Pathways

# Resolution of Status (RoS) visa

- Department still working through RoS applications: 12-month timeframe is now. As at June 2024: **18,026** converted to RoS; **2,038** TPV/SHEVs awaiting RoS
- No systemic process of review for the 7,376 people denied protection
  - 1,190 people awaiting primary decision via “fast track”
- Funded free legal advice available to people applying for RoS through refugee community legal centres. No application charge.
- **Updates: New regulations in effect:** one to enable more people to smoothly transition to a RoS; another in relation to new identity criteria for RoS visas
- Family reunion options unchanged, so **streamlined process** being pursued

# Solutions for refugees in offshore processing

- 3,129 people sent to Nauru and PNG from July 2013 to early 2014. 1,360 refugees resettled. More than 750 returned to country of origin, 15 have died and over 250 children born since 2013
- 1,100 people – ~96 in Nauru (arrivals in 2023 & 2024), 46-47 in PNG (plus 52 partners & children), 958 people remain who were transferred to Australia for medical reasons
- Insufficient resettlement options currently available (>600 places)
- **Update:** Situation in PNG deteriorated further, so Australian-based volunteers fundraising. Intensive advocacy to Government. **Recommitment of funding to PNG to commence.** Lack of transparency and clarity on what will happen to people transferred to Nauru. Operation Not Forgotten: 70 people resettled; applications for further 46 refugees plus 96 family members

# Protection Visa and SRSS reform

- Most of the people seeking asylum have **no access to a financial safety net**, with several thousand people who have no visa, cannot work, and do not have Medicare
- People are waiting an average of **2.4 years** for an initial onshore protection decision, **3.6 years** for an administrative appeal and **5.1 years** for review by courts = **11 years**
- Responsibility for assistance **shifted to unfunded charities and state-funded services**
- **Sharp increase in presentations** of homelessness (including rough sleeping), food insecurity, inability to fill lifesaving prescriptions, and spiralling mental health (including increased suicidality)
- **Updates: Protection System reforms** announced last year: free legal assistance available at all stages of protection process; increased decision making and grant rate since reforms in place
- **Administrative Review Tribunal** to begin 14 October 2024 (fast track Immigration Assessment Authority to no longer exist)



# Reform of immigration detention

- 31 May 2024, **883 people** in locked detention; average time in detention **595 days**.
- Same time in 2023: 1,110 people, average time 727 days.
- Same time 2022: 1,402 people, average time 736 days.

*Canada average 22 days; USA average now 45 days*

- No independent body able to prevent detention or compel release.
- **Updates: High Court case NZYQ** challenge to *Al-Kateb* in November 2023 resulted in 178 people being released from immigration detention because there was no real prospect of their removal from Australia; concerns about re-detention
- People have been released on to Bridging Visa R with access to Centrelink, Medicare, and work rights. Additional support services available via SRSS.

# Arrivals from humanitarian crises

- Some changes to how the Australian Government addresses situations where people flee humanitarian crises and how they respond to people already in Australia on temporary visas: e.g. Afghanistan, Myanmar, Ukraine, Sudan, Gaza/Israel
- Changed approaches happened under both Coalition and ALP Governments
- People fleeing Gaza/Israel crisis: use of Visitor Visas
  - Limitations associated with work and study rights and Medicare access
  - Bridging Visa E option and Permanent Protection Visa application option
  - Ongoing issues related to access to healthcare
  - Emergency payments exhausted in most jurisdictions
- Work underway developing principles and a policy framework for Australia's response to humanitarian crises: driven by Australian civil society and diaspora communities

# Expanding Australia's refugee program

- Last year, 20,000 places in the Humanitarian Program
- Better **use of non-discrimination criteria** in Humanitarian Program planning
- Agreement to **resettle Rohingya** refugees
- **Additional Complementary Pathway** places via the Skilled Refugee Labour Agreement Pilot (SRLAP)
- **Australia just chaired** the Consultations on Resettlement and Complementary Pathways (CRCP) and the Working Group on Resettlement (WGR)

**Update:** Continued advocacy to progressively increase Refugee Program and further work with Government on Complementary Pathways (CP: family, skilled, education). Australian Government GRF Pledge of 10,000 places via CP. Still need to delink onshore Protection Visas from the overseas visa grants.

**\*\*Outstanding work of health sector during HISP consultations**

# Questions?

# Humanitarian Settlement Program (HSP)



# Updates

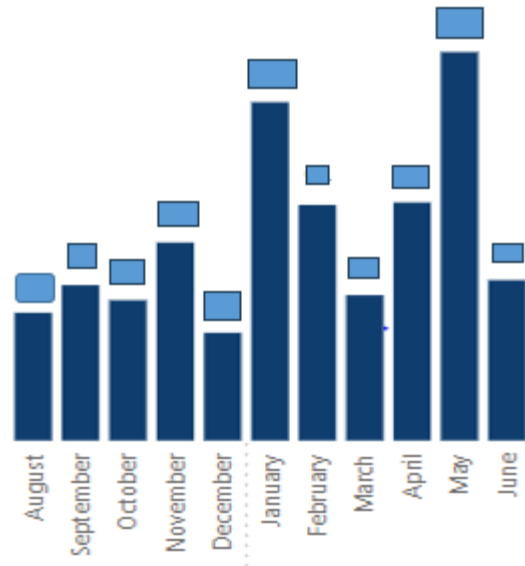
- Estimated Planning Levels 2023/24

Estimated Planning Levels	
Settlement Location	2023-24 EPLs
Melbourne	4500
Geelong	130
Mildura	60
Shepparton	200
Wodonga	70

- Estimated Planning Levels 2024/25
- Toll – September 2024

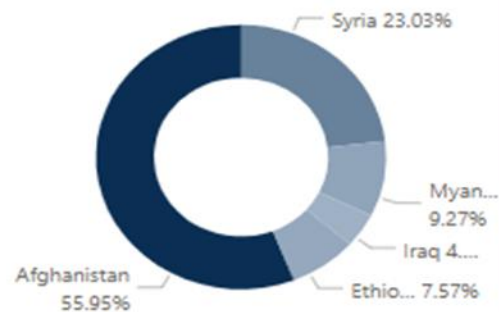


# HSP Data – Complex Cases

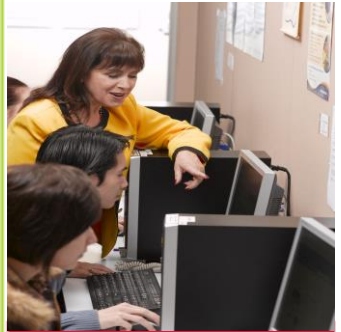
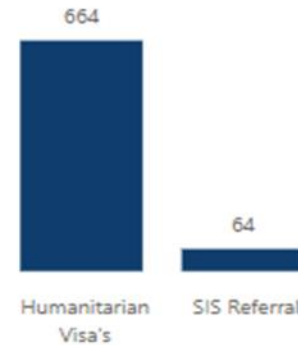


Gender	
X	0.14%
Male	42.86%
Female	57.01%

Clients by Citizenship (Top 5)



Clients by Cohort



# Complex Cases



- Higher levels of people living with a disability
- Children with complex health needs
- Family Violence
- Mental Health support
- Homelessness



# Status Resolution Support Services (SRSS)

Life Without Barriers (LWB)



**LIFE  
WITHOUT  
BARRIERS**

A group of four diverse people (three men and one woman) are seated at a table, looking towards the right side of the frame. They appear to be in a meeting or collaborative work environment. The woman in the foreground is wearing a red top and is looking down at a laptop. The man next to her is wearing a white shirt and is also looking at the laptop. The man further back is wearing a blue shirt and is looking towards the right. The background is bright and out of focus.

## **National Immigration Support Services (NISS)**

**[lwb.org.au](http://lwb.org.au)**

Our purpose is to partner with people to change lives for the better.

# WHO WE ARE, WHAT WE DO

- Life Without Barriers is a leading social purpose, not for profit organisation of 8,000 employees working in more than 500 communities across Australia.
- We support children, young people and families, people with disability, older people and people with mental illness. We work with people who are homeless and refugees and asylum seekers.



# National Immigration Support Service (NISS)

- Our **National Immigration Support Service (NISS)** provides a broad range of support to people seeking asylum and Refugees who are living in the Australian community.
- Life Without Barriers is the largest national provider of the **Status Resolution Support Service (SRSS)**, contracted by the Department of Home Affairs.



# Status Resolution Support Services Overview

## *Aim of the SRSS Model*

- To deliver a flexible approach for needs-based support to people who are actively engaged with the Department of Home Affairs in resolving their immigration status and unable to support themselves

## *Purpose of SRSS Model*

- To encourage the independence and confidence of clients to engage in the status resolution process including departure from Australia
- To manage risk to the individual, the community and the integrity of the migration program
- To offer services aligned with the policy intent, eligibility requirements and client needs
- To provide appropriate and targeted support until it is no longer needed, and
- To seek to empower clients to build their independence and capabilities.

## *Underpinning Principles of SRSS Model*

- That services provided are to focus on status resolution outcomes, being a substantive visa grant or departure.

# The intent and objectives of the SRSS program are supported through the following principles:

- The SRSS program is not a social welfare program.
- Individuals with work rights are expected to support themselves and their family.
- Individuals with adequate income or assets will not receive support.
- Services are focused on overcoming barriers and contributing to status resolution outcomes.
- Recipients are required to engage with the Department and participate in the resolution of their immigration status.
- Services cease when no longer required or when the Recipient's immigration status is resolved
- Recipient eligibility is regularly re-assessed, at a minimum every 12 months.
- All actions and decisions undertaken by the Department that affect a child should treat the best interests of the child as a primary (but not the sole) consideration where there is scope to do so.

