



victorian refugee
health network

State-wide Meeting

August 2025



Acknowledgement of Country



Agenda | 2:00pm – 4:00pm
Chaired by: Kath Desmyth

Time	Agenda item	Speaker
2:10pm	National Policy Update	Rebecca Eckard Refugee Council of Australia
2:25pm	A note on Victorian Settlement Data	Kath Desmyth Victorian Refugee Health Network
2:30pm	AMES Settlement Update	Anthony Ferretto AMES Australia
2:45pm	Rural and Regional Update	Lorna Gillespie Rural and Regional Working Group Representative
3:00pm	Break (10 mins)	
3:20pm	Spotlight on services and support for people from a refugee and/or asylum seeker background with a disability	Kath Desmyth Victorian Refugee Health Network
		Anthony Ferretto AMES Australia
		Mark Blencowe Department of Health
3.55pm	Closing	Kath Desmyth

National Policy Update

August 2025

Rebecca Eckard
Refugee Council of Australia

Key issues and updates

1. Fast track processing & SRSS

2. Refugee and Humanitarian Program

3. Immigration detention and new laws

4. Offshore processing

5. Humanitarian crises arrivals

Fast track processing and SRSS

- **Minister is considering fast track cohort limited to:**
 - People who arrived as unaccompanied children
 - People who arrived pre-2010
 - People for whom there may be a potential change in country circumstance
 - People who arrived as children (including their parents)
 - Partner visa bar lifts also occurring
- Concerns about Ministerial Intervention applications and loss of work rights (and connected **loss of Medicare** access)
- New Ministerial Intervention instructions to be handed down soon
- SRSS: New Medical Certificate form 1567
- SRSS: Continued Eligibility Review process

Refugee and Humanitarian Program

Recommendations:

- **Increase the Humanitarian Program** in light of significantly reduced resettlement places globally and increased need
- **Separate complementary pathways** from the Humanitarian Program (*make additional*) +2,500
- **Break the link** between the onshore protection program and the resettlement program +4,000 places/year
- **Protect UNHCR-referred** places
- Increase **places from Africa**
- **LGBTQIA+** composition, resettlement from Indonesia, link with international aid
- Develop **better family reunion** options

Immigration detention and new laws

In response to several High Court decisions, the Parliament passed three laws last year. The Australian Government, with immunity to guard against cases, now has the power:

- To **pay undisclosed third countries** to take non-citizens, including recognised refugees with Australian citizen family members, without any safeguards to prevent any harm, detention or return to persecution;
- To **imprison people who will not return** to countries where they fear for their lives;
- To **create travel bans** on citizens trying to visit Australia for study, business, tourism or to see family, in an effort to pressure their governments into accepting forced returns;
- To **reverse refugees' protection findings** in order to remove them from Australia, and
- To **seize mobile phones** and conduct unwarranted searches on people in immigration detention.

NZYQ cohort growing but people released from correctional facilities onto Bridging Visa R rather than returning to immigration detention

Solutions for refugees in offshore processing

- **~1,000 people remain** – 93 in Nauru (arrivals in 2023 & 2024), 37 in PNG (plus 45 partners & children), ~800 people remain who were transferred to Australia for medical reasons
- **Insufficient resettlement options** available (>700 places), and concern about people exiting community detention and “engagement”
- **NZ arrangement closed**, as people must travel to NZ by end of 2025/beginning 2026

PNG:

- Situation in PNG deteriorated further and concerns about support to be provided
- Support via PNG Immigration officers to be provided but **no consideration of medical evacuation**

Arrivals from humanitarian crises

- **Ukraine:** Government inviting people from Ukraine on Temporary Humanitarian Concern (786) visas to apply for a Resolution of Status (RoS) permanent visa
 - 3,700 individuals have been offered the RoS; over 3,500 have accepted and there have been over 1,350 grants.
 - Temporary Humanitarian Stay offer for Ukrainians not in previous cohort (arrived before 31/07/2023)
- **Palestinians and Israelis:** Government seeking expressions of interest and making offers of a 3-year Temporary Humanitarian Concern (786) visa (449 visa required first)
 - 2,180 Palestinian travel doc holders; 1,100+ visa offer acceptances plus a few dozen Israelis
 - Contact Refugee Legal
 - Can support people with health needs to minimise Medicare gap
- People from other crises (Sudan, Iran, Myanmar, etc) not able to access

Questions?

