



victorian refugee
health network

State-wide Meeting

July 2023



Agenda

2:10
PM

Order of Agenda

- **National Policy Update:** Refugee Council Of Australia
 - **Settlement Service Update:** AMES & Life Without Barriers
 - **Victoria Settlement Data:** VRHN Sector Development and Policy Advisor
 - **Rural/Regional Consultation Group:** Kaye Graves (Chair)
 - **Community Refugee Integration and Settlement Pilot (CRISP) Program:** Nicole Watkins
 - **Diverse Communities Mental Health & Wellbeing Project:** Mursha Dalay-on Gapasin
-
- **5 mins** • **Questions and Discussion.**
 - **3:55 PM** • **Evaluation via SurveyMonkey**
 - **4:00 PM** • **Meeting Close**

National Policy Update

26 July 2023

Rebecca Eckard
Refugee Council of Australia

Key issues and updates

1. Resolution of Status visas

2. Offshore Processing

3. Safety net

4. Immigration detention

5. Humanitarian Program & Complementary Pathways

Resolution of Status (RoS) visa

- ❖ Department still working through RoS applications
- ❖ No process of review for the 9,000 people denied protection
 - ❖ 2,200 people awaiting primary or review decision
- Funded free legal advice available to people applying for RoS through refugee community legal centres. No application charge.
- Department meeting weekly with legal providers and Services Australia
- Civil society working with Department on family reunion options and pathways for people rejected through fast track

Solutions for refugees in offshore processing

- 3,127 people sent to Nauru and PNG from July 2013 to early 2014. 1,200 refugees resettled. More than 750 returned to country of origin, 15 have died and over 250 children born since 2013
- Just under 1,200 people remain – 2 in Nauru, 74 in PNG, 1,100 transferred to Australia for medical reasons
- Insufficient resettlement options currently available, with 500-600 places still required beyond USA, New Zealand, and Canadian options.

Update: Hold on further movement from residence determination (community detention) to “Final Departure” Bridging Visas for families in this group

Need for a Safety net and SRSS reform

- The **Status Resolution Support Services (SRSS) Program** has been cut by **95%** (from \$300 million in 2015-16 to \$15 million in 2022-23) and the number of people on Bridging Visas and seeking asylum who are being assisted has dropped from more than 29,000 in 2015 to 1,600 now. Expenditure on SRSS assistance in 2022-23 (\$15 million) was less than half of the \$36.9 million allocated in the 2022-23 Budget.
- **Charities cannot meet the need** for emergency assistance and homeless services are reporting an increase in the number of asylum seekers sleeping on the streets
- After providing some short-term assistance, **state governments are now progressively withdrawing.**
- **Sharp increase in presentations** of homelessness (including rough sleeping), food insecurity, inability to fill lifesaving prescriptions, and spiralling mental health (including increased suicidality)
- **Workshops with the Department** to address certain aspects of the SRSS Program (medical evidence burden, eligibility concerns, transparency and communication) but **no practical changes** have happened yet.
 - Noting two SRSS providers operating nationally

Reform of immigration detention

- 1,128 people detained as at 30 April 2023 for an average of 735 days (average is 21 days in Canada and 31 days in USA). This figure has been reduced by just one day since May 2022. The average was around 90 days in mid-2013. No independent body able to prevent detention or compel release.
- Legislation requires visa cancellation for any non-citizen convicted of an offence which can attract a sentence of 12 months or more. Non-citizens without valid visas must be deported or detained.
- Significant number of people with refugee protection needs in immigration detention and deteriorating health

Update: Urgently review detention of those with no country of safe return. Some recent releases and then legislation to re-detain (Aggregate Sentences). Concerns about Protection Obligations Assessments.

Expanding Australia's refugee program

- Delivery of 2022-23 Humanitarian Program
- Focus on Complementary Pathways:
 - Community Sponsorship
 - Skilled Pathways
 - Education Pathways
 - Family Reunion
- Upcoming international opportunities (with Australia leading key aspects)

Update: Continued advocacy to progressively increase Refugee Program to 27,000 places a year and community sponsorship to 5,000 additional places. Further work with Government on Complementary Pathways (family, skilled, education). Need to delink.

Questions?

Headline Updates



Settlement Updates

AMES Australia

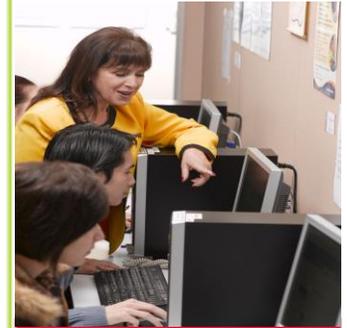
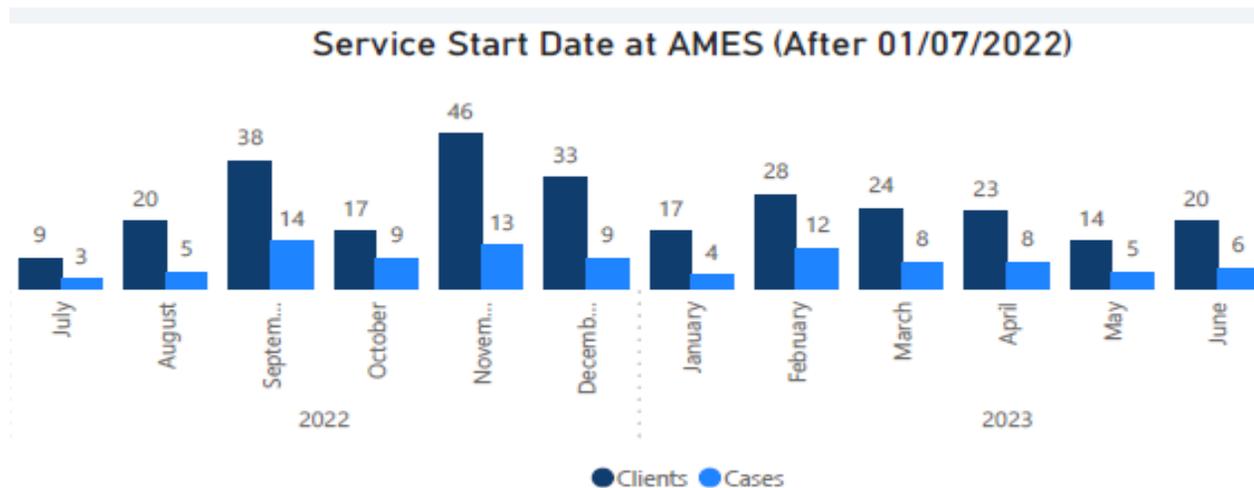


Humanitarian Settlement Program (HSP)



HSP Updates

- Estimated Planning Levels (EPL's) 2023/2024
- Increase of clients identifying as LGBTIQA+
- School enrolment waitlist
- Interstate transfers



Pre-Arrival Health – Case Study

Client 1:

- Referred to HSP with a health alert notification
- Pre-arrival health request sent to Refugee Health Nurse (RHN)
- RHN provided advice based off HAPLite. Health issues identified
- Case Manager completed pre-arrival assessment, coordinated specialised supported accommodation on arrival
- GP appointment booked
- Client arrived, supported accommodation/carers in place
- Health and Services Australia appointments booked in advance
- NDIS application submitted within 3 weeks

Pre-Arrival Health – Case Study



Client 2:

- Referred to HSP with no health alert notification
- Pre-arrival health request provided to Refugee Health Nurse (RHN)
- RHN provided advice based off HAPlite – No health issues identified
- Case Manager completed pre-arrival assessment, coordinated On Arrival Accommodation (OAA) and normal reception services required
- Client arrived, placed in OAA, health issue identified on arrival. Urgent GP, ED appointments made, delay in connecting with Services Australia
- Required support letters to get funding for carers, supported accommodation. Carers within 2 days, Supported accommodation 2 weeks.