# BANDS OF SUPPORT

BAND	SUPPORT TYPE
Band 1 (APOD)	Support to minors in held detention (UAMs)
Band 2 (Residence determination)	Supported accommodation for minors (UAMs)
Band 3 (Residence determination)	Families and vulnerable adults in provided accommodation
Band 4 (Transition support)	Families and/or vulnerable adults in provided short term accommodation while awaiting their essential registrations
Band 5 (Case support – minimum 4.6 hrs per month)	Non-citizens (with unresolved immigration status) in the community requiring more intensive case support
Band 6 (Low level support – minimum 2.8 hrs per month)	Non-citizens (with unresolved immigration status) in the community requiring less intensive case support

# How we help:

The majority of the people we support have complex needs – many have a history of significant trauma. Our team help them in many ways which could include mental health, medical and physical support as well as financial hardship.

Often, the people we support hold visas with conditions about the services available to them. Our team will work with them to ensure people are adequately supported to access services and help them understand their options. We do this through working in partnership with the government and advocating for service coordination as well as strong collaboration with various stakeholders.

We also complete SRSS applications for people who may be eligible to bring them into service and support them.

**Working to help families** – we give intensive and tailored support to families by co-developing goals with them, connecting them to services they need and helping advocate for additional support.

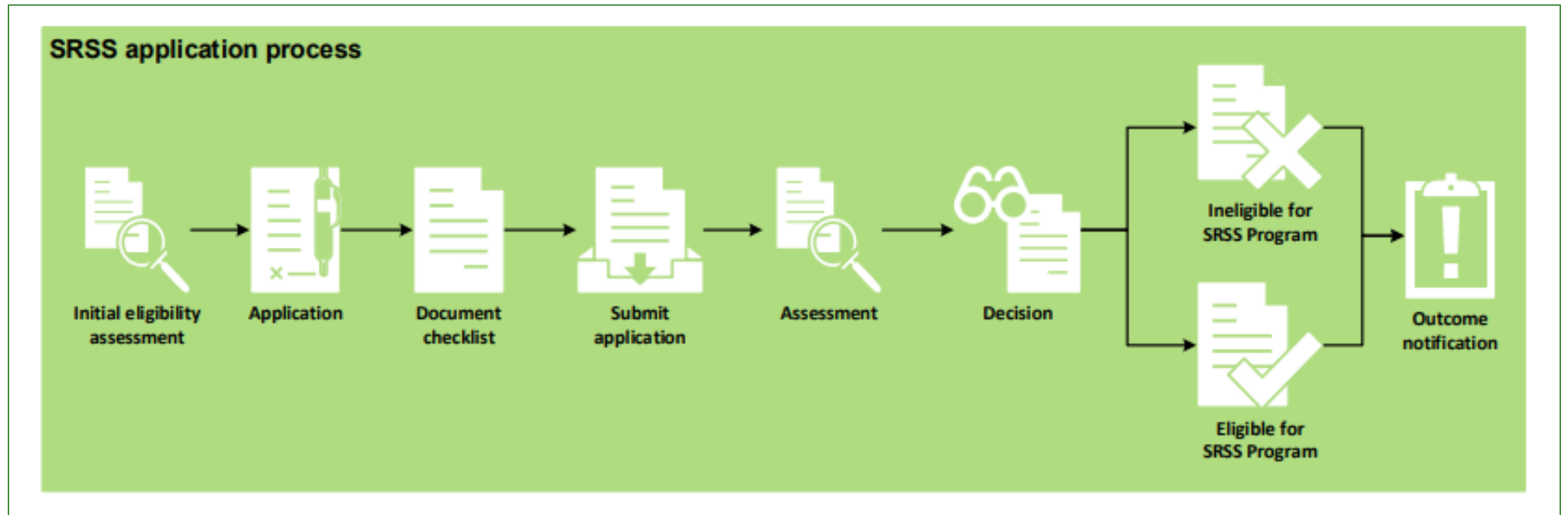
**Mental and physical wellbeing** – we work with primary health care services, refugee specific health specialists, torture and trauma support providers and many others to help people address complex needs.

**Accommodation** – including temporary accommodation, and referrals to specialist housing services. We also assist unaccompanied minors with accommodation alongside 24-hour care and support if needed.



**The SRSS Application Process for Band 5–6 support is outlined in the figure below.**

The SRSS Provider must ensure applications have all relevant information in order for the Department to make a decision and that applicants meet the eligibility requirements.



# Barriers considered when assessing:

Chronic Physical health condition; permanent disability; or cognitive impairment

Chronic Mental health condition, with a current diagnosis and treatment plan in place

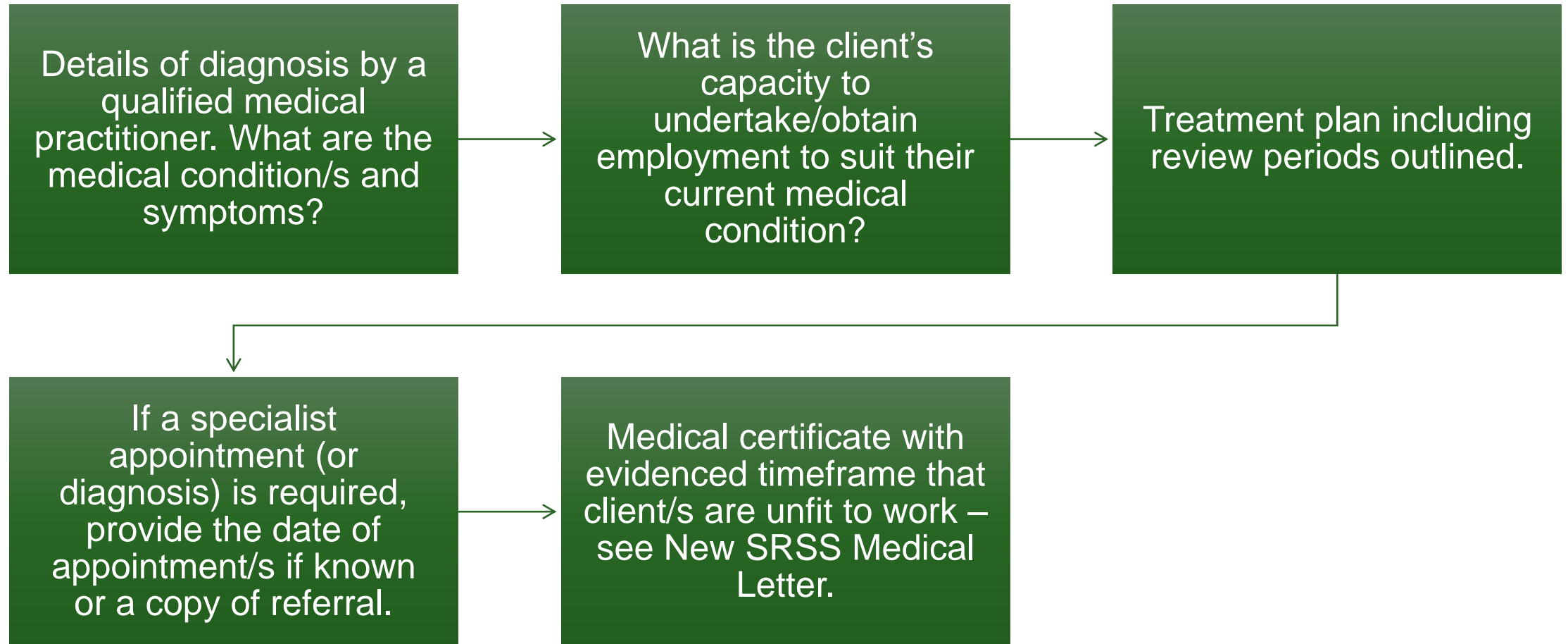
Single parents with pre-school aged children (children under five);

A primary carer for someone with a significant vulnerability;

People aged 70 and over

A major crisis for the client (family violence, house fire, flood, etc.)

# SRSS Medical Evidence Required:



# Applicants who do not have work/ Medicare rights

We will need to show the evidence to DHA that there is a recent attempt (last 2 months) at a work rights application.

If an applicant is granted work rights as a result of the application, that's a great outcome as they can now legally work and financially support themselves.



However, if a refusal is granted, this will allow the intake team enough grounds to proceed with an SRSS application

# Finally Determined Applicants



If the applicant is at a Federal Court or the case has Ministerial intervention, they're ineligible for SRSS. To be considered for SRSS support a finally determined individual must have:



A significant, diagnosed mental health illness where they may likely inflict harm to others or themselves; OR



A significant physical health concern that deems them unfit to depart the country, or they have a life expectancy less than 12 months, OR



Be on a departure pathway and actively engaging with one of the Departure Service Providers such as IOM.