Humanitarian Settlement Program - Updates



Presenter:

Anthony Ferretto (Operations and Practice Manager - North)
Humanitarian Settlement Program (HSP)



Arrivals Metro Melbourne - Jan to June 2025

- Total Arrivals Jan to June 2025 –
- 544 Cases / 2103 individuals

Month	Number of Clients
Jan	188
Feb	548
March	594
April	211
May	305
June	257
Grand Total	2103

8209 Health Supports
(Health Undertakings, GP appointments, follow up health appointments, allied health etc.)

- Average family size – 3.86
- 205 cases with 5+ family members



Arrivals Regional Vic - Jan to June 2025

- Total Arrivals Jan to June 2025 –
- 84 Cases / 280 individuals

Month	Number of Clients
Jan	24
Feb	57
March	34
April	48
May	71
June	46
Grand Total	280

- Average family size – 3.33



Settlement Locations – Jan to June 2025

Melbourne Metro:

Location	Number of Clients
Noble Park	598
Dandenong	564
Footscray	501
Dallas	440
Grand Total	2103

Regional Vic:

Location	Number of Clients
Bendigo	104
Geelong	80
Wodonga	39
Shepparton	31
Mildura	23
Ballarat/Nhill/Horsham	<10
Grand Total	280



Melb Metro Ethnicity - Jan to June 2025

Site	Number of Clients
Noble Park	598
Hazara (Afghan)	190
Pashtun (Afghan)	153
Tajik	71
Chin	69
Karen (Burma)	38
Afghan	22
Hazara (NFD)	10
Dandenong	564
Hazara (Afghan)	205
Pashtun (Afghan)	126
Tajik	82
Afghan	60
Chin	26
Rohingya (Burma)	14
Dallas	440
Arab (NFD)	127
Kurdish	73
Chaldean (Iraq)	52
Pashtun (Afghan)	36
Iraqi	26
Hazara (Afghan)	25
Syrian	20
Tajik	18
Palestinian	11
Assyrian	10

Footscray	411
Chin	70
Karen (Burma)	59
Hazara (Afghan)	35
Pashtun (Afghan)	34
Tigrinya	
(Ethiopian/Eritrean)	23
Other African	21
Arab (NFD)	18
<u>Karenni</u>	15
Afghan	15
Tajik	12
Werribee	90
Karen (Burma)	23
Chin	10
Hazara (Afghan)	10
Burmese	10



Regional Ethnicity - Jan to June 2025

Location / Ethnicity	No. of Clients
Bendigo	104
Karen (Burma)	94
(blank)	7
Myanmar	<10
Geelong	80
Hazara (Afghan)	25
Uzbek	14
Tajik	<10
Karen (Burma)	<10
Karenni	<10
Arab (NFD)	<10
Kayan	<10
Afghan	<10
Chin	<10
Wodonga	39
Congolese	24
Bembe	<10
African (NFD)	<10
Chin	<10
Myanmar	<10
Shepparton	31
Kurdish	15
Hazara (Afghan)	<10
Pashtun (Afghan)	<10
Afghan	<10
Mildura	23
Hazara (Afghan)	18
Hutu	<10
Other African	<10
Ballarat/Nhill/Horsham	<10
Karen (Burma)	<10
Grand Total	280



Melbourne Metro - Visa Types (Jan to June)

Site / Visa	No. of Clients
Noble Park	598
200	327
202	202
201	31
204	27
449	11
Dandenong	564
200	343
202	171
204	28
201	22
Dallas	440
200	206
202	182
201	23
204	18
449	<10
786	<10
851	<10
Footscray	501
202	283
200	180
204	20
201	12
786	<10

Visa Type	Name	Who It's For
Subclass 200	Refugee Visa	People outside their home country, referred by the UNHCR due to persecution
Subclass 201	In-Country Special Humanitarian Visa	People still in their home country facing persecution, unable to leave
Subclass 203	Emergency Rescue Visa	People in immediate danger of death or serious harm, referred urgently by UNHCR
Subclass 204	Woman at Risk Visa	Women outside their home country, without male protection, facing gender-based violence
Subclass 786	Temp Humanitarian Visa	Palestinians who arrived on 449 visa, transitioned to 786 for Medicare
Subclass 851	Resolution of Status (RoS) visa	For Palestinians - It provides a pathway to permanent residency for those who were previously only eligible for temporary protection.