Headline Updates



Settlement Updates

Life Without Barriers



National Immigration Support Services

LIFE
WITHOUT
BARRIERS



BARRIERS AND CHALLENGES EXPERIENCED ACCESSING HEALTH SERVICES

- ▶ IHMS to Medicare transition
- ▶ Availability of bulk billed medical and psychological services
- ▶ Burden and frequency of evidentiary requirements to be eligible or meet criteria for SRSS.
- ▶ Parental wellbeing
- ▶ Health literacy (complexities of female health)
- ▶ NDIS inaccessible
- ▶ Pharmaceutical costs
- ▶ If individuals, not currently receiving SRSS, present with significant health concerns, please contact us for guidance as we can escalate exceptional circumstances to The Department of Home Affairs or conduct a thorough screening to determine if they are eligible to apply for program services.
- ▶ LWB can receive enquires and process applications by contacting the local office, or via referral form sent to NISS_SRSS_Intake@lwb.org.au

CASE STUDY

Family in community detention granted an FDBVE and now in Band 4 receiving transitional services. The family are now required to seek employment and housing in a short timeframe in addition to transitioning from the IHMS health care model to Medicare and mainstream health services.

One parent, the primary caregiver to the families' children was seeing a psychiatrist with the cost covered by IHMS. The family is now unable to fund the gap which is not covered by Medicare so must cancel this service and go on lengthy waiting lists to see a fully funded by Medicare Psychologist or rely upon non-government funded agency health services.



Victorian Settlement Data

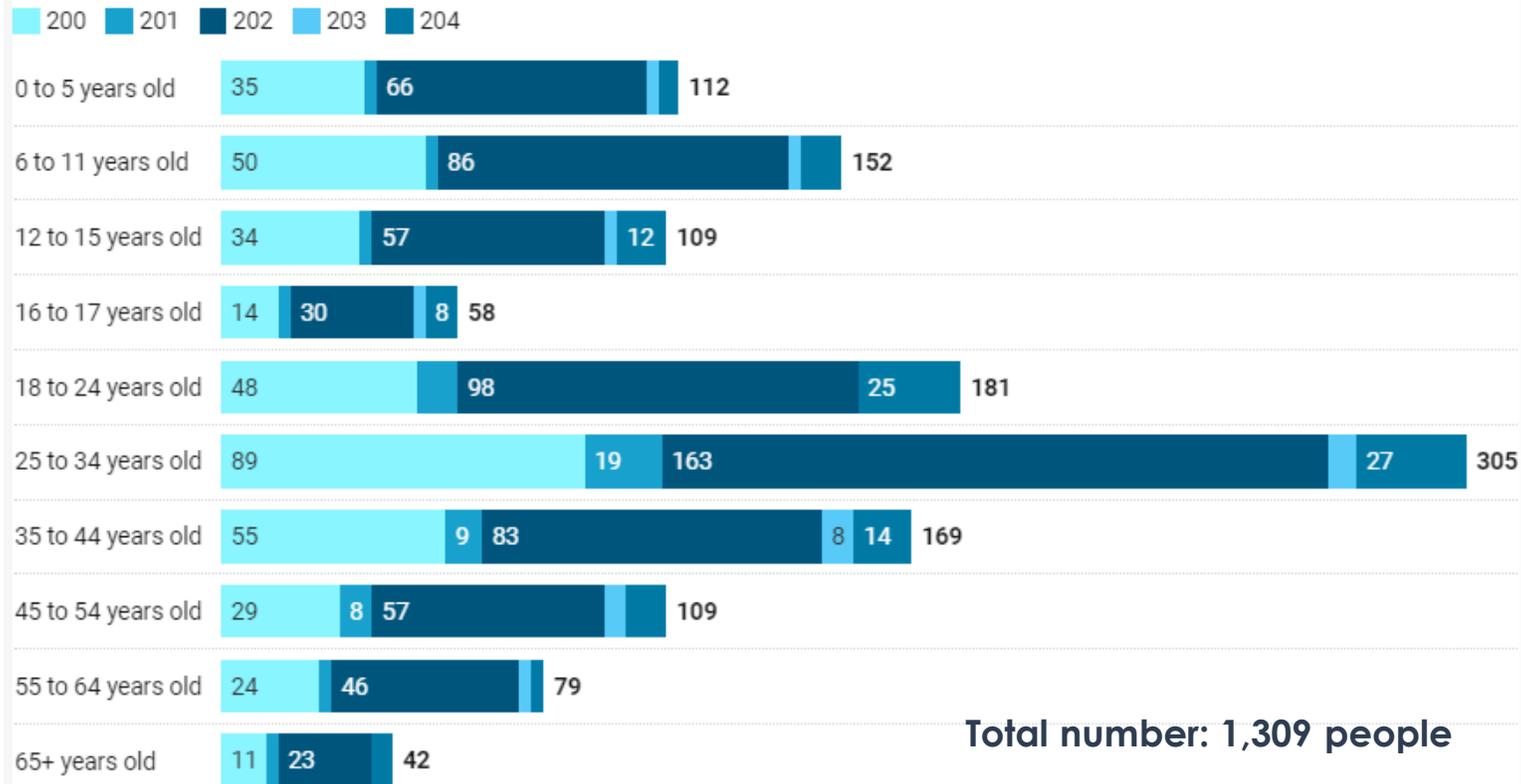
Victorian Refugee Health Network



Settlement Data in Victoria

Number of people who arrived in Australia in the second quarter of 2023 and currently reside in Victoria according to age group.

Visa subclasses (200 series) with a Date of Arrival between 01/04/2023 and 30/06/2023 are currently recorded as residing in Victoria as at 04/07/2023



Total number: 1,309 people

Source: <https://datawrapper.dwcdn.net/y2YHr/1/>

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Edit

| Visa Subclass | Details: |
|--|--|
| <ul style="list-style-type: none"> Refugee Visa (200) In Country Special Humanitarian (201) Emergency Rescue (203) Women at Risk (204) | <ul style="list-style-type: none"> ✓ Permanent Stay ✓ With these visas you can move to Australia if you are subject to persecution in your home county. These visas allow you and your family to live, work and study indefinitely in Australia |
| <ul style="list-style-type: none"> Global Special Humanitarian visa (202) | <ul style="list-style-type: none"> ✓ Permanent Stay ✓ 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. |
| <ul style="list-style-type: none"> Protection Visa (866) | <ul style="list-style-type: none"> ✓ Permanent Stay ✓ 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. |

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

Link to interactive map: <https://datawrapper.dwcdn.net/u5OaZ/3/>

Settlement Data in Victoria

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

People on Refugee Category Visas (200 series) with a Date of Arrival between 01/07/2022 and 30/06/2023 and are currently recorded as residing in Victoria as at 04/07/2023

Country of Birth

■ AFGHANISTAN ■ CONGO, DEM REPUBLIC OF THE ■ ERITREA ■ ETHIOPIA ■ INDIA ■ IRAN ■ IRAQ ■ LEBANON
■ MALAYSIA ■ MYANMAR ■ PAKISTAN ■ SYRIAN ARAB REPUBLIC ■ THAILAND ■ TIBET (SO STATED) ■ TURKEY



