

# Network of Networks – Refugee Health in rural and regional Qld

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## Introduction

This paper addresses the substantial work being undertaken over the past 5 years to build collaborative partnerships across health, communities and social sectors to deliver three key outcomes:

- I. Integrated and innovative models of care
- II. A Refugee Health Network Qld
- III. A health policy and action plan for Qld to promote access, quality and care coordination for people from refugee background

Through presenting case studies in two distinct regional areas, the barriers and enablers to building capacity in the primary health sector, developing collaborative partnerships and referral pathways are explored. Underpinning the work by the regions is the support of the Network and the recently launched Policy and Action plan (<http://www.refugeehealthnetworkqld.org.au/news/>). The nature of partnerships and implementation of new models of care requires a translation research approach and there is ongoing work to ensure the right care, at the right time and the right place for all Queenslanders from a refugee background.

## Setting the Context

On 9 September 2015, the Australian Government announced that a total of 12,000 additional Humanitarian Program places would be made available for those who have been displaced by conflicts in Syria and Iraq. Priority being given to people who are assessed as being the most vulnerable including women, children and families. These 12,000 permanent places are in addition to the 'base' 13,750 places available under Australia's 2016–17 Humanitarian Program. Australia's base Humanitarian Program will rise to 16,250 places in 2017-18 and will rise to 18,750 places in 2018-19. Qld is the third largest recipient state and settles 13% of the total intake.<sup>1</sup>

## Barriers and enablers to accessing health care

The UNHRC recommends that all refugees have a health assessment soon after their arrival in their country of re-settlement. This health assessment enables many physical and mental health issues to be identified and addressed soon after arrival. Enhancing the individual's health can enable engagement with other re-settlement activities including learning English, training and gaining employment. Access to health services soon after arrival is known to be complicated for many reasons. Unfamiliarity with the health services available, lack of health literacy and competing

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<sup>1</sup> <https://www.dss.gov.au/our-responsibilities/settlement-and-multicultural-affairs/programs-policy/settlement-services/humanitarian-settlement-services-hss>

priorities can reduce health access. Health access is further complicated by cultural and linguistic barriers and financial and other social economic disadvantage.

Many refugees are unaware of their health issues that may need to be addressed such as immunisation, investigation for infectious diseases and nutritional deficiencies. These health issues are often asymptomatic and are unlikely to be articulated during the consultation unless the GP/refugee health service engages with them. A previous Australian study showed that over 90% of refugees arriving in Australia are under-immunised<sup>2</sup>. Other health issues requiring specialised services or allied health care services are also common e.g. visual problems, dental problems and mental health issues. While these health issues could be readily addressed within the primary health care services, successful delivery requires coordination of this care.

#### Development of a network – policy and action plan

The work described in this paper took place across 2012 to 2017. During this time, refugee and in particularly asylum seeker policy and programs changed several times. Since August 2013, all asylum seekers who arrive by boat are housed offshore in detention centres. The onshore program has been boosted with the increase in Syrian and Iraqi arrivals however there are an estimated 25000 people in Australia who are either on a Temporary Protection Visa pathway or a forced return to country of origin.

Whilst there is limited public evidence to support policy development it was timely that a group of researchers, funded by APHCRI (Australian Primary Health Care Research Institute) were working on a coordinated refugee primary health care framework for Australia, the first attempt at articulating a national approach (2013)

(<http://files.aphcri.anu.edu.au/reports/Grant%20RUSSELLFinal%20Report.pdf>)<sup>3</sup>. This document supported the initial moves to engage all stakeholders on building capacity in primary care and recognised that whilst primary care is the best place for refugee health it requires extra support. A coalition of organisations and professionals came together to develop a response to the emerging health care needs and most importantly develop partnerships.

The Mater has taken an active role in building effective partnerships across primary and tertiary health sectors as well as effective engagement with non-government services and the refugee background communities. The establishment in 2013 of the Refugee Health South East Qld Partnership Group (RH-SEQ PAG) chaired by the Mater with representations from across all sectors and communities enabled for all stakeholders to engage in:

- Topic specific working groups (e.g. Mental Health Working Group, Policy Working Group, Oral Health Working Group)
- Specialist advisory groups (e.g. Clinical Advisory Group, Refugee Health Advisory Group – G11)

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<sup>2</sup> Johnston V, Smith L, Roydhouse H. The health of newly arrived refugees to the Top End of Australia: results of a clinical audit at the Darwin Refugee Health Service. *Aust J Prim Health*. 2012;18:242-7.