Regional Vic - Visa Types (Jan to June)

Location / Visa	No. of Clients
Bendigo	104
202	101
200	<10
Geelong	80
200	53
202	25
204	<10
Wodonga	39
200	20
202	19
Shepparton	31
200	27
202	<10
Mildura	23
200	18
204	<10
Ballarat	<10
202	<10
Grand Total	280

Visa Type	Name	Who It's For
Subclass 200	Refugee Visa	People outside their home country, referred by the UNHCR due to persecution
Subclass 201	In-Country Special Humanitarian Visa	People still in their home country facing persecution, unable to leave
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Complex Cases Tier 3 – Jan to June 2025

Melb Metro - Total Complex Cases (Includes SIS):

Site / Tier 3	% of Clients
Dallas	26.95%
Dandenong	11.85%
Footscray	24.59%
Noble Park	14.61%

Regional Vic- Total Complex Cases (Includes SIS):

Site / Tier 3	% of Clients
Bendigo	0%
Geelong	3.07%
Wodonga	0%
Shepparton	0.43%
Mildura	25.81%
Ball/Nhill/Horsham	0%



Future Arrivals – Metro Melbourne

Referred and **travel booked**:

Site / Month	No. of Clients
Dallas	187
August	145
September	41
October	1
Dandenong	77
August	65
September	12
Footscray	227
August	115
September	63
October	43
November	6
Noble Park	65
September	31
August	30
October	4
Grand Total	556

Future Arrivals - Medical Indicators:

Site / Indicator	No. of Clients
Dallas	13
Potential medical issue	13
Dandenong	1
Potential medical issue	1
Footscray	5
Critical medical issue	1
Potential medical issue	4
Noble Park	5
Potential medical issue	5
Grand Total	24



Future Arrivals – Regional Vic

Referred and **travel booked**:

Location / Month	No of Arrivals
Shepparton	83
August	42
September	35
October	6
Bendigo	48
August	32
October	13
September	3
Geelong	27
August	18
October	9
Wodonga	15
September	10
August	5
Mildura	14
August	14
Ballarat	5
September	5
Grand Total	192

Future Arrivals - Medical Indicators:

Location / Indicator	No. of Clients
Bendigo	4
Critical medical issue	1
Potential medical issue	3
Geelong	4
Potential medical issue	4
Mildura	3
Potential medical issue	3
Shepparton	2
Potential medical issue	2
Grand Total	13



Trends / Updates

- Prioritisation of 1500 Afghan LEE - 1st quarter
- Approx 400 Palestinians arriving to Australia from August (estimated 100 to Vic)





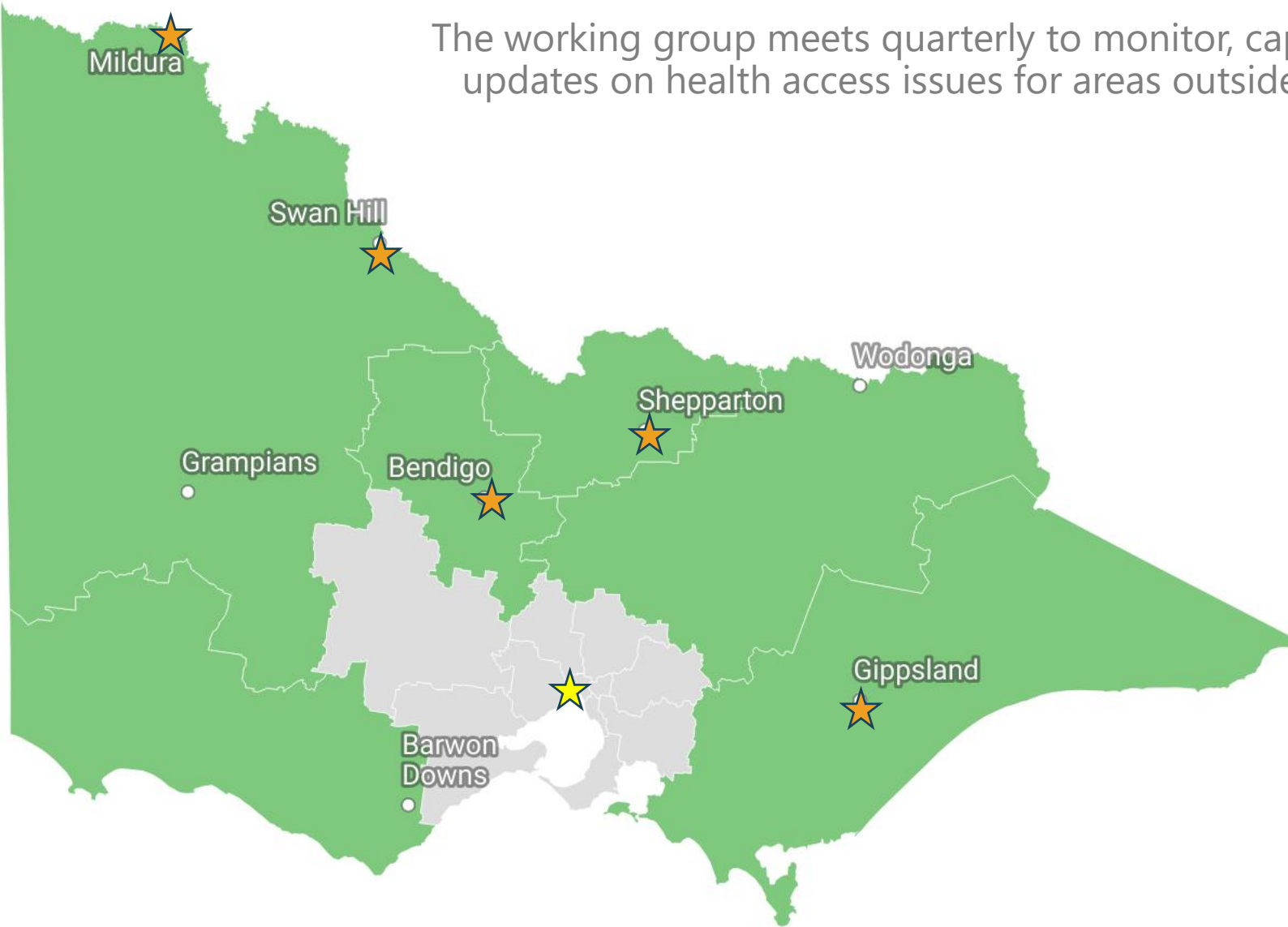
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Rural/Regional
Working Group