# SRSS LWB Referral Process:



Our [niss\\_srss\\_intake@lwb.org.au](mailto:niss_srss_intake@lwb.org.au) is the best way to make contact regarding referrals or any questions you may have. Alternatively, please call below numbers:



**Dandenong:** Phone: (03) 8752 8500



**Sunshine:** Phone: (03) 9313 2400

# LIFE WITHOUT BARRIERS



lwbaustralia



LWBAustralia



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## THANK YOU



## QUESTIONS

[lwb.org.au](http://lwb.org.au)

# Victorian Settlement Data

Victorian Refugee Health Network



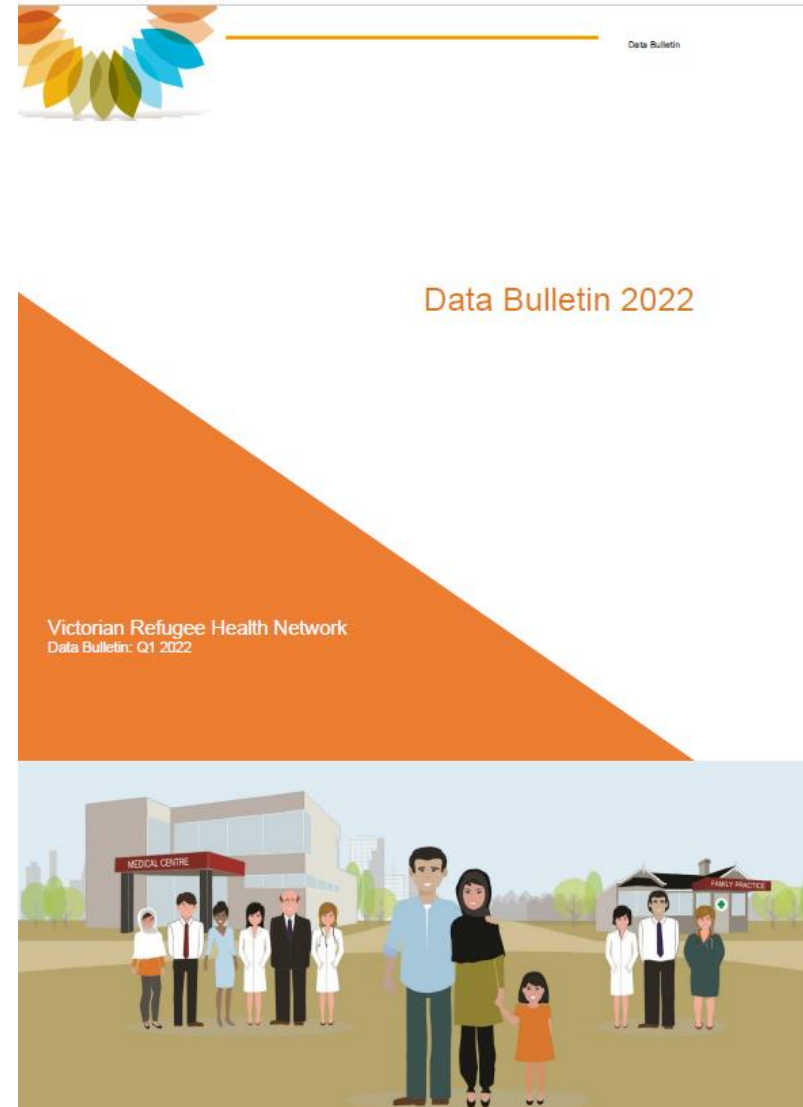


# VRHN Data Bulletin

The Victorian Refugee Health Network publishes a Data Bulletin every quarter that outlines settlement data for Victoria:



[https://refugeehealthnetwork.org.au/resources-referrals-2/? sft tool for clinician=settlement-data](https://refugeehealthnetwork.org.au/resources-referrals-2/?sft_tool_for_clinician=settlement-data)



# Settlement Data in Victoria

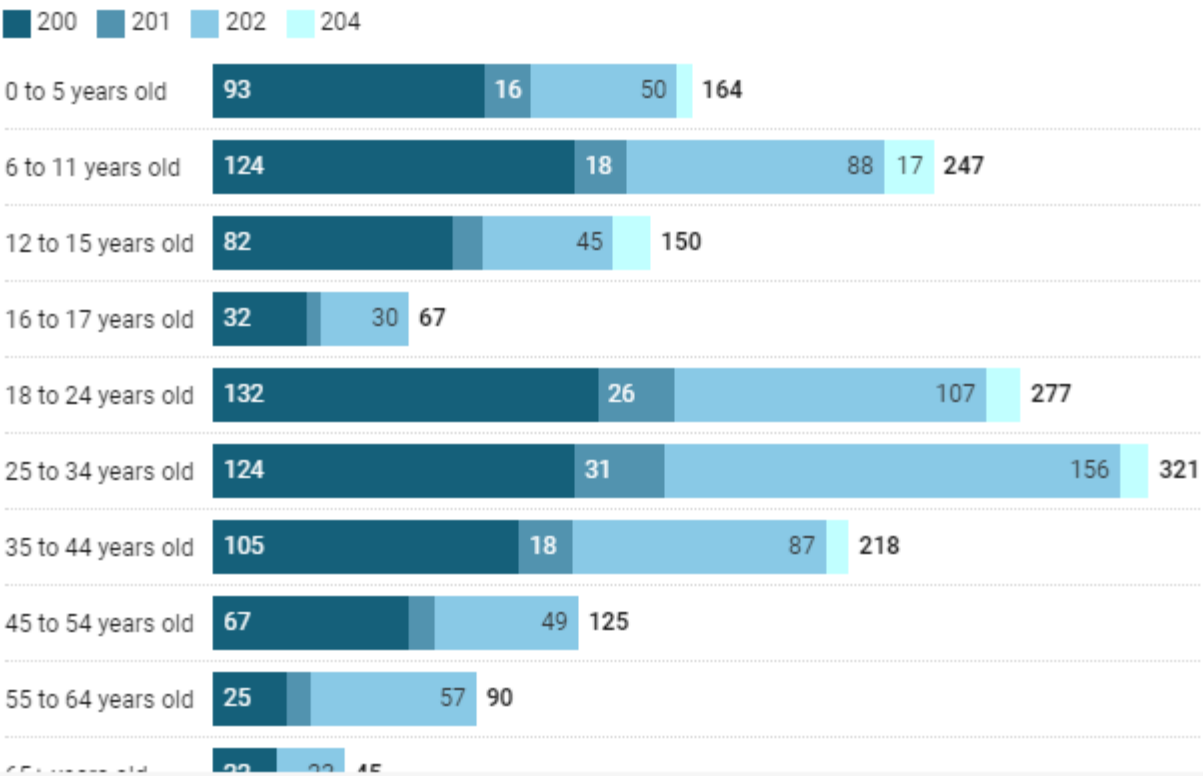
Visa Subclass		Details
200	Refugee Visa	<ul style="list-style-type: none"><li>✓ Permanent Stay</li><li>✓ With these visas you can move to Australia if you are subject to persecution in your home country. These visas allow you and your family to live, work and study indefinitely in Australia</li></ul>
201	In Country Special Humanitarian	
203	Emergency Rescue	
204	Women at Risk	
202	Global Special Humanitarian visa	<ul style="list-style-type: none"><li>✓ Permanent Stay</li><li>✓ With this visa you can move to Australia if you face substantial discrimination or human rights abuses and have a proposer and stay in Australia with your immediate family.</li></ul>
866	Protection Visa	<ul style="list-style-type: none"><li>✓ Permanent Stay</li><li>✓ This visa is for people who arrived in Australia on a valid visa and want to seek asylum. It lets you stay in Australia permanently, if you engage Australia's protection obligations and meet all other requirements for the grant of the visa.</li></ul>

*\* This data does not include those on Bridging visas or temporary protection visas (TPV, SHEV, 449, 786)*

# Settlement Data in Victoria: Age groups

## Number of people who arrived in Australia in the second quarter of 2024 and currently reside in Victoria according to age group.

Visa subclasses (200 series) with a Date of Arrival between 01/04/2024 and 30/06/2024 and are currently recorded as residing in Victoria as at 04/07/2024



Source: [https://www.datawrapper.de/\\_/M46VZ/](https://www.datawrapper.de/_/M46VZ/)

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**Total number** of people who arrived in Australia in the second quarter of 2024 and currently residing in Victoria:

**1,718 people**

**Over 70% of recent arrivals** in the last quarter are under 35 years old.

**Over a third (36.5%) of recent arrivals** in the last quarter are under 18 years old.



\* This data does not include those on Bridging visas or temporary protection visas (TPV, SHEV, 449, 786).

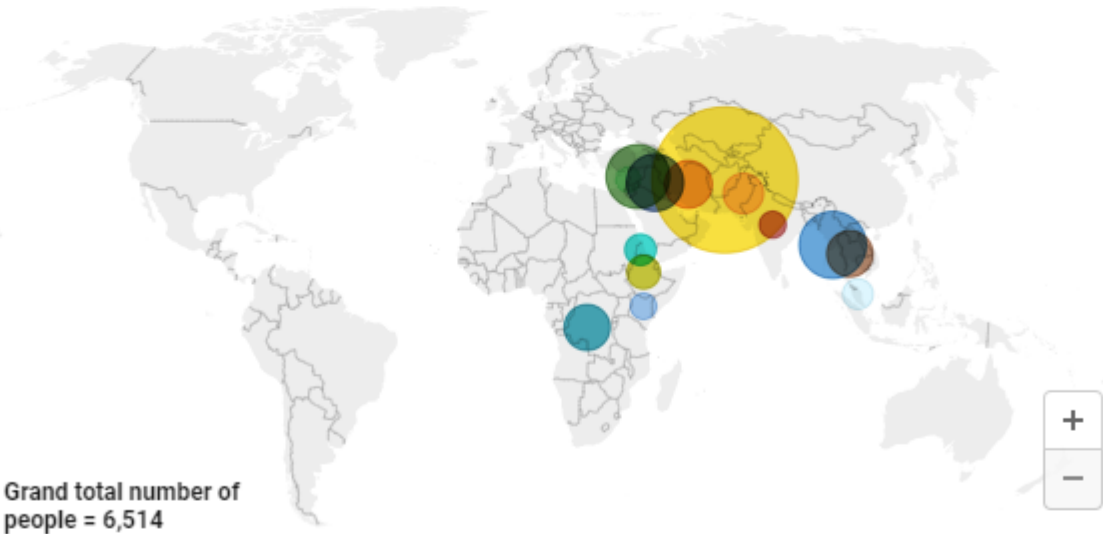
# Country of Birth and Ethnicity

## Country of Birth (Top 15) Humanitarian Settlers who reside in Victoria and arrived in the past year

People on Refugee Category Visas (200 series & 866) with a date of arrival between 01/07/2023 and 30/06/2024 and are currently recorded as residing in Victoria as at 04/07/2024