Grand total number of people = 4,644

Source: <https://datawrapper.dwcdn.net/ssPzz/3/>

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Top 15 Country of Birth & Ethnicity

| Country of Birth | Visa Subclass (200 series) | Ethnicity | Visa Subclass (200 series) |
|-------------------------------|----------------------------|-------------------------------|----------------------------|
| AFGHANISTAN | 1824 | HAZARA (AFGHAN) | 930 |
| IRAQ | 751 | IRAQI | 692 |
| SYRIAN ARAB REPUBLIC | 519 | SYRIAN | 511 |
| MYANMAR | 460 | KAREN (BURMA) | 457 |
| THAILAND | 307 | AFGHAN | 434 |
| IRAN | 155 | PASHTUN (AFGHAN) | 304 |
| PAKISTAN | 153 | TAJIK | 298 |
| ERITREA | 69 | CHIN | 207 |
| MALAYSIA | 69 | PUNJABI | 89 |
| LEBANON | 54 | KARENNI | 66 |
| TURKEY | 38 | KURDISH | 67 |
| INDIA | 38 | TIBETAN | 50 |
| DEM REPUBLIC OF CONGO | 29 | BURMESE | 48 |
| ETHIOPIA | 29 | ASSYRIAN | 46 |
| TIBET (SO STATED) | 22 | CONGO | 38 |
| Total Number of people | 4,644 people | Total Number of people | 4,644 people |

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

Link to interactive map: <https://datawrapper.dwcdn.net/ssPzz/3/>

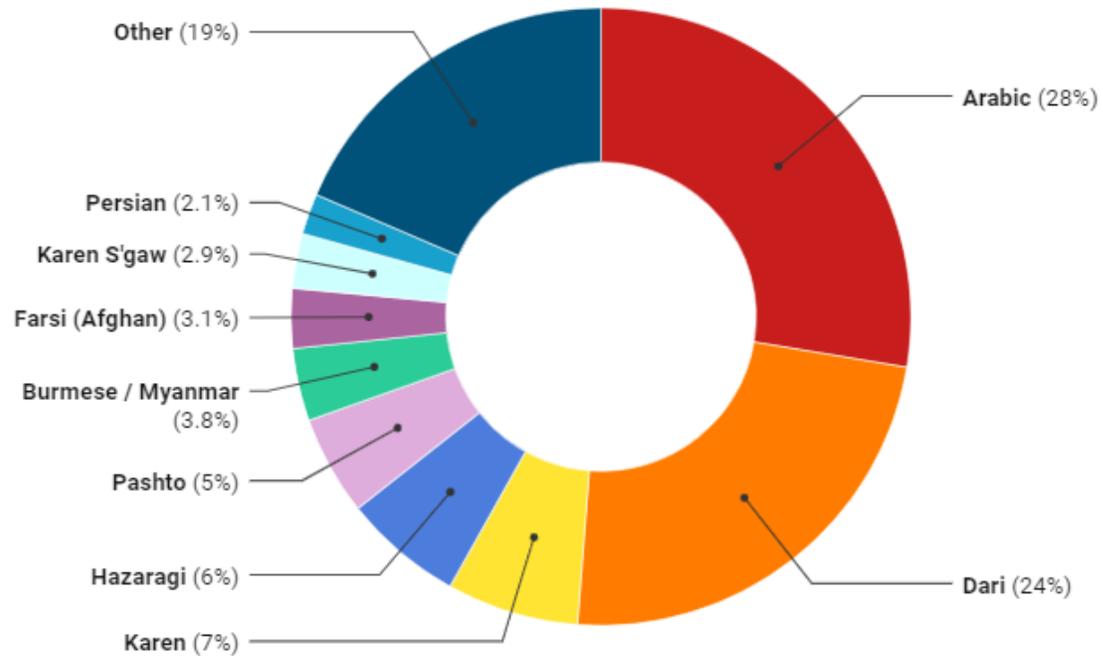
Settlement Data in Victoria



Settlement Data in Victoria

Main Language Spoken for those who arrived in the past year

People on Visa subclass (200 series) who arrived in Australia between 01/07/2022 and 30/06/2023 and are currently recorded as residing in Victoria as at 04/07/2023



* These figures are approximations as any cells that have been suppressed (<5) were changed to a numerical value (3) to present data in this map.

Chart: Victorian Refugee Health Network • Source: Settlement Data Request- Department of Home Affairs • [Get the data](#) • Created with [Datawrapper](#)

Source: <https://datawrapper.dwcdn.net/3AzxO/1/>

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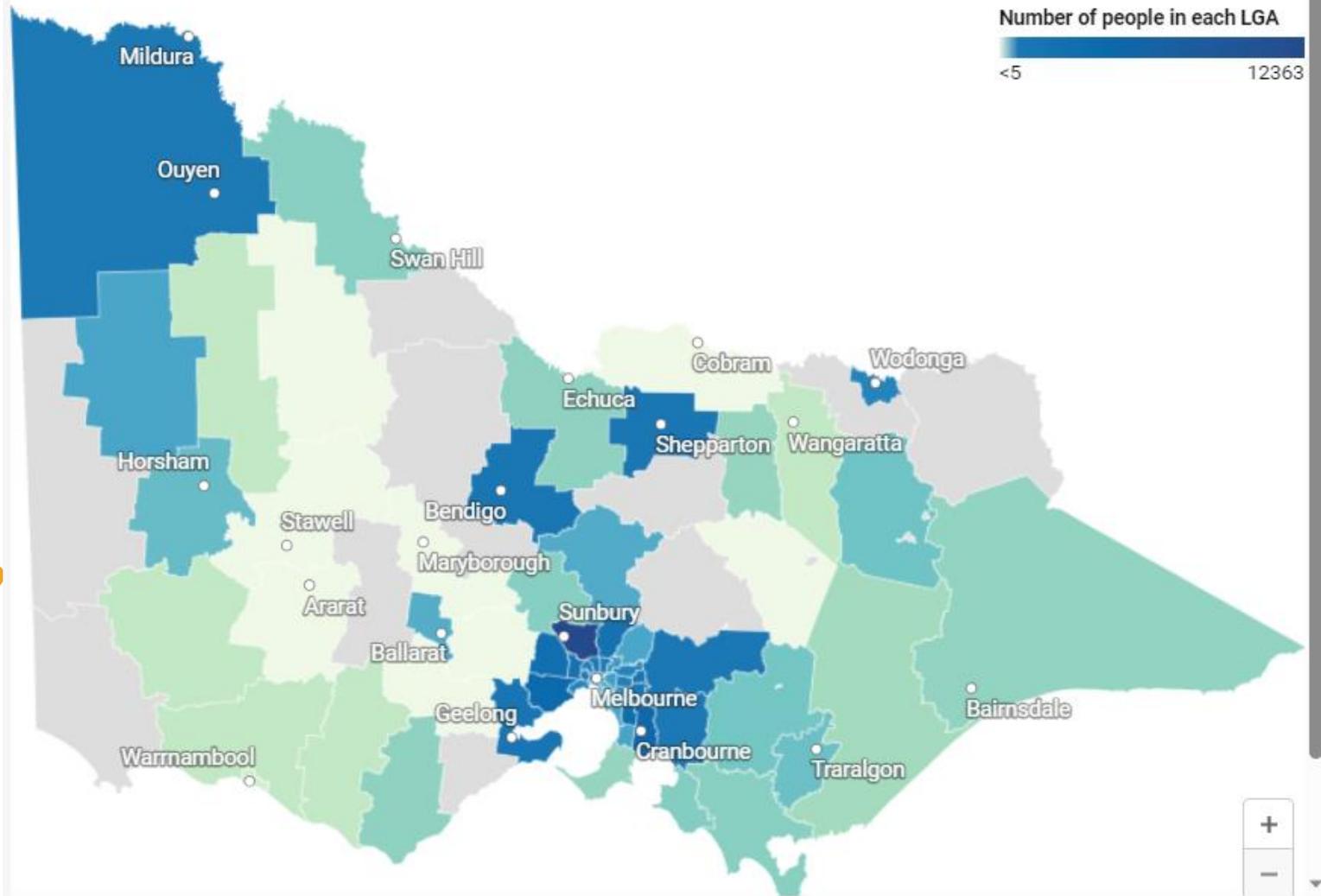
Settlement Data in Victoria