August 2025

Rural/Regional Working Group

The working group meets quarterly to monitor, capture and have regular updates on health access issues for areas outside metropolitan areas.



A range of topics raised in our discussions, including but not limited to:

- **Transportation**
- CRISP
- Health Literacy
- Housing
- **Language and interpreters**
- Mental health access and literacy
- Oral Health
- **PALM Scheme**
- Settlement support

The **right to health** imposes four essential standards on healthcare services:

- **Availability**
- **Accessibility**
- **Acceptability**
- **Quality**



Transport to medical appointments: What are we seeing?



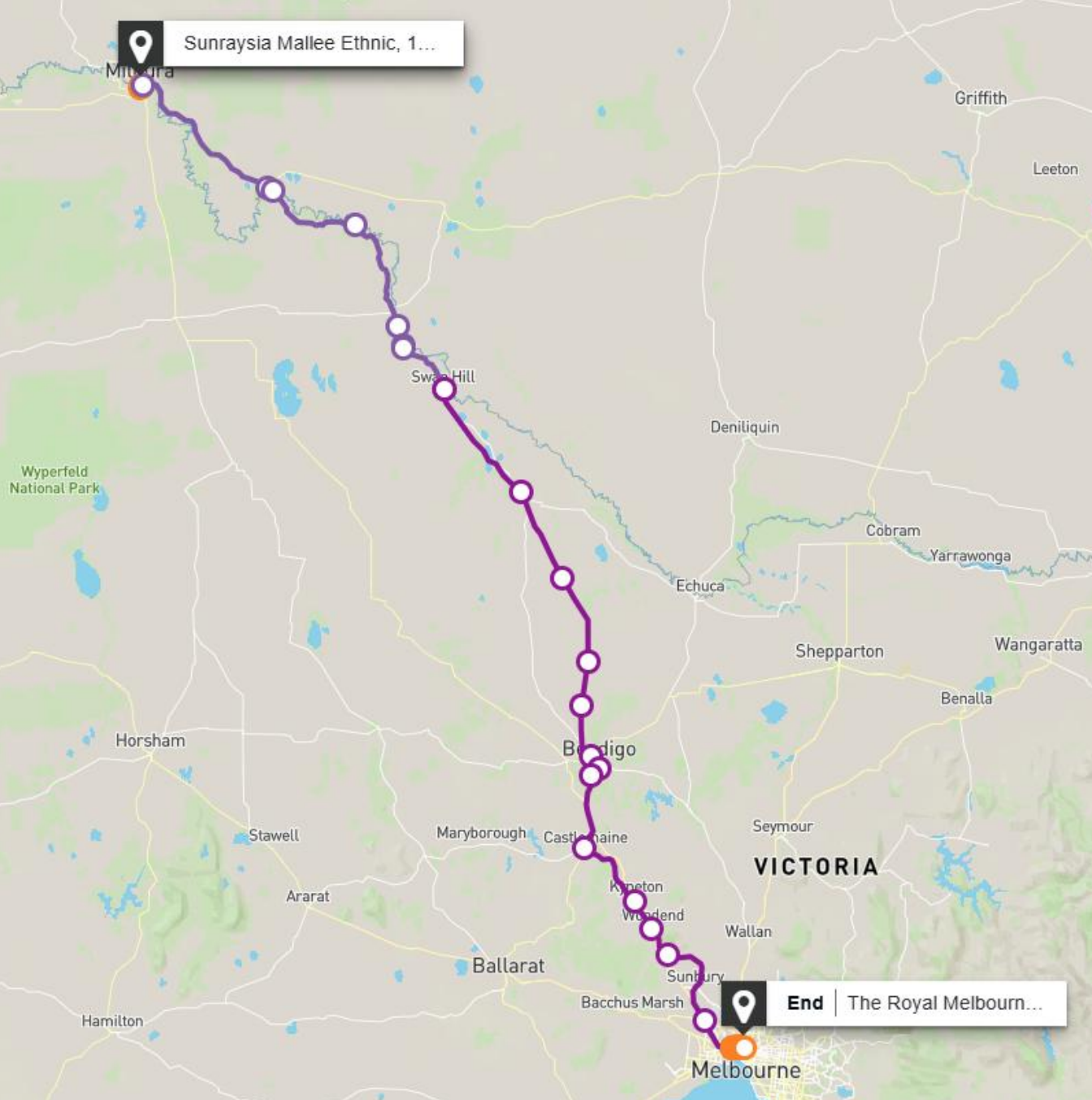
Lack of available GPs and specialists in rural and regional areas require people to travel to neighbouring towns and/or Melbourne to meet their health needs