Country of birth:

- AFGHANISTAN
- CONGO, DEM REPUBLIC OF THE
- ERITREA
- ETHIOPIA
- INDIA
- IRAN
- IRAQ
- KENYA
- LEBANON
- MALAYSIA
- MYANMAR
- PAKISTAN
- REPUBLIC
- SYRIAN ARAB
- THAILAND
- TURKEY



\* These figures are approximations as any cells that have been suppressed (<5) were changed to a numerical value (2) to present data in this map

Source: [https://www.datawrapper.de/\\_/kRKAA/](https://www.datawrapper.de/_/kRKAA/)

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Country of Birth	Number of people arrived in the past year
Afghanistan	3,010
Myanmar	594
Syrian Arab Republic	532
Iraq	423
Iran	285

Ethnicity	Number of people arrived in the past year
Hazara (Afghan)	1,819
Tajik	515
Pashtun (Afghan)	452
Chin	391
Afghan	384



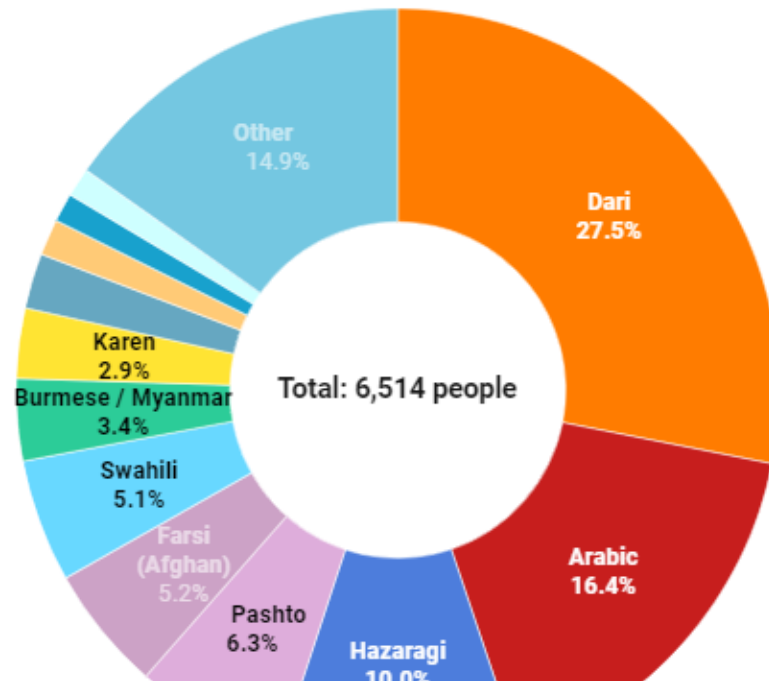
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# Language groups

## Main Language Spoken for those who arrived in the past year

People on Visa subclass (200 series & 866) who arrived in Australia between 01/07/2023 and 30/06/2024 and are currently recorded as residing in Victoria as at 04/07/2024

Dari Arabic Hazaragi Pashto Farsi (Afghan) Swahili  
Burmese / Myanmar Karen Eastern Kayah Farsi (Persian)  
Chin Haka Karen S'gaw Other



Source: [https://www.datawrapper.de/\\_/iCoxH/](https://www.datawrapper.de/_/iCoxH/)

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Over 1,000 people who speak Karen S'gaw have settled in Bendigo in the past ten years

Bendigo Community Health Service identified:

- an unmet need for S'gaw Karen interpreters in Bendigo
- that there were a large number of people who were interested to become Karen interpreters however found that the Diploma of Interpreting was inaccessible due to its Melbourne location

### ADVOCACY: INTERPRETER WORKFORCE



### Co-location of Diploma of Interpreting in Bendigo

A Diploma of Interpreting course for Karen S'gaw speakers was introduced in Bendigo by RMIT and DFFH following successful advocacy by Bendigo Community Health Services and the Victorian Refugee Health Network.



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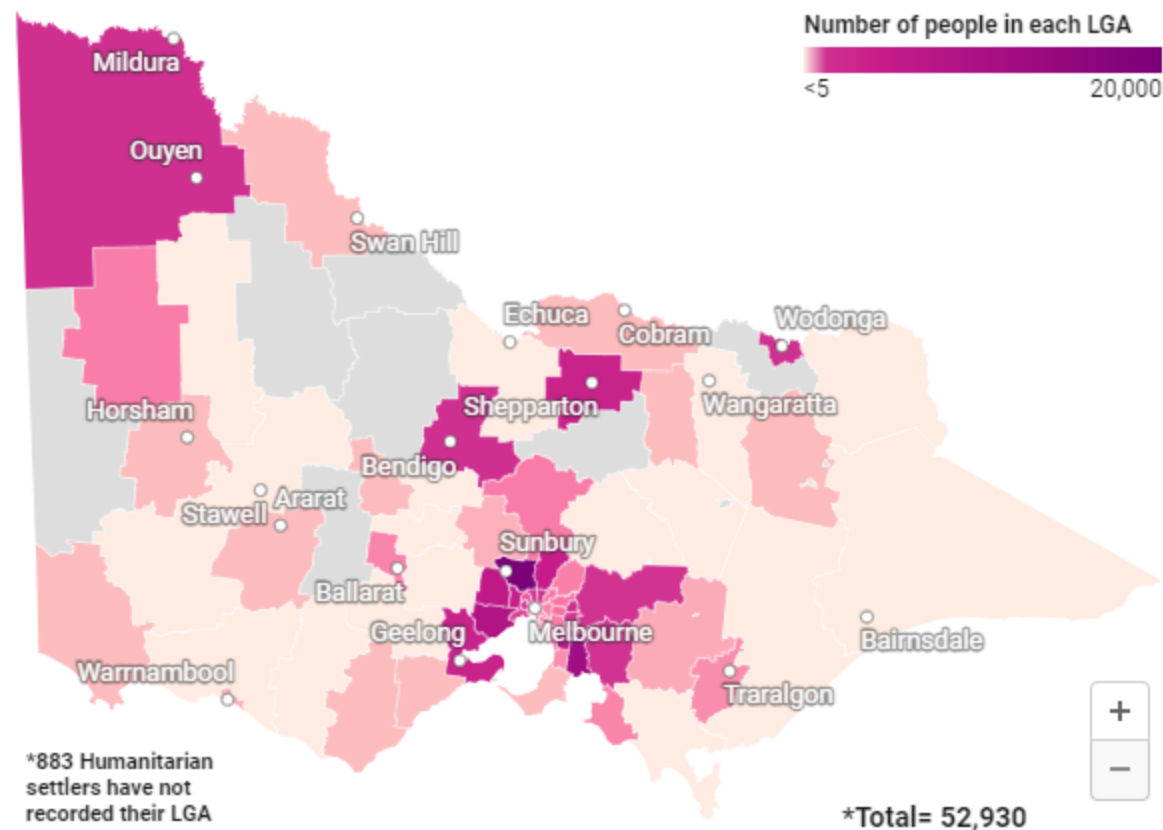
# Settlement areas

Local Government Area (LGA)	Number of arrivals (Visa Subclass 200s series & 866)	Number of people on the Resolution of Status Visa (851)
Hume	12,366	346
Casey	6,206	767
Wyndham	4,882	262
Greater Dandenong	3,707	966
Melton	2,884	190
Whittlesea	2,294	627
Brimbank	2,227	290
Greater Geelong	1,414	288
Maroondah	1,303	47
Greater Shepparton	1,013	89



## Humanitarian settlers in Victorian Local Government Areas over the last 10 years.

Humanitarian settlers (200 visa series and 866) with a Date of Arrival between 01/07/2014 and 30/06/2024 and are currently recorded as residing in Victoria as at 04/07/2024. Humanitarian settlers (851 visa) with a Date of Arrival between 01/01/2012 and 30/06/2024 and are currently recorded as residing in Victoria as at 04/07/2024 are also included.