Top 10 Settlement Areas who arrived in the past 10 years

| Local Government Area (LGA) | Number of arrivals (Visa Subclass 200s series & 866) |
|-----------------------------|--|
| Hume | 12,293 |
| Casey | 5,210 |
| Wyndham | 4,220 |
| Greater Dandenong | 3,315 |
| Melton | 2,864 |
| Brimbank | 2,227 |
| Whittlesea | 2,146 |
| Greater Geelong | 1,398 |
| Maroondah | 1,380 |
| Greater Bendigo | 1,073 |

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

Humanitarian settlers with a Date of Arrival between 01/07/2013 and 30/06/2023 are currently recorded as residing in Victoria as at 04/07/2023.



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

Source: <https://datawrapper.dwcdn.net/mv8XD/3/>

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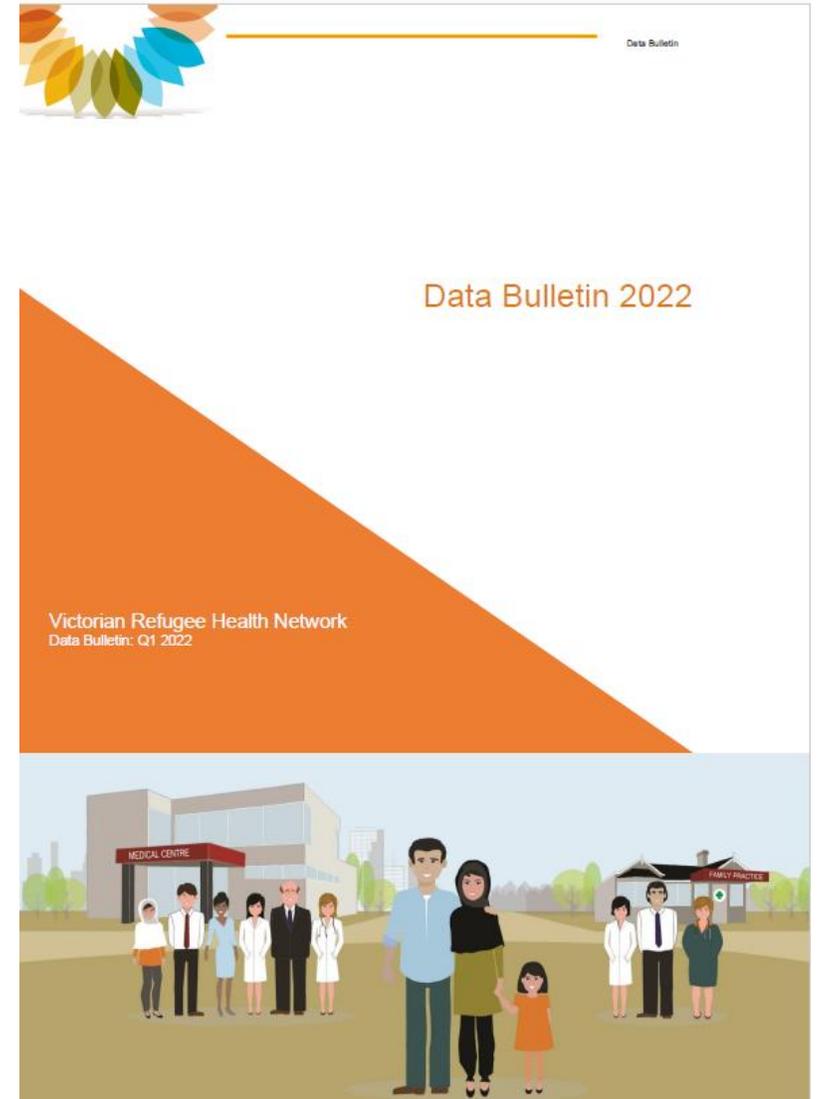
Interactive map controls including zoom in (+), zoom out (-), and an Edit button.

Link to interactive map: <https://datawrapper.dwcdn.net/mv8XD/3/>

VRHN Data Bulletin

Every quarter, the Victorian Refugee Health Network publishes a Data Bulletin that outlines Settlement data for Victoria and is available on our website here:

<https://refugeehealthnetwork.org.au/library/publications/>



Community Refugee Integration and Settlement Pilot (CRISP) Program

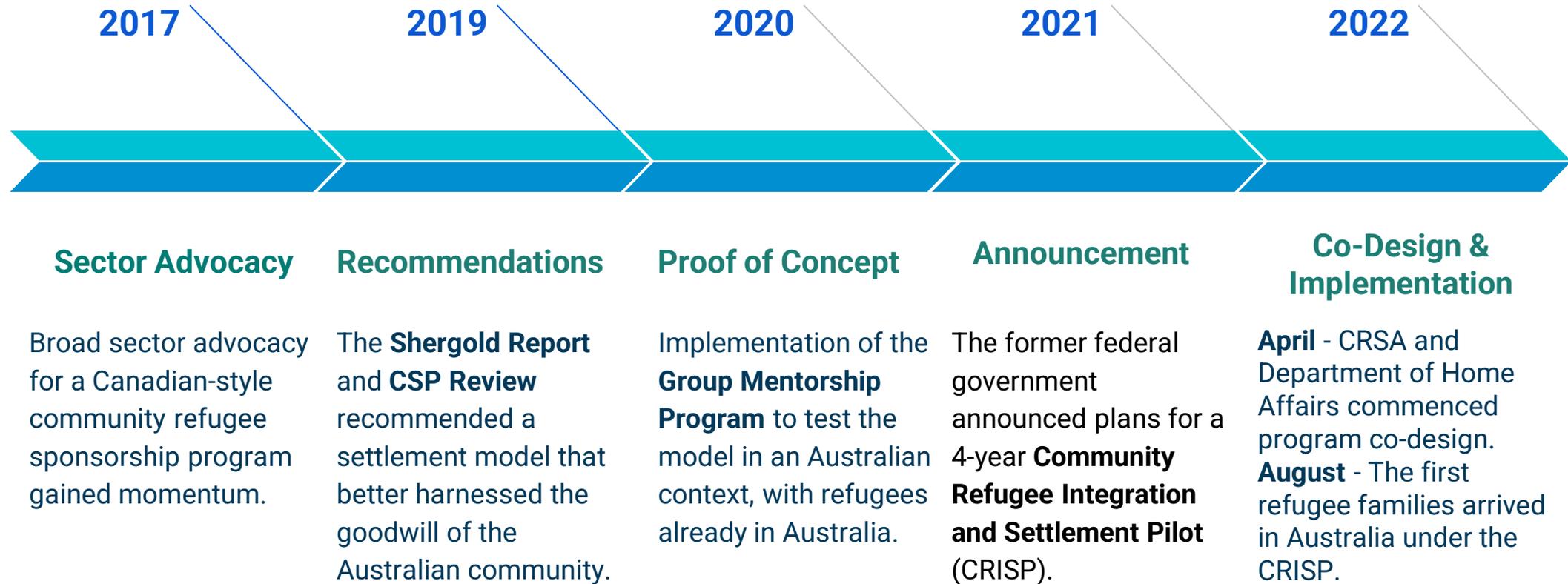
Nicole Watkins

Community Development Manager

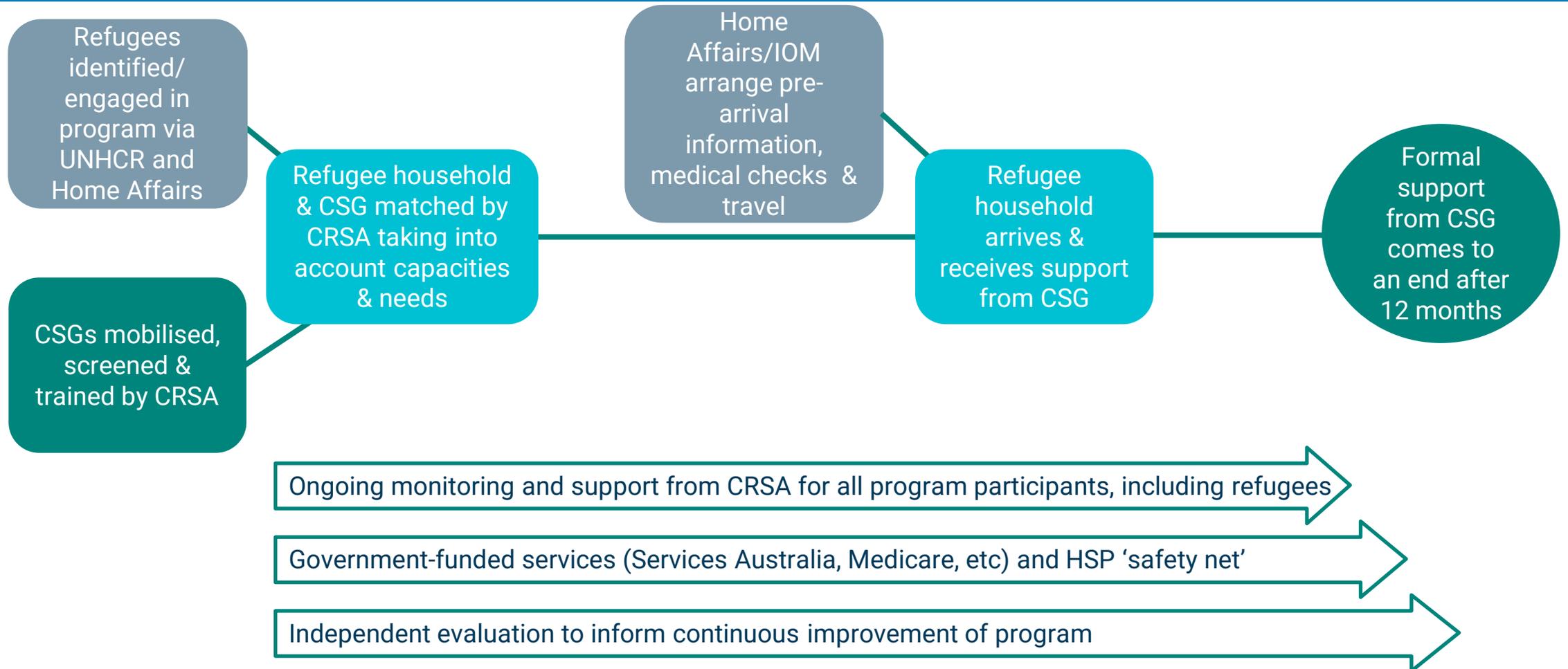
Community Refugee Integration and Settlement Pilot (CRISP)



Background to the CRISP



Process Overview



Core principles



Volunteers use **existing relationships & rich social capital** to help new arrivals navigate unfamiliar situations & systems.

CSG Responsibilities to Refugee Households



Meet at airport

Provide on-arrival accommodation

Provide a 'Welcome Pack'

Provide income support until Centrelink commences (2 weeks)

Assistance to register for Medicare and Centrelink

Assistance to open a bank account

Assistance to secure long-term housing

Provide furniture and basic household goods

Connect with GP, Refugee Health and/or any other healthcare required

Enrol in school and English classes

Provide 12 months of settlement and integration support

Benefits of a Community-Led Approach



Experiences of community sponsorship of refugees overseas have shown that it can:

Boost refugees' social capital and access to social and professional networks.

Support social cohesion by bringing otherwise disconnected groups of people into close, meaningful contact.

Help newcomers learn the new language by providing opportunities for casual, incidental conversations.

Support settlement in more diverse locations by providing a model of support that doesn't rely on organisations having staff 'on the ground' in each location.

Provide a rewarding experience to group members and local communities by enabling them to make new connections and become more engaged citizens.

Provide another policy tool that governments can use to expand the scale of refugee resettlement, supplementing purely government funded resettlement efforts.

What does success look like?



"The measure of success is that the family feel confident they no longer need our support - even if we remain in their lives"