Funding for transportation through settlement or health programs is limited



Family/friends/community members are often filling in the gaps. Community health workers and settlement workers are spending significant time on care coordination.



Specialist appointment scheduled for 10AM

Mildura to Melbourne (**one-way**):
8.5 hour journey

Evening before: Travel to Mildura Railway Station



10:00PM – 5:00AM: Overnight Coach



5:30AM – 6:30AM: Train from Ballarat to Southern Cross



6:30AM – 7:00AM: Tram to hospital

7:00AM – 9:00AM: Waiting for appointment

Additional challenges:

1. **Transport accessibility:** Vline buses have no low-floor/low-entry and restricted seating
2. **Resourcing:** Often 1-2 health or community workers try and accompany clients. Otherwise they are left to travel alone.
3. **Language support:** If client requires additional language support, having an interpreter present during this journey is often not possible

What is helping or could help:

1. **Funding support:** Volunteer-run services like *Angel Flights*, who provide free flights required for medical appointments; Concession return fares keeping costs low
2. **Increasing rural workforce:** Scholarships to incentivize specialists to be working in rural areas
3. **Accessible services:** Virtual or mobile health services



Virtual women's health
clinic

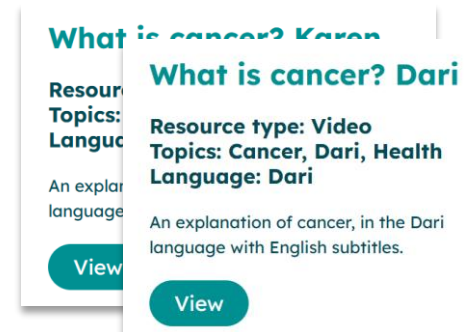
Interpreting + Language

“I have called 10 GPs in the area to get a family a GP appointment. Unfortunately, there were no bulk billing GP clinics that would use interpreters.”

– Rural and Regional Working Group Representative

Some ideas to overcome current language and communication challenges...

- Working with local councils to subsidise professional development opportunities related to interpreting
- Optimising existing communication tools: [Appointment reminder tool | Multicultural Health Communication Service](#) - How can this tool be optimised?
- **Visual aids** to bridge language gaps – logo recognition
- **Promoting in-language, community tested resources**



In language resources related to cancer
Bendigo Community Health Services

PALM Scheme

What is it? The Pacific Australia Labour Mobility (PALM) scheme allows eligible Australian businesses to hire workers from 9 Pacific islands and Timor-Leste when there are not enough local workers available.

Rural and Regional Working Group: What are we seeing?

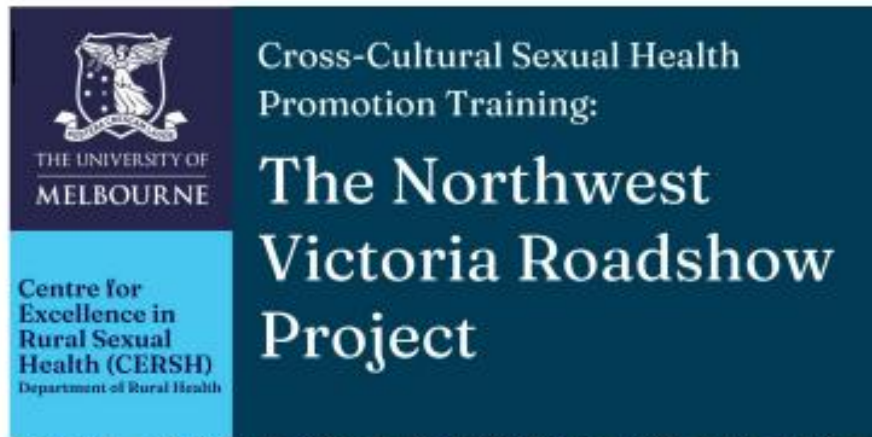
- An increasing number of PALM Scheme workers are seeking protection
- Very limited to no interpreters in community languages
- A number of STI presentations with limited access to medications and health information

What work is being done?