Source: [https://www.datawrapper.de/\\_/rUAip/](https://www.datawrapper.de/_/rUAip/)

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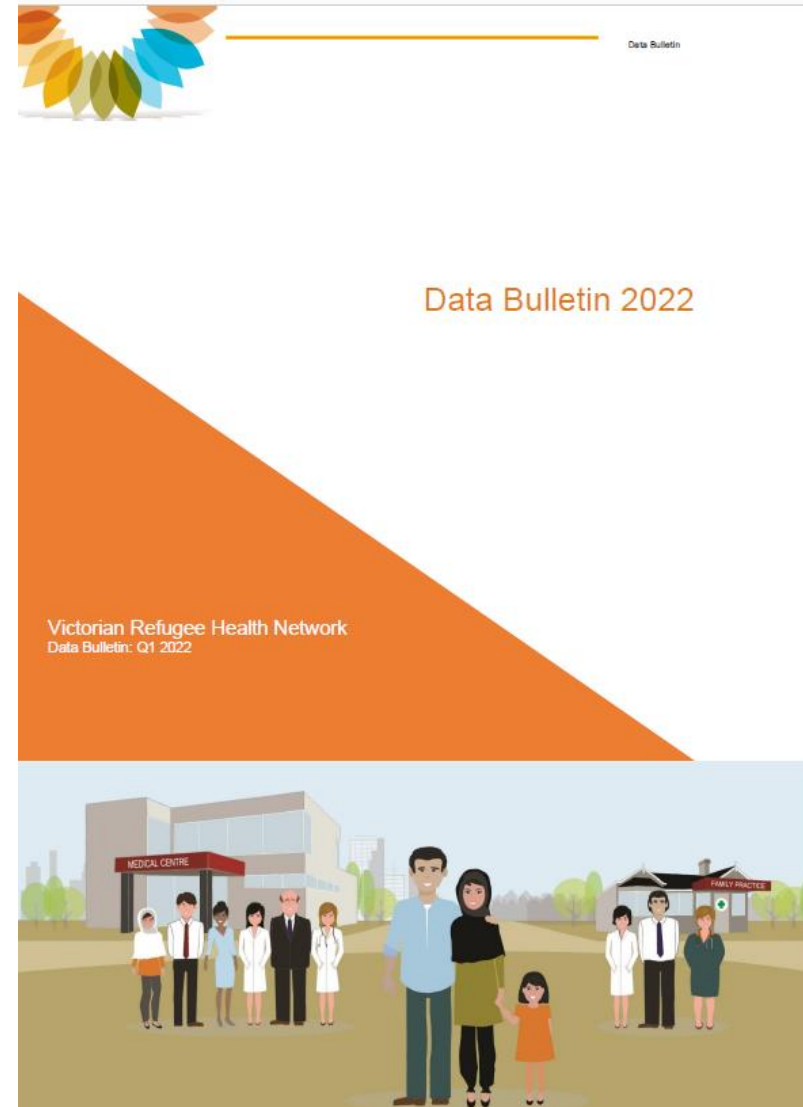
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victorian refugee  
health network

Rural/Regional  
Working Group

July 2024



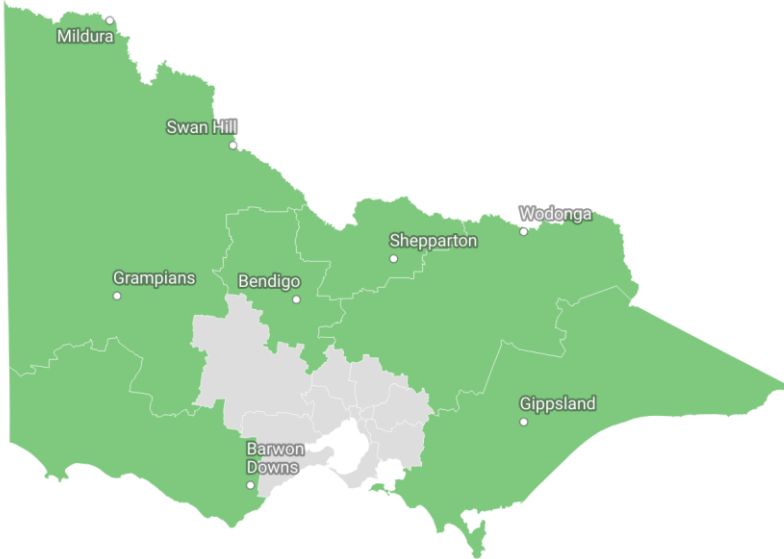
# Rural/Regional Working Group

## Overview:

With a high number of people settling in rural/regional areas, it is important to monitor, capture and have regular updates on health access issues for areas outside metropolitan areas. This year, the Network has established a Rural and Regional working group to ensure there is adequate representation in these Statewide Meetings on matters from across the State.

### Rural/Regional Working Group

Representation of group members.

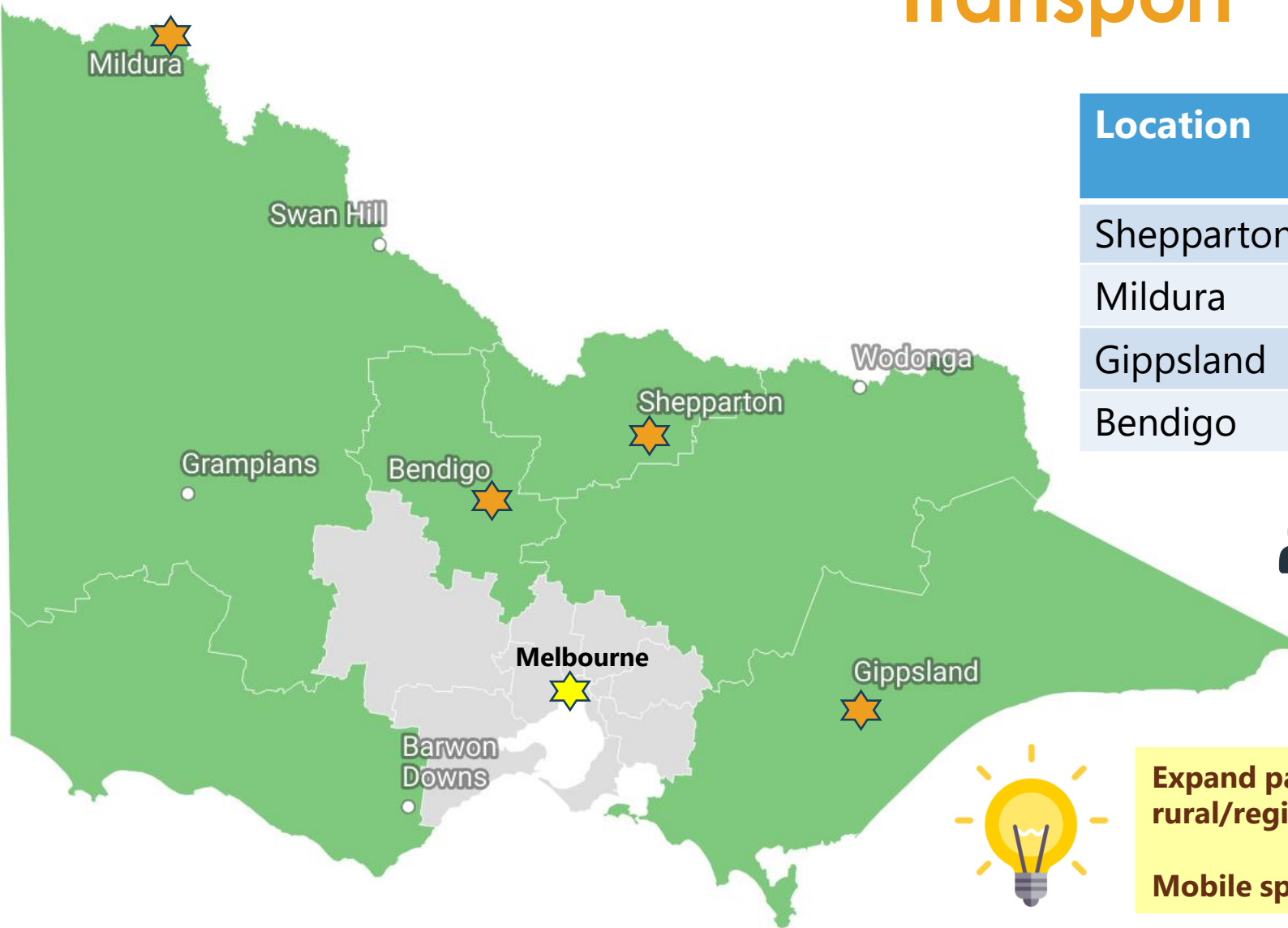


Map: Victorian Refugee Health Network • Map data: ABS • Created with Datawrapper

## Top 3 areas of concern

1. Transport within rural/regional areas and to Melbourne for Medical Appointments
2. Interpreter use and access
3. Dental services

# Transport



Location	Distance to Melbourne	Round-trip to/from Melbourne
Shepparton	200 km	4 - 6 hours
Mildura	550 km	12 – 14 hours
Gippsland	250 km	6 – 8 hours
Bendigo	160 km	4 – 6 hours



**Two health clinicians often accompany clients to their appointments.**



**Expand patient transport schemes to cover more rural/regional areas**

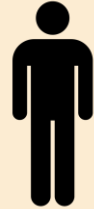
**Mobile specialist clinics**

# Interpreter Use

## Rural and regional areas face significant challenges in:

- Interpreter availability
- Capabilities in using interpreters

## Case study



- Male, 64 years old, Iraqi background
- Lives in rural Victoria
- Diagnosed with complex PTSD
- Specialist appointment booked for dementia assessment
- Waited **6+ months** for appointment
- Does not speak English

## Requesting an interpreter

- On behalf of the client, a counsellor from a support agency contacted the specialist clinic to request that an interpreter to be provided at the appointment.

## Interpreter request denied by specialist clinic

- The specialist clinic requested that the client bring a family member to the appointment to interpret.
- The counsellor explained to the specialist clinic that client does not have family to bring and will need an interpreter.
- The clinic said they don't book interpreters despite the counsellor stating that it is a right to have medical information in a language clients understand.

## Appointment cancelled by specialist clinic

- The morning of the appointment, the client received a call from the clinic stating that the appointment has been cancelled with no follow up provided.