Resources for Community Supporter Groups



Online Learning
Forums



Settlement Guidebook



Online Resource
Hub



Community of Practice



CRSA Team



Settlement Coaching



CRISP Hotline



Interpreting Service



Fortnightly Q&A

CRISP 2022 - 2023



333 groups have registered their intention to get involved

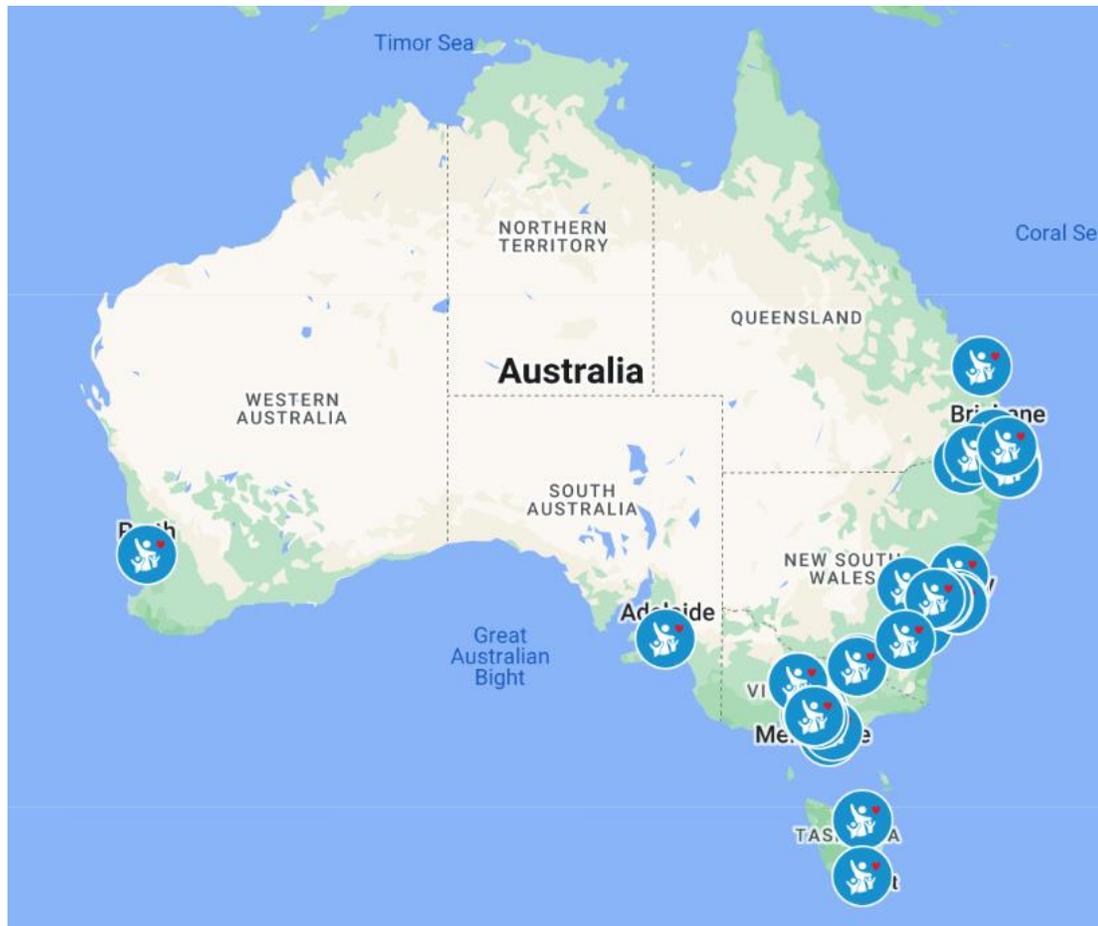
180 of these are viable groups, seeking to sponsor someone they don't know

78 groups have submitted full Settlement Plans

60 groups have been matched with refugee households in need of resettlement

46 refugee households have arrived in Australia

CRISP around Australia



18 refugee households have arrived into New South Wales
Sydney (Merrylands and Manly), Goulburn, Gosford, Ballina, Ocean Shores, Hunter Valley, Orange, Blue Mountains, Sutherland Shire.

18 refugee households have arrived into Victoria
Melbourne (inner/outer northern suburbs and Bayside), Bendigo, Kyneton, Albury-Wodonga, Warrandyte, Wonthaggi, Korumburra.

5 refugee households have arrived into Queensland
Brisbane, Gold Coast, Warwick, Stanthorpe and Bundaberg.

2 refugee households have arrived into Tasmania
Launceston and Huon Valley.

1 refugee household has arrived into each of South

CRISP in Victoria



- Melbourne
- Bendigo
- Albury Wodonga
- Macedon Ranges
- Bass Coast / Gippsland
- Geelong / Surf Coast
- Warrnambool





victorian refugee
health network

Rural/Regional
Working Group

July 2023

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.

In this group the Network has met with representatives from Bendigo, Grampians, Barwon, Goulburn Valley Shepparton, Albury/Wodonga, Gippsland, Sunraysia Mallee Mildura and Swan Hill to:

- Understand the key issues impacting regional settlement in Victoria: what is working well, the challenges health and community services are facing, general information sharing and to identify common themes affecting services in these regions.
- To ensure that regional and rural service access issues are represented in the Networks pieces of advocacy to help improve health access for refugee communities across Victoria.



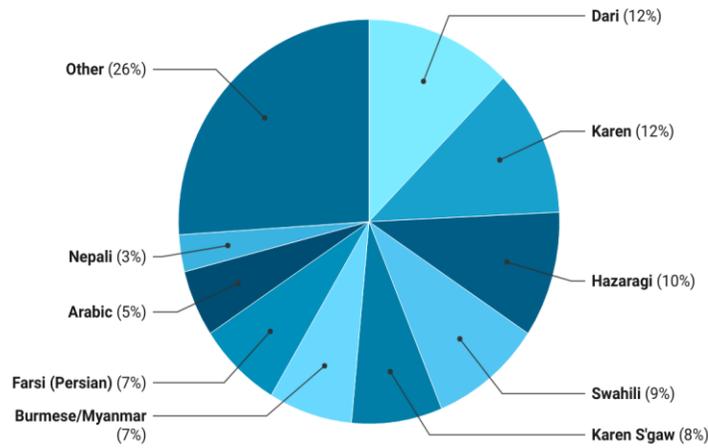
Top 3 areas of concern

1. **Services not using interpreters/ difficulties booking interpreters**
2. Challenges with **accessing GP services**
3. **Mental Health Support and Services in rural/regional areas**

1. Area of Concern: Services not using interpreters/ difficulties booking interpreters

Health care providers have a professional obligation to understand their patients' needs and patients have the right to fully understand the information provided by healthcare workers. For people who have low English proficiency, **working with a credentialed interpreter is the best way to ensure this.**

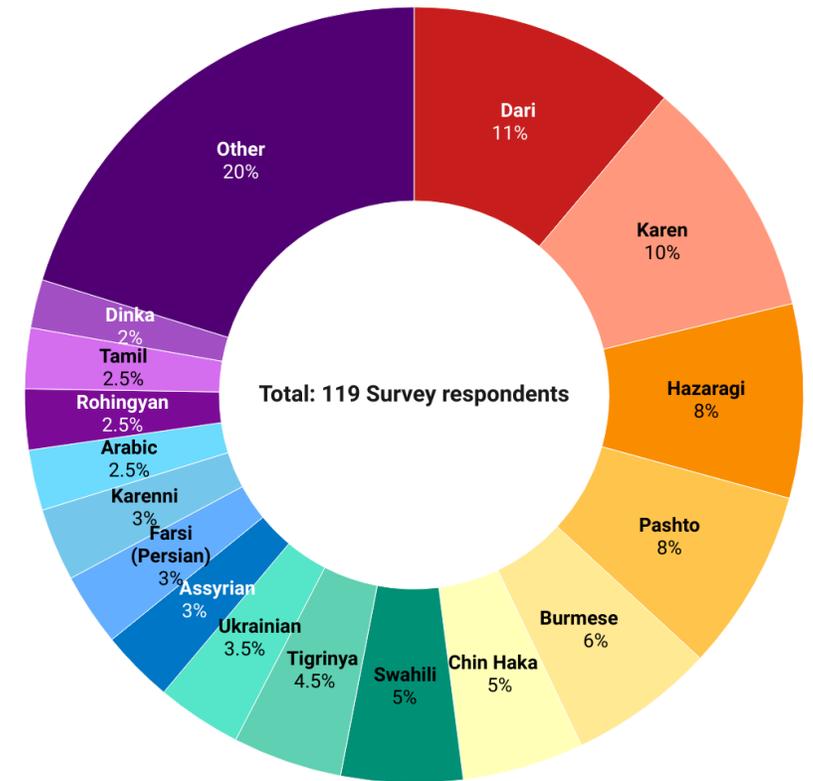
If you are in a rural/regional area, what language do you think should be included in Interpreter Scholarship programs to increase the number of interpreters available?



These are results from 44 respondents who indicated that their service operates in a rural/regional area .
Chart: Victorian Refugee Health Network • Source: VRHN Survey • Created with Datawrapper

Language groups that services are having difficulty booking an interpreter.

This data is based on responses from services who identify operating in both Metropolitan and rural/regional areas in Victoria.