Thirty organisations advocating to improve access to sexual and reproductive healthcare for PALM Scheme workers

Reproductive Health and Rights for PALM Scheme Workers – Statement

[Reproductive Health and Rights for PALM Scheme Workers - Statement - Australian Women's Health Alliance](#)



Good practice example:

- **Collaborative initiative** led by CERSH, Multicultural Health & Support Services and local partners to improve sexual and reproductive health outcomes for culturally and linguistically diverse communities in northwest Victoria.
- **Delivered in Swan Hill, Robinvale and Mildura**
- **Combined community education and workforce** and engaged over 100 participants.
- **Co-designed** with CALD community leaders, local service providers to build capacity of community members and health professionals to engage in culturally safe SRH conversations.
- Evaluation findings **showed increased knowledge, confidence and capability** among participants, highlighting the **importance of place-based, community-led approaches** to improving SRH equity in rural Victoria.

Further reading and resources



Join the Rural and
Regional Working Group

Transportation:

- [Rural Health in Australia Snapshot 2025](#)
- [Angel Flight](#)

Language and interpretation:

- [Talk to Me App](#)
- [Centre for Culture, Ethnicity and Health, "Communication via an interpreter"](#)

PALM Scheme:

- [It's Not Illegal to be Pregnant](#)
- [Meat the Reality Unpacking the Exploitation of PALM Scheme Workers](#)
- [Cross-Cultural Sexual Health Promotion Training: The Northwest Victoria Roadshow Project](#)



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Services and supports for
people with a disability

Refugee and asylum seeker communities

Policy context

Until 2012, **people with a disability and/or complex health needs were excluded** from Australia's Refugee and Humanitarian Program.

Policy change in 2012 resulted in an increase in refugee and humanitarian entrants with a disability.

The true numbers of humanitarian entrants with a disability (on arrival or acquired post-arrival) remains **unknown**.

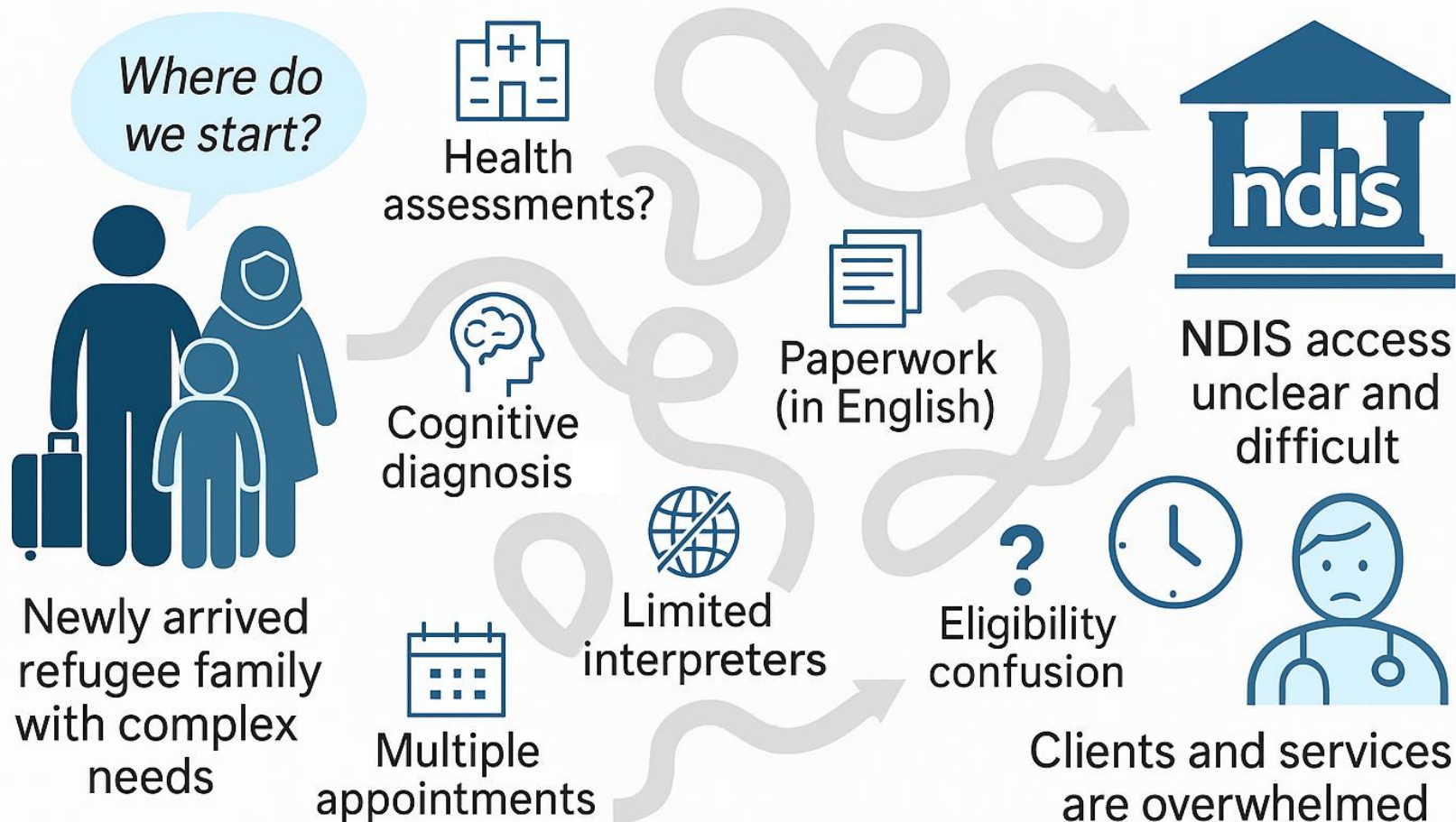
What is the current situation?