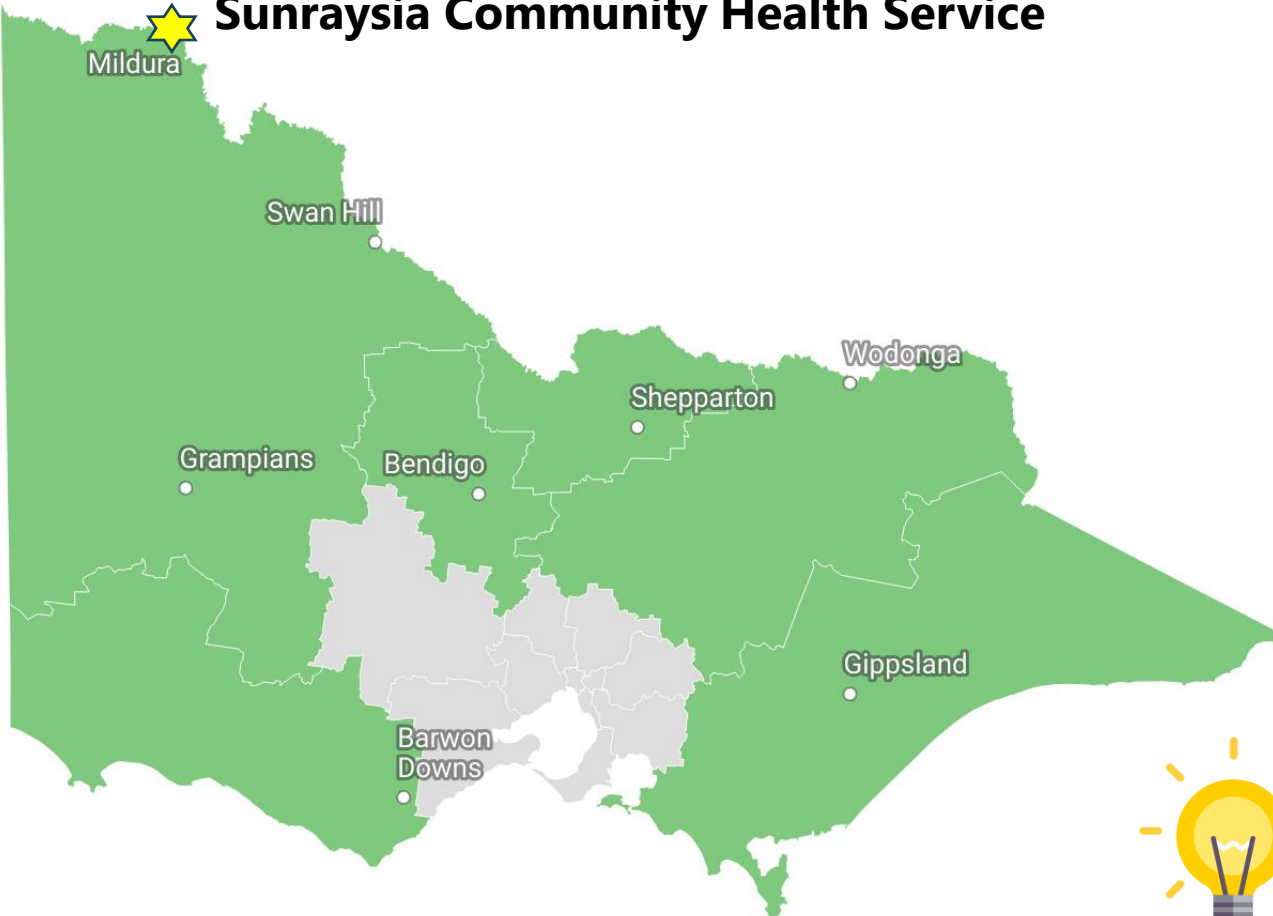


**Embed best practice interpreter use into university training and professional development**

**Co-locate interpreter programs in rural and regional areas**

# Dental care

## Sunraysia Community Health Service



- Due to skill shortage, there is currently no public dentist based at Sunraysia Community Health Service (SCHS)
- SCHS is now referring children to a private dental clinic
- Private dental clinic said it was too difficult to use interpreters unless they are face to face.
- The Government puts money towards Child Benefits Scheme but unfortunately, it's not being utilised.

### What is the Child Dental Benefits Scheme (CDBS)?

The CDBS was introduced by the Federal Government to help children access dental care. Eligible children can access \$1,095 worth of dental care at private or public dental clinics over a period of two years.



**Scholarships for dentistry in rural/regional areas**

**Simplified, in-language resources regarding dental care**

# Victorian Refugee Health Program

Kath Desmyth

Statewide Facilitator Refugee Health Program



# Victorian Refugee Health Program

- The Victorian Government launched the first refugee health and well being action plan in 2005 . The Refugee Health Nurses Program was one of the key initiatives in the plan.
- The success of the program led to its expansion across Victoria and now operates in 15 community health services across 20 Local Government Areas (LGAs) throughout the state.



# Victorian Refugee Health Program

The program is delivered by community health services (CHSs), and employs community health nurses (RHNs), allied health professionals, and bicultural workers.

- Increase access to primary health services
- Improve the response of health services to refugees' needs.
- Coordinate a response to newly arrived refugees.
- Help individuals, families, and refugee communities improve their health and well-being.

More information can be found on the [VRHN website](#)



# Snapshot

2022 – 2023 FY

**Total clients = 6358**

**Episodes of care = 9802**

- 47% Male
- 53% Female
- 33% children

**Top 3 language groups**

- Arabic
- Dari/Farsi
- Burmese

2023 – 2024 (July – March)

**Total clients = 5521**

**Episodes of care = 8103**

- 46% Male
- 54% Female
- 36% children

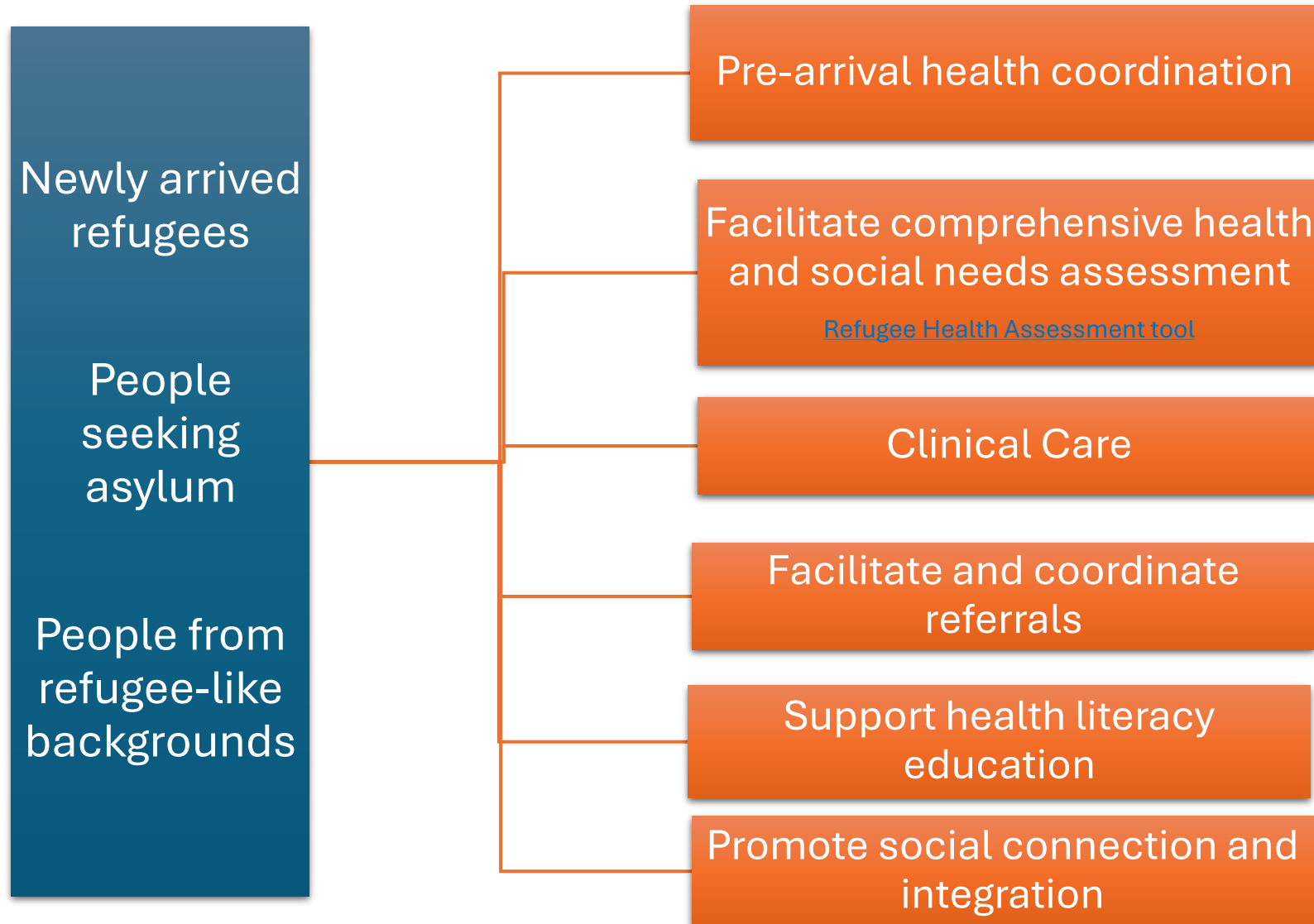
**Top 3 language groups**

- Dari/Farsi
- Burmese
- Middle Eastern Semitic





# Refugee Health Program




# Refugee Health Teams work from a social model of health framework





# Referral Pathways


- Anyone can refer to refugee health program
- No Medicare required
- Referral pathways and more information can be found on [VRHN website](https://www.vrhn.org.au)
- Specific enquiries: contact the Victorian Refugee Health Program  
[VictorianRHP@cohealth.org.au](mailto:VictorianRHP@cohealth.org.au)


Back to categories ☐ Resource ☐ Referral ☐ Publication


 Referral  
**Refugee Health Program**  
The Refugee Health Program (formerly the Refugee Health Nurse Program) operates in 15 local government areas of Victoria.  
[Find out more](#)