<sup>3</sup> Russell G, Harris M, Cheng I, Kay M, Vasi S, Joshi C, Chan B, Lo W, Wahidi S, Advocat J, Pottie K, Smith M, Furler J.(2013) Coordinated Primary Health Care for Refugees: A Best Practice Framework for Australia. 2013. Report to the Australian Primary Health Care Research Institute. Available at: <http://sapcru.org/services/coordinated-primary-health-care-for-refugees/>

The mechanism for identifying, documenting and implementing solutions was further embedded by focusing on research and development of innovative models of care in collaboration with primary health services. For example the Mater's refugee health service remodelled to meet the changing needs of new arrivals and implement elements of the national refugee primary health care framework by engaging with the Brisbane South Primary Health Network (BSPHN) and later other PHNs to work with practices and co-locate Mater refugee health nurses. The benefits of this model included:

- Building refugee health capacity in primary care for GPs, practice nurses and practice support staff
- Building primary care capacity of Mater refugee health nurses
- Facilitating long term relationships between new arrivals and their "medical home"
- Ensuring a comprehensive refugee health assessment
- RHC model evaluation – <http://www.refugeehealthnetworkqld.org.au/wp-content/uploads/2016/11/RHC-Evaluation-FINAL-Exec-summary-for-dissemination.pdf>

Whilst the good work of the stakeholders and individual services was key to gaining support from Government and funding bodies the lack of a policy context in Queensland was identified repeatedly as a barrier to improving the outcomes for people of refugee background living in the state. In 2015 the RH-SEQ PAG endorsed the establishment of a policy working group to develop an initial framework which was launched by the Minister for Health Hon Cameron Dick in March 2016 [https://www.health.qld.gov.au/\\_data/assets/pdf\\_file/0028/442378/framework-refugee.pdf](https://www.health.qld.gov.au/_data/assets/pdf_file/0028/442378/framework-refugee.pdf) The framework articulated two clear actions:

1. Establishment of the first Refugee Health Network Qld (RHNQ) with committed funding announced in the 2016/17 Budget
2. Development of a Refugee Health and Wellbeing Policy and Action Plan for Qld

The RHNQ's first actions involved the transformation of the RH-SEQ PAG into a state-wide PAGQ and conceptualising the network as a "network of networks" that is an enabler of local networks to develop local solutions and strategies. Whilst it is still early days, the RHNQ and the newly established Refugee Health Partnerships Advisory Group Qld (RH-PAGQ) have some solid outcomes and regional collaborations as outlined in the case studies. Including:

- Development of website with clinical and non-clinical resources to support primary care
- Development of the inaugural Refugee Health and Wellbeing Policy and Action Plan
- The first refugee health and wellbeing round table

Inclusion of regional areas has featured consistently in all aspects of the network and RH-PAGQ including facilitation of webinars, teleconferencing, face to face opportunities (refugee health nurses state-wide meeting) and contribution to policy, models of care and research.

## **Case Study 1: A personal experience of engaging Primary Care Providers in Refugee Health Care in the Darling Downs**

### *Background:*

PHNs (Primary Health Networks) were established with the key objectives of increasing the efficiencies and effectiveness of medical services for patients, particularly those at risk of poor health outcomes, and improving coordination of care to ensure patients receive the right care in the right place at the right time.

Darling Downs & West Moreton PHN cover the Downs & West Moreton region of Queensland, an outer metropolitan and rural area with a population of 530,000.

To begin with, there were no service contacts, no engagement with existing networks within this service area and despite project staff having years of experience in the health field, no knowledge of the health care needs of a special cohort of people, in this instance, people from a refugee background.

It was acknowledged that the program being built would need to benefit to both people from a Refugee background but also health care providers.

Early engagement with the Mater Refugee Health Clinical Lead and Mater refugee health model of care facilitated and supported the start of the refugee health journey for the region. Underpinning the importance of leveraging from the network and established models of care.

### *Process for Building Capacity:*

**It started with research.** Utilising:

- Qld Health 'Refugee Health and Wellbeing – A strategic framework for Qld 2016'
- the Victorian Refugee Health network's 'Engaging and Supporting General Practice in Refugee Health'
- The Australian Primary Health Care Research Institute's 'Co-ordinated Primary Health Care for Refugees: a best practice framework for Australia'
- the Settlement Council of Australia's 'National Settlement Services Outcomes Standards'
- Plus, many more.

### **Engagement with key stakeholders:**

Connecting with other health service providers who provide care to people from a refugee background. Engaging at a personal level and explaining you are new to the role and you want to gain an understanding of the health issue, generally facilitated good engagement and support.

Effective communication is key and it is critically important to listen. To engage with health providers, let them tell talk about their barriers, this way you can find out what they identify as the gaps in services. This enables you to increase your awareness.