Language Groups identified as 'Other' include: Ethiopian, Malayalam, Bengali, Kinyarwanda, Nepali, Punjabi, Tibetan, Turkish, Urdu, Zomi, Burmese Dialects, Falam Chin, Greek, Hindi, Hmong, Khmer, Kirundi, Lingala, Nuer, Nuristani, Oromo Interpreters (Female), Pacifica languages, Russian, Singhalese, Sinhala, Somali, Tamil dialects (Indian and Sri Lankan), Thai.

Chart: Victorian Refugee Health Network • Source: VRHN Survey June 2023 • Created with Datawrapper

1. Area of Concern: Services not using interpreters/ difficulties booking interpreters



Case Study Example:

“One of the GPs have informed a settlement service case manager that they prefer not use interpreters for consultations with patients and indicated they will only see patients that speak Arabic or English only. The GP informed that booking and waiting for interpreter is too much of a process, which they prefer not to go through.”



Case Study Example:

“RHN team put in a lot of advocacy to promote the expanded free TIS for an optometrist. The admin staff got on board and enrolled the practice for free TIS. On the day of the appointment with the optometrist, the client attended but optometrist refused to use the interpreter. The RHN followed up and was told to “stop sending people who don’t speak English”.

2. Area of Concern: Challenges with accessing GP services

Case Study example:

"A case manager scheduled a GP appointment with a doctor and on attendance refused to see them as one of the family members did not speak English and was disinclined to use interpreter service... As a result, all family members did not have their consultation as they wanted to attend GP as one family group."

Some of the impacts...

- Delays in securing another appointment
- Losing trust in the healthcare system
- Financial costs incurred for healthcare access
- Referral to specialists
- Obtaining evidence required for NDIS application
- Delayed health care support leading to acute presentations in emergency departments
- Cancellation of healthcare appointments and the costs of bilingual workers to assist family to appointments

3. Area of Concern: Mental Health Support and Services in rural/regional areas.

Case Study example:

- *"A client was admitted to a mental health facility in a regional town nearby. He was discharged before 24 hours were up with no services involved, no follow up, no community health team. He then returned to family who have no understanding of the mental health system."*

What are some of the concerns?

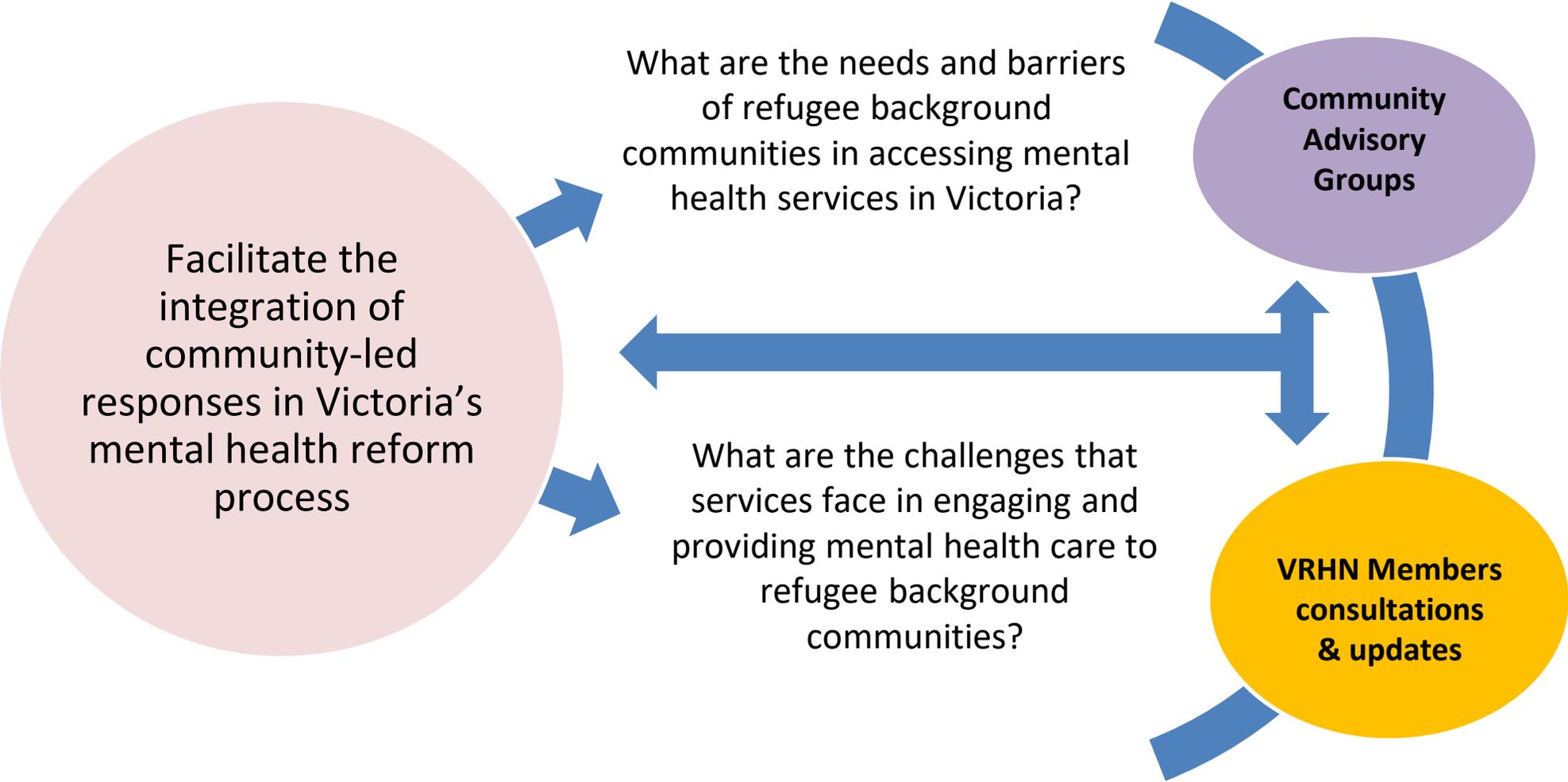
- Limited options for mental health services in rural/regional areas
- Anonymity in rural/regional areas
- The mental health services that are available have limited capacity to provide culturally appropriate and trauma-informed support for refugee and asylum seeker clients even in areas with high settlement numbers.
- Limited support for mental health service system navigation and literacy

Diverse Communities Mental Health and Wellbeing Project

Mursha Dalay-on Gapasin
Project Lead

A joint project of the Victorian Refugee Health Network
and Foundation House

Project aim and objectives



Sector consultations

Survey

-91 responses received

-76% from metro Melbourne, 22% from rural/regional areas

-27% mental health services, 73% from other services (allied health, community health, settlement services, and GP clinics)