 Referral  
**Monash Refugee Health & Wellbeing**  
**Category:** Child Youth Health, Infectious Diseases, Mental Health  
Monash Health's Refugee Health and Wellbeing service provides comprehensive primary care services and tertiary services including infectious diseases, paediatrics and psychiatry.  
[Visit](#)

 Referral  
**Preston-YOUR Community Health (PANCH)**  
We have a specialist medical clinic for newly arrived Refugees and Asylum Seekers that offers long appointments and assistance in understanding and navigating the healthcare and social support system in Australia.  
[Visit](#)

 Referral  
**Swan Hill District Health**  
**Category:** Rural and Regional Health  
The Refugee Health Program works to meet the

 Referral  
**Mildura — Sunraysia Community Health Services**  
**Category:** Rural and Regional Health

 Referral  
**Shepparton — Primary Care Connect**  
**Category:** Mental Health, Rural and Regional Health





victorian refugee  
health network

# Community Health Coordination Response – newly arrived Palestinians

Dr. Mariam Hassan

Australian Islamic Medical Association (AIMA)

Number of Visitor visa (subclass 600) people that have arrived in **Australia** from Palestine,  
from 1 October 2023 to 12 June 2024

Travel Document Country Long Desc	Movement Visa Subclass Code	Movement Visa Subclass Description	Movement Count
PALESTINIAN AUTHORITY	600	VISITOR	1112
		TOTAL	1112

Number of Visitor visa (subclass 600) people that have arrived in **Victoria** from Palestine,  
from 1 October 2023 to 12 June 2024

Travel Document Country Long Desc	Departmental Port Australian State	Movement Visa Subclass Code	Movement Visa Subclass Description	Movement Count
PALESTINIAN AUTHORITY	VIC	600	VISITOR	397
			TOTAL	397

Data obtained from Australian Government Department of Home Affairs

Number of Visitor visa (subclass 600) people that have arrived in **Victoria** from Palestine by age range from 1 October 2023 to 12 June 2024

Travel Document Country Long Desc	Departmental Port Australian State	Movement Visa Subclass Code	Movement Visa Subclass Description	Age Range	Movement Count
PALESTINIAN AUTHORITY	VIC	600	VISITOR	0-20	148
PALESTINIAN AUTHORITY	VIC	600	VISITOR	21-40	135
PALESTINIAN AUTHORITY	VIC	600	VISITOR	41-60	67
PALESTINIAN AUTHORITY	VIC	600	VISITOR	60+	47
			TOTAL		397

Data obtained from Australian Government Department of Home Affairs



# AUSTRALIAN ISLAMIC MEDICAL ASSOCIATION

## Gazan Medical Response

25th July 2024

Dr Mariam Hassan







# AUSTRALIAN ISLAMIC MEDICAL ASSOCIATION

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National organisation.

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**Aim:** *unite and inspire* Muslim healthcare professionals and serve humanity.

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Diverse group of professions, grades and ethnicities with the Muslim workforce.

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Part of an international coalition of similar organisations across the world.





# AUSTRALIAN ISLAMIC MEDICAL ASSOCIATION

Gazan Medical Response began in November 2023

## Concerns identified

- Gazans arriving on a **visitor visa (subclass 600)**
- They are **ineligible for Medicare** and public hospital care
- Challenges accessing and understanding the healthcare system
- Financial concerns
- Language barriers



## Short-term

Pro-bono healthcare database

- GPs
- Allied health
- Specialists
- Pathology, radiology



## Medium-term

State-Government advocacy

- access to public hospitals
- access to community healthcare and refugee health services



## Long-term

Access to Medicare

# MEDICAL ASSISTANCE FOR

**GAZA FAMILIES – VICTORIA**

This is organised by the  
**Australian Islamic Medical Association Victoria  
(AIMA)**

If you are health professional and are interested  
in assisting, please scan the QR code and  
complete the form.



SCAN ME



# Health Professional Groups

1. **General Practice** group to link with local GPs
2. **Ophthalmologists** to support eye trauma
3. **Dentist** group supporting dental emergency
4. **Specialist** group – all fields of Medicine and Surgery covered
5. **Allied Health** - Physio, OT, Speech Therapist etc;
6. **Transportation** support team – to assist to/from medical appointments





# Information for Gazans

- How to navigate the **complex** Australian Healthcare System
- **Flyer** on seeking emergency and routine medical care.
- Will run online community health information sessions in the next few weeks

The Australian Islamic Medical Association welcomes you to Australia. This flyer is to provide you with your medical and healthcare rights while living in this country.

We understand you do not have a Medicare card, and you are concerned about costs of healthcare including medicines. Without Medicare, hospital and ambulance services and medicines are not free. AIMA cannot provide financial assistance. However AIMA is in contact with public hospitals and the ambulance service as well as charities which may be able to assist with any bills.

In Victoria, you have 4 options to access medical care.

1. If it is an emergency, you can call the ambulance on "000"
  - You can ask for Arabic interpreter by saying "Arabic"
  - Ideally, you should be able to give them your current address, but if you cannot, they can locate you via GPS on your phone.
2. If it is an emergency, you can go to any local emergency department in the public hospitals.
  - It would be good to take some ID that has your name, address, and DOB.
  - You will not be denied treatment because you don't have a Medicare card.
  - You are eligible for a free phone interpreter so you can communicate in Arabic.
  - You will receive the treatment you need, whether it's medications or surgery.
3. If you have a urgent but not life threatening medical condition, you can attend one of the local Priority Primary Care Clinics - <https://www.betterhealth.vic.gov.au/priority-primary-care-centres-ppccs>
  - They are open 8am – 10pm on most days.
  - You do not need a Medicare card to access this service.
  - Doctor service is free but you may be charged for other investigations including xray, imaging, blood tests or medications.
  - You can ask for a phone interpreter also.
  - This can see you for specific conditions only;
    - Small cuts that require stitches
    - Basic fracture management & sprains
    - Minor burns
    - Rashes
    - Urine infections
    - Insect and animal bites
    - Asthma, cough or cold
    - Ear, nose or throat infections
    - Gastroenteritis - vomiting and diarrhoea

ترحب الجمعية الطبية الإسلامية الأسترالية بكم في أستراليا.

هذه النشرة لإعلامكم بحقوقكم الطبية والصحية أثناء إقامتكم في هذا البلد.

نحن نتفهم أنه ليس لديك بطاقة مديكير (بطاقة الرعاية الصحية)، وأنكم قلقون بشأن تكاليف الرعاية الصحية بما في ذلك الأدوية. بدون مديكير، الخدمات الاستشفائية وخدمة الإسعاف والأدوية ليست مجانية. لا يمكن للجمعية الطبية الإسلامية الأسترالية تقديم مساعدة مالية. ومع ذلك، تعمل الجمعية الطبية الإسلامية الأسترالية على التواصل مع المستشفيات العامة وخدمة الإسعاف بالإضافة إلى الجمعيات الخيرية التي قد تكون قادرة على المساعدة في أي فواتير.

نريدكم أن تعلموا أنه لا تقلقوا بهذا الشأن. لقد اتخذنا العديد من التدابير لتمكينكم من الوصول إلى الرعاية الصحية بدون أي تكلفة في ولاية فيكتوريا، نيابة عن الحكومة الأسترالية.

في فيكتوريا، لديكم 3 خيارات للوصول إلى الرعاية الطبية:

1. إذا كانت الحالة طارئة، يمكنكم الاتصال بسيارة الإسعاف على الرقم "000"
  - بإمكانكم طلب مترجم عربي، بقولكم كلمة "أرابيك".
  - من الأفضل إعطاؤهم عنوانكم الحالي إذا كان ذلك ممكناً، ولكن إذا لم تتمكنوا من ذلك، يمكنهم تحديد موقعكم عبر نظام تحديد المواقع على هاتفكم .
2. إذا كانت الحالة طارئة، يمكنكم الذهاب إلى أي قسم طوارئ محلي في المستشفيات العامة.
  - من الضروري أن تحضروا بعض الهويات التي تحتوي على اسمكم وعنوانكم وتاريخ ميلادكم.
  - لن يتم رفض علاجكم بسبب عدم امتلاككم لبطاقة مديكير.
  - أنتم مؤهلون لمترجم هاتفي مجاني حتى تتمكنوا من التواصل باللغة العربية.
  - ستحصلون على العلاج الذي تحتاجون إليه، سواء كان عبارة عن أدوية أو جراحة.
3. إذا كان لديكم احتياجات طبية طارئة نسبياً، يمكنكم زيارة أحد عيادات الرعاية الأولية ذات الأولوية المحلية <https://www.betterhealth.vic.gov.au/priority-primary-care-centres-ppccs>
  - هي مفتوحة من الساعة 8 صباحاً حتى الساعة 10 مساءً في معظم الأيام.
  - لا تحتاجون إلى بطاقة مديكير للوصول إلى هذه الخدمة. لا تحتاجون لدفع ثمن هذه الخدمة، فهي مجانية لأي شخص يعيش في أستراليا.
  - يمكنكم رؤية الطبيب، وإجراء اختبارات الدم، وعمل إجراءات تصويرية مثل الأشعة فوق الصوتية والأشعة السينية.



# Priority Primary Care Centres

Do you need to see a doctor urgently?



Priority Primary Care Centres (PPCCs) provide free treatment for anyone with urgent injuries or illness.



PPCC doctors will help you get the treatment you need quicker than at a hospital emergency department.

They can treat conditions like mild infections, minor burns, sprains or suspected broken bones. PPCC services include pathology, radiology and pharmacy.

If you have a severe injury or illness, call Triple Zero (000). If you do not need urgent care, make an appointment with your regular doctor.



PPCC services are free for everyone, with or without a Medicare card.