### **Documentation and program development process:**

It is imperative the health program being developed not only looks good on paper, but also meets the needs of the community. We are all aware that the needs of a regional and rural community are different to those of a metropolitan and city community. So, for health care providers ask questions such as:

- What are the enablers and what are the barriers they face in providing care?
- What are the health issues being identified?
- What are the languages and the nationalities of the people they are seeing?
- What services do they refer patients do?
- Do patients follow through with referrals?
- Do patients access those services?
- What do our health care providers want?

For program development that's going to be of benefit and meet the needs of the people, it is imperative to go to the people – Ask them. Engage with them. Listen to what they have to say, collect data, and Record the data. The more questions that are asked, the more information will be shared. The more knowledge that is gained, the more appropriate and consistent the program development will be. More contacts will be provided, which will provide more opportunities to build more partnerships. More meeting invites will be received; more travel is required from a rural & regional area, so budgets need to allow for this. Networking in different circles provides a clue to what is happening that you may not have been aware of, this provides an insight to an area of health that you may not have been previously exposed to. Then continue to work together to build strong partnerships.

*The Outcome:*

Darling Downs & West Moreton PHN Refugee Health Program:

Building a scalable program:

- Practices were identified, and contacted.
- Key stakeholders were identified including Settlement agencies and local state funded refugee health services
- Partnerships developed with other service providers such as the Hospital and Health Service, Major refugee health service providers such as the Mater Refugee Health Service, The Public health units, local councils, other PHN's, local schools that have a multi-cultural student population, and a range of NGO's.
- Service gaps identified
- Scope out possibilities utilising state and federal strategic planning documents and local data to determine need

Refugee Health Nurse in Primary Care

The Darling Downs & West Moreton PHN now provides funding for 2 refugee health nurses who link our newly arrived refugees from the settlement agencies, to general practice. This allows for health care to commence as soon as possible after arrival.

- The nurses assist practices who are already time poor, to complete the complex, comprehensive health assessment for our newly arrived, in order to provide early identification of chronic disease and introduce health care management as soon as possible.
- They provide care coordination and case management support. And shortly they will be assisting with health literacy programs. General Practitioners and Practice Nurses are provided with refugee health education and health resources.

Allied Health Interpreter Pilot Project - Allied Health Professionals can now receive funded access to the Translating & Interpreting service.

Ongoing work - health literacy booklet that will be translated to other languages is underway. The booklet will assist our newly arrived understand how the Australian Health care system works, and has the capacity to be shared across Australia.

It is only the beginning, but it is an exciting beginning, and one that will hopefully have a strong and positive outcome for all of us.

## **Case Study 2: Cairns Refugee Health & Wellbeing Network**

“Insight into the journey of a Syrian refugee family arriving in Cairns”

Centacare Cairns is the provider of Humanitarian Settlement Services on behalf of the Department of Social Services in the Cairns Region. Centacare provides case management services to support refugees during their settlement journey. Centacare also chairs the Cairns Refugee Health & Wellbeing Network.

### **Key Principles of the Cairns Network are:**

- To maintain the individual's refugee journey and cultural identity at the forefront of all planning and service development;
- To engage directly with refugee consumers and communities and promote their involvement in health service policy, planning and care delivery;
- To recognise that refugee health and well-being is best addressed through a collaborative and integrated approach spanning tertiary, primary and community based services.
- To emphasise the importance of prevention, health promotion, community development and partnerships as critical for the protection, sustainability and enhancement of refugee health and well-being.

### **A journey undertaken by a family fleeing Syria:**

This journey demonstrates the complexities involved when managing complex health issues that can be experienced by refugees in a regional location such as Cairns.

To set the scene, this family fled Syria as mother, father, grandmother and daughter. On their journey out of Syria, the father passed away suddenly, and they returned to bury him in Aleppo. Mother Rania, Grandmother Jacqueline aged 81 years, and daughter Nada, a young Architect, then fled again, this time to Lebanon. They were accepted by UNHCR as refugees and advised they were to be settled into Cairns in Australia. Their journey to Cairns commenced.

Prior to the family's arrival to Cairns, the Centacare Case Manager read through the Department of Social Services referral and the health manifest (a document sent from the diplomatic post in the Middle East). It was evident that this was going to be a particularly unique and complex case. These documents alerted us to Jacqueline's health issues:

- An old fracture injury;
- Unable to mobilise;
- Depression (on medication);
- Post Traumatic Stress Disorder.

In preparation for the family's arrival, special consideration was required including hiring a wheelchair, suitable accommodation and scheduling health appointments as soon as possible. An initial referral was made to Cairns North Community Health Centre for the Refugee Health Nurse (RHN) appointment, and the appointment scheduled with high priority. A wheelchair was hired and short term accommodation was secured in a ground floor room.