- **Increasing presentations of physical and cognitive disabilities in refugee/asylum seeker communities**
- Health, community & settlement sectors are overstretched
- Individuals and families face a complex system that is hard to navigate
- Limited access to assessments for diagnosis (particularly cognitive assessments)

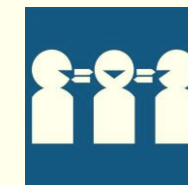
“The System”

Navigating the NDIS – A Complex Journey for Refugee Clients



The Royal Children's
Hospital Melbourne

ADEC



Western English
Language School

HSP – Complex Health Needs



Presenter:

Anthony Ferretto (Operations and Practice Manager - North)
Humanitarian Settlement Program (HSP)



Outline

- Set the scene – what are we seeing
- Pathway for HSP supports
- Numbers and data
- Case studies



Setting the Scene – Complex Arrivals

Prior to 2023:

- Predominantly clients with physical disability
- Complex trauma, PTSD, depression/anxiety
- Sensory impairments

After 2023:

- Legally blind and/or deaf
- Severe neurodevelopmental disorders
- Paraplegia (complete and incomplete)
- Cerebral palsy and epilepsy (often linked)
- Down syndrome
- Malnutrition
- Blood disorders (Thalassemia major and minor)
- Respiratory issues (oxygen dependent)



Pre Arrival and On-Arrival Support for Complex Health Concerns

Pre-Arrival:

- Offshore Medical Reports
- Potential Medical and Critical Medical Indicator flags
- Medical Travel Escorts
- Pre-arrival health planning/advice from Refugee Health Nurses and Royal Children's Hospital
- Book GPs pre-arrival

On Arrival:

- Patient transport to hospital
- Mobility Aids
- Client Support Worker transport to urgent health appointments
- Medicare Registration



Case Management Supports

Case Management Supports:

- Provision of culturally sensitive support and helpful information
- Health coordination
- Completion of the Access Request Form for NDIS
- Support to engage Administrative Appeals Tribunal (AAT)
- Advocacy – Corporate support i.e. MOORUP, Disability Advocacy Groups, Schools, NDIS LACs, Multi-Purpose Taxi, housing supports, Public Advocates.
- Application for Centrelink payments - Disability Support Pension and Carer Payment/Allowance
- Support for Carers – Referral to Carer Gateway services, HACC support & HACC PYP (Program for Younger People)
- Children – school enrolment and cognitive assessments

Funding Support “Purchased Services”:

- Longer term mobility aid hire
- Private assessments
- Patient transport from tarmac to hospital
- AUSLAN Interpreting
- Carer supports while waiting for NDIS plan activation
- Carer supports for parents to attend medical appointments
- Taxi Vouchers



Health Indicators and Financials

Arrivals with medical indicators:

Client Arrival Financial Year	No of Arrivals in the FY	
	No Health Flags	PMI/CMI
FY 21/22	2756	21
FY 22/23	4461	48
FY 23/24	5031	109
FY 24/25	5112	141
Grand Total	17360	319