Interpreters are available at PPCCs. Call the Translating and Interpreting Service TIS National on 131 450.



Visit the Better Health Channel for locations and more information:  
[betterhealth.vic.gov.au/priority-primary-care-centres](https://betterhealth.vic.gov.au/priority-primary-care-centres)

# مراكز الرعاية الأولية ذات الأولوية

هل تحتاج لرؤية الطبيب بشكل عاجل؟



تقدم مراكز الرعاية الأولية ذات الأولوية (PPCCs) العلاج المجاني لأي شخص يعاني من إصابات أو حالة مرضية طارئة.

سيساعدك أطباء PPCC في الحصول على العلاج الذي تحتاجه بشكل أسرع من قسم الطوارئ بالمستشفى.

يمكنهم علاج حالات مثل الالتهابات الخفيفة، والحروق الطفيفة، والالتواءات أو الاشتباه في كسور العظام. تشمل خدمات PPCC علم الأمراض (التحاليل الطبية) والأشعة والصيدلية.



إذا كنت تعاني من إصابة شديدة أو مرض، فاتصل برقم الطوارئ (000). إذا لم تكن بحاجة إلى رعاية عاجلة، فحدد موعدًا مع طبيبك المعتاد.



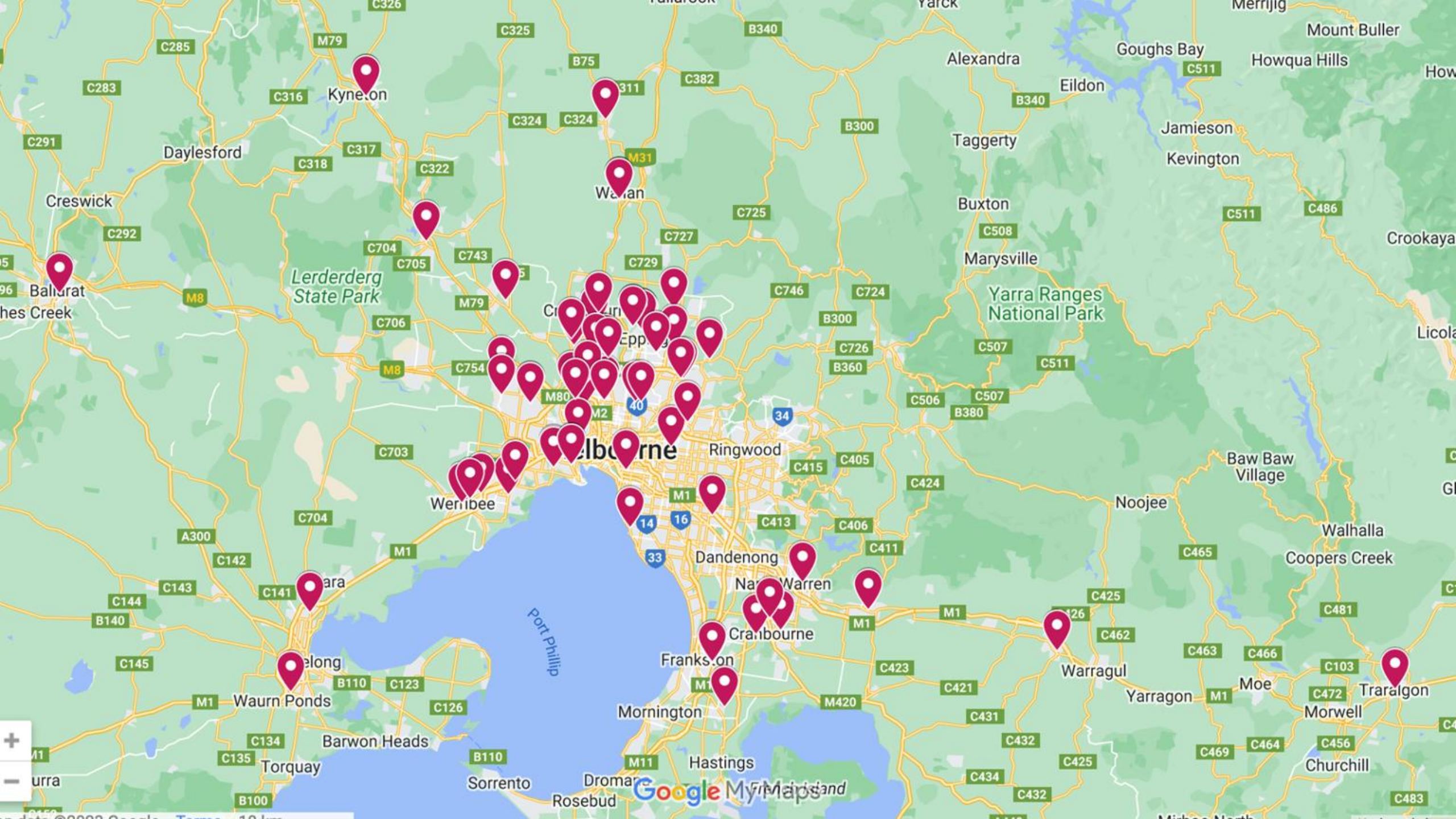
خدمات PPCC مجانية للجميع، مع أو بدون بطاقة ميديكير Medicare.



المترجمون الفوريون متاحون في PPCCs. اتصل بخدمة الترجمة والشفوية TIS National على الرقم 131 450.



تفضل بزيارة Better Health Channel للتعرف على المواقع ولمزيد من المعلومات:  
[betterhealth.vic.gov.au/priority-primary-care-centres](https://betterhealth.vic.gov.au/priority-primary-care-centres)







# Advocacy

- Tertiary public hospitals in Victoria
  - Emergency Department
  - Outpatient appointments
  - Pathology
  - Radiology

## Free public health care in Victoria for people fleeing the Israel-Palestine conflict

Interim guidance for Victorian health services – December 2023

### OFFICIAL

People fleeing the Israel-Palestine conflict who arrived in Australia on a visa subclass 600 (Visitor visa) will have free access to health services in Victoria. This is consistent with existing asylum seeker and refugee health policies.

### Background

In October 2023, the Commonwealth Government announced that it would support people fleeing the Israel-Palestine conflict to come to Australia. Numbers of people arriving in Victoria from the Israel-Palestine conflict are currently small but likely to increase.

In contrast to other refugee cohorts, most people fleeing the Israel-Palestine conflict will arrive on a Visitor visa (subclass 600) without access to Medicare, Pharmaceutical Benefits Scheme (PBS) subsidised medicines, settlement services or other basic Commonwealth safety nets.

### Healthcare for people fleeing the Israel-Palestine conflict

#### 1. Public hospital services

**People fleeing the Israel-Palestine conflict will receive full medical care in Victorian public hospitals as admitted, non-admitted or emergency patients.**

This is consistent with the arrangements outlined in the [Hospital access for people seeking asylum](https://www.health.vic.gov.au/publications/hospital-access-for-people-seeking-asylum) who are Medicare ineligible <<https://www.health.vic.gov.au/publications/hospital-access-for-people-seeking-asylum>>.

Their care includes, but is not limited to:

- emergency care
- elective care
- pathology and radiology
- mental health services
- pharmaceuticals (at co-payment rate and Tuberculosis medications free of charge).

**People fleeing the Israel-Palestine conflict should not be invoiced for care.**

Funding will be applied as per the usual emergency and general public patient arrangements. This cohort can be recorded as MF Public: ineligible asylum seeker.

#### 2. Access to other health services in Victoria

People fleeing the Israel-Palestine conflict will have access to fee waivers for a range of health services. This is consistent with the [Guide to asylum seeker access to health and community services in Victoria](#)



## What we have achieved so far

- Currently there are over 360 Gazans in Victoria
  - Anticipate ~450-500 in Vic by the end of the year, with ~1-2 new families arriving each week
- We have assisted **>200 Gazan cases**
- Mostly chronic conditions
- Some high risk cases: breast cancer, open fracture of femur, spina bifida
- Newer arrivals more complex, significant trauma among the cohort
- A few patients requiring public hospital care



# Community Connections

- Close partnership with PARA
- PARA refer high risk cases to us directly
- PARA Community Whatsapp group
  - Health and Medical Subgroup has >240 members
- Other key partnerships: Foundation House, RCH Immigrant Health Clinic, Refugee Health Network, Refugee Health Program





# Challenges

- Transportation to and from appointments
- Lack of refugee health clinics in the northern suburbs
- Sustainability of offering pro bono services
- Volunteer run team, burn out
- Unexpected invoices
- Challenges of the visitor visa: no case workers, inability to work



# Future Directions

- Linking in with existing community Refugee Health Services
  - Establishing a referral pathway to the Refugee Health Program
- Education Sessions for GPs
- Community Health Information Sessions for Gazan families
- Ongoing advocacy for Medicare Access

# Disclaimer

We are completely pro bono and have no monetary gain in offering this service.

AIMA has been clear in all meetings and messages that we are **not financially responsible for any bills** associated with Gazan healthcare needs however will try to advocate for providers to waive fees.





# AUSTRALIAN ISLAMIC MEDICAL ASSOCIATION

Questions?

Dr Mariam Hassan - 0422782258

[mariamhassanv@gmail.com](mailto:mariamhassanv@gmail.com)



We would love to hear  
from you

**Complete our feedback form**



<https://www.surveymonkey.com/r/JLL7PTZ>

Let us know about:

- Feedback on today's meeting
- Topics you would like covered in future meetings
- Speaker opportunities





victorian refugee  
health network

**Thank you**

Become a Network  
Member



Join the Victorian Refugee Health Network to be involved in the Network's pieces of advocacy and networking opportunities.