Rania, Jacqueline and Nada arrived in April 2016. On the day of arrival, the complexities of Jacqueline's health issues become even more apparent. Jacqueline was heavily reliant on her daughter and granddaughter for personal care and was also suffering emotionally. This in turn, was impacting on Rania and Nada's health, both reporting generalised pain and injuries.

Centacare contacted the RHN and explained the situation. The RHN prioritised the family further and considering Jacqueline's immobility, an outreach visit was arranged for the following day. It was evident that the family was not able to cope with caring for Jacqueline's high needs, and she was subsequently referred to the Aged Care Assessment Team and was pending an assessment.

The family were informed of medical emergency and 24 hour medical services, and Centacare on call services, which the family utilised on a number of occasions. Centacare provided support for the family to attend General Practitioner, Optometrist and Dentist visits. In the initial few weeks, it was thought Jacqueline would reside with Rania and Nada, Centacare provided support and advocacy in sourcing and applying for suitable housing.

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The RHN also meets with Rania and Nada to complete their health assessments and had an additional appointment with Rania to assess her mental health. During this period, Centacare were able to build a strong rapport with the family and the complexities were further highlighted and disclosed by the family. Complex case referral was completed based on:

- The continual responsibility of caring for Jacqueline had resulted in both Rania and Nada being unable to address their own mental health and wellbeing;
- Intensive case-management needed to provide support in counselling referrals and linkages into the broader community in order to prevent social isolation;
- Jacqueline is severely incapacitated due to her age and old fracture and was predominantly bed bound. She required constant care as well as a wheelchair for mobility. She suffered from depression. Jacqueline required high care needs including lifting her in and out of a wheelchair and assisting her with basic activities of daily living.
- Rania and Nada had been providing 24 hour care for Jacqueline. As a result they were in need of support and respite. Constant lifting has left them with physical injuries. They also presented as being mentally exhausted.
- Intensive case management was required to support them through aged care assessments, medical appointments and rehabilitation. They required support to navigate and understand the health system in order to make informed decisions around the care of Jacqueline. This was a very stressful and confusing time for them. Imagine having to place your mother in a nursing home within a month or so of arriving in a new country, after fleeing from your own country and losing your husband and father, your English language skills virtually non-existent in Rania's case.

Later in April, the aged care team commenced their assessment.

Subsequently Jacqueline was admitted into Cairns Based Hospital (Rehabilitation Ward). In collaboration with Cairns Base Hospital, ACAT, the RHNs and Centacare, the family were supported with:

- Learning how to care for Jacqueline;
- Applying for relevant government funding to support Jacqueline's health needs (including aides and equipment);
- Sourcing, applying and securing housing in an Aged Care facility for Jacqueline;
- And appointments with Occupational Therapists and Physios.

Centacare supported Rania and Nada to secure long term housing that was within walking distance to where Jacqueline was residing. Centacare provided intensive case management for the family and supported them to address their initial resettlement needs.

Rania and Nada received mental health support and Jacqueline began to settle into living in the Aged Care facility. Rania and Nada attended English classes and eventually Nada enrolled in a Music course to further her education.

Since April last year, the family has demonstrated incredible resilience, determined to stay in Cairns, despite there not being any other Syrian families in Cairns. It has been a difficult journey for Rania, learning to speak English and meet people for support. Nada has worked hard to make the most of living in Cairns. Jacqueline's health has improved and she is comfortable in the Nursing home.

Fast forward almost a year to when they arrived to Cairns, Rania's English is now very good, Nada has a job, Rania has participated in another Centacare project to support her to start her own business "Aleppo Gourmet" and Nada has just become a semi-finalist in the Queensland Multicultural Youth Awards for 2017. Their future in Cairns is looking very bright.

The family have faced many challenges and have overcome much adversity. The message in their story is that humans are resilient and require support to thrive in new environments. The success of this journey is due to the family's determination to commit to living in Cairns, intensive support provided to the family by Centacare as well as the expertise and management of the complex health issues by the RHNs and their referral to other services within the health system.

This journey demonstrates the importance of the Refugee Health & Wellbeing Network in Cairns, without it, the complex services required of refugee families would not be possible.

Shukran.

### **Relevance and where to next**

The importance of building sustainable partnerships across health sectors, communities and non-government services underpins both case studies. It is imperative that Queensland continues to learn from all the work that is being done at local levels through a high functioning Network. A truly translations research approach requires engagement with all stakeholders to create change, based on real needs and solutions which are potentially transferrable. The Policy context and current level of energy in the refugee health space is not accidental, it is the result of over 5 years targeted work to engage all key partners. To ensure the Network and the Policy and Action plan meet the challenges of the future the focus must remain on working collaboratively across sectors and ensuring resources are effectively utilised to meet the expressed need of all Queenslanders including those from refugee background.