Case Study 1

Sussan – Commenced HSP support beginning of June 2025:

- Weekly care team meetings with health and partner agency to discuss needs and handover.
- Request for approval for Short Term Accommodation (STA).
- Support to enter STA facility in Reservoir with someone to help her navigate the layout of the building.
- 3 x Quotes for Pre-NDIS carer support and cleaning support for 15 hours per week.
- Formal diagnosis from doctor and assessment from a qualified OT.
- Referral to Vision Australia for an assessment.
- Sourcing of a microwave in with voice commands so client can heat up pre-prepared food.
- 1 on 1 support to Centrelink to resolve payment application issues for Special Benefit.
- 1 on 1 support for Centrelink to transition to Job Seeker Allowance after 851 visa grant.
- Support to apply for Disability Pension Payment from Centrelink.
- 1 on 1 support to attend all doctor and medical appointments (3-6 appointments in any one month).
- Daily volunteer support to prepare cooked meals and provide social interaction.
- Referral to public housing so that SILs application can be made.
- Coordination of health information for NDIS application.

AMES attempted to source a long-term accommodation for this client in a self-sustained unit however it was inappropriate for the following reasons:

- Access to the property was down the driveway, through a carport, and up 4 concrete external steps. There was no handrail. Client cannot navigate stairs without a rail, which means she would be entirely reliant on visitors coming to the door to take her out.
- There was a small threshold step to enter the front door. The step was cracked and uneven and posed a trip hazard.
- There was a step to pass over from the living area into the bedroom. This posed a trip hazard.
- There was a lip step to pass over from the bedroom into the bathroom. This posed a further trip hazard.



Case Study 2

Safie (7yo Child) – Commenced HSP support January 2024:

- Diagnosed with Autism (ASD) overseas and again by Royal Children's Hospital Paediatrician in June 2024.
- Level 3 Autism with ADHD – requires additional support
- Referred to Speech Pathologist
- Unable to enrol in a Special School, client support worker support to enroll in mainstream school in July 2024
- Functioning difficulties in the classroom – school refusal, aggressive behaviour, leaving classroom
- Modified timetable –one hour per day class attendance
- Completed a cognitive assessment 2.5 months after starting mainstream school
- Referred to local Special School, initially rejected
- Placed on waitlist with local Special School, still waiting for a spot
- SIS/Tier 3 is a 6 month program, has been in Tier 3 for 18 months



Thank you!



Home and Community Care Program for Younger People

Mark Blencowe, Department of Health

OFFICIAL

Overview

- Supporting Victorians if their capacity for independent living is at risk
 - Chronic illness, mental health, disability, other conditions
- 280 providers: Health services, Councils, ACCOs, NGOs
- Integrated care:
 - Independence
 - Health and wellbeing
 - Community

Access and eligibility (1)

- Access is determined by both eligibility and priority
- Eligibility:
 - Based not on a diagnosis/condition, but impact
- Priority
 - Eligibility does not guarantee access
 - Services targeted to greatest need and capacity to benefit
 - Capped funding
- Priority groups
- No restriction based on income, residency status, or visa type

Access and eligibility (2)

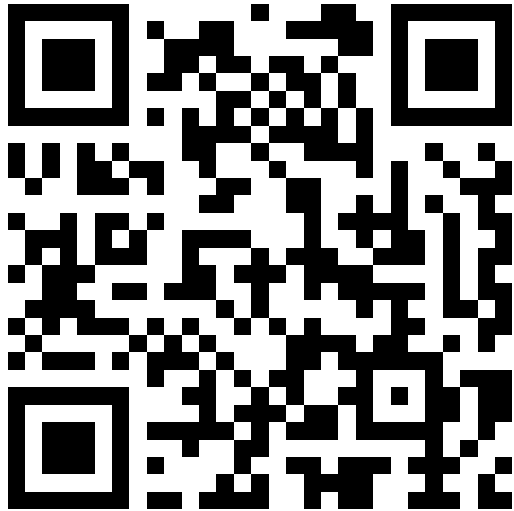
- How does a client access HACCC-PYP?
 - Assessment provider
 - » By LGA, not centralised intake
 - » Matches needs and goals with service response
 - Provider directory

Service overview

- **Access**
 - Assessment and case management
- **Health support**
 - Nursing, allied health
- **Personal and in-home support**
 - Home and personal care, home maintenance, nutritional support
- **Social and community engagement**
 - Planned activity groups, volunteers

We would love to hear
from you

Complete our feedback form



<https://www.surveymonkey.com/r/X9RSPK2>

Let us know about:

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



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Thank you

Receive our monthly e-bulletin



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