Workshop with refugee health nurses

Interviews with service providers in rural/regional areas

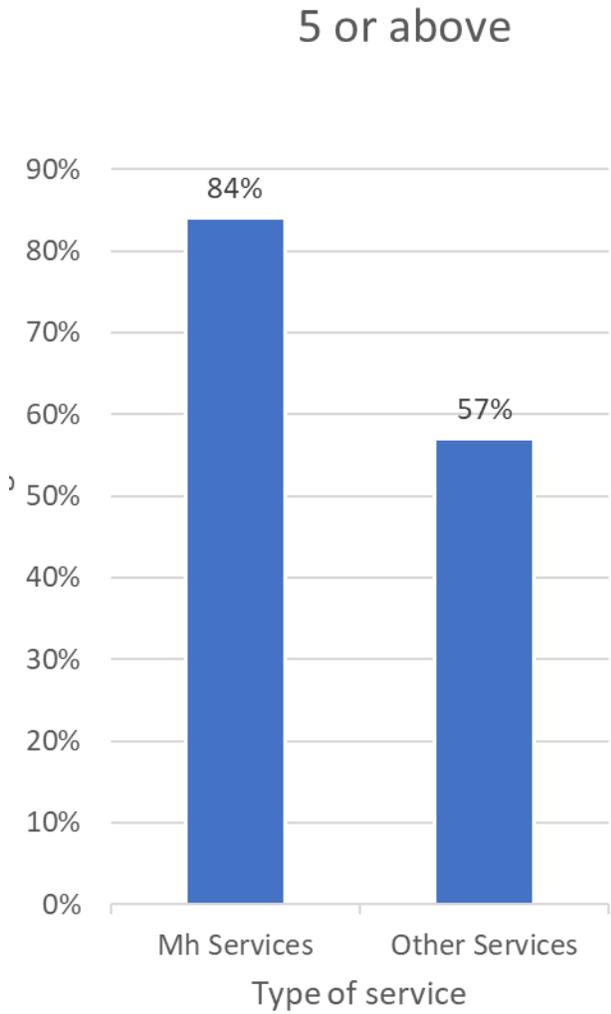
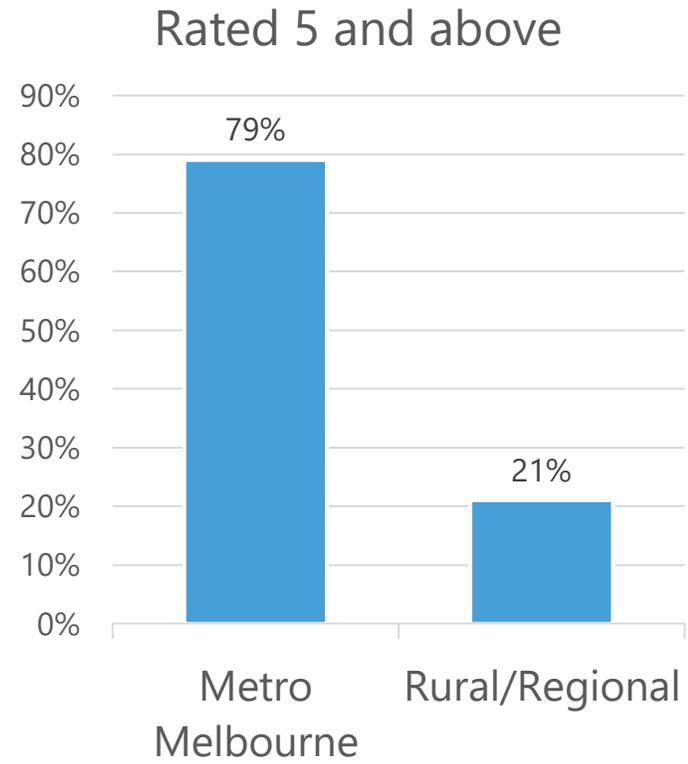
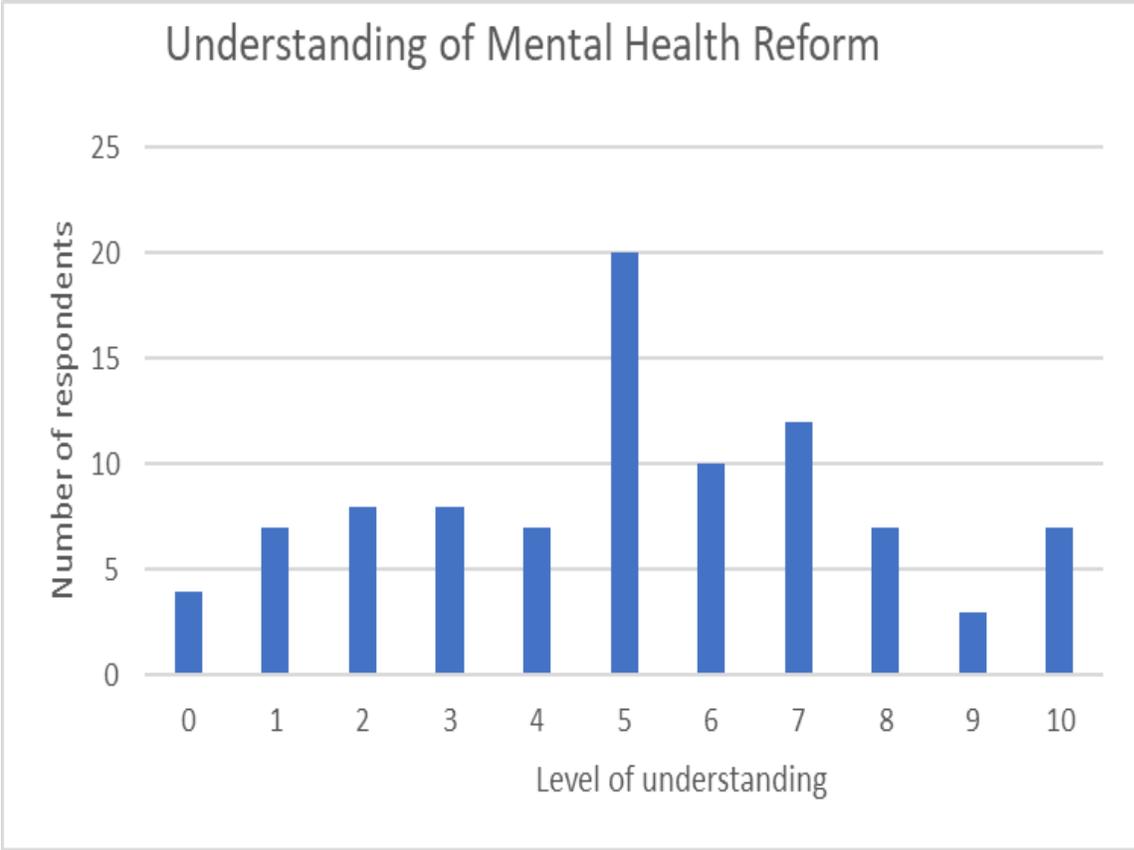
Interviews with GPs



Key findings: Challenges

- Services are not well equipped to work with refugee and asylum seekers
 - Lack of resources to enable services to work with refugee and asylum seekers
 - Fragmented mental health system
 - Long wait times/waitlists
 - Limited options for clients in rural/regional areas
 - Limited options for clients accessing mental health support
 - Limits pertinent to clients' residency status
 - Client level challenges
- 

Understanding of the mental health system reform



Recommendations

1. Workforce development across the service sector
2. Equip services with resources to effectively work with refugee and asylum seekers
3. Integrate mental health within a holistic and coordinated health system
4. Effective strategies to reduce long wait times and ensure prompt access to mental health support
5. Build the capacity of services and communities in rural and regional areas
6. Increase access options for refugee and asylum seekers needing mental health support
7. Review and amend restrictions to accessing mental health care arising from residency status of clients
8. Implement and resource community-based programs to address client-level challenges to accessing mental health support

Project contacts

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Ambreen Mirza (Project Officer)
mirzaa@foundationhouse.org.au

Evaluation survey

<https://www.surveymonkey.com/r/78ZXVM2>

Next Meeting 26th October 2023

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victorian refugee
health network

Thank you for
attending the VRHN
State-wide Meeting!

March 2023