



**Queensland University of Technology**  
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# Refugee Health and Wellbeing: A policy and action plan for Queensland, 2017–2020

## **Baseline Evaluation Report**

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# Refugee Health and Wellbeing: A policy and action plan for Queensland, 2017–2020

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## Baseline Evaluation Report

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## Executive summary

This report presents and discusses the baseline data collected between July and October 2018 as part of the 2-year evaluation of the *Refugee Health and Wellbeing: a policy and action plan for Queensland 2017 – 2020*. The evaluation aims to describe the impact of the introduction of the *Policy and Action Plan* on the healthcare experience of people from refugee backgrounds settling in Queensland.

The evaluation uses a pre-post design (baseline 2018 – end of evaluation 2020) and a mixed-methods approach which includes a quantitative survey with recently arrived adults from refugee backgrounds; a semi-structured qualitative interview with refugee background families; an online survey with services and other stakeholders; and document audits (not included in this report). Surveys and interviews with people from refugee backgrounds were conducted by trained refugee peer researchers. Ethics approval was obtained from the Mater Misericordiae Human Research Ethics Committee.

## Patient experience survey

Sixty-three individuals from refugee backgrounds (62% males and 38% females) participated in the patient experience survey. They were born in Syria, Afghanistan, Iraq, Bhutan, Eritrea, DRC, Congo, Nepal, Iran and Pakistan. Most have been in Australia for less than 2 years.

The overwhelming majority of respondents had visited a GP in the past 6 months (96%) and 86 percent had a preferred GP. Over half had seen a dentist and 44 percent had visited a medical specialist. Approximately one in five had been in a hospital emergency department, and one in five also had been admitted to hospital. While most reported positive experiences the most common negative issues reported are:

- Only 64 percent of respondents were (always/often) offered an interpreter when visiting a GP;
- Only one respondent was offered an interpreter while seeking service from a pharmacy/chemist;
- About 25 percent of respondents reported delaying getting or being unable to get prescribed medication due to cost.

## Patient experience interviews

Trained peer researchers conducted semi-structured qualitative interviews with 53 families about their experiences with the healthcare system in Australia. Respondents were born in a variety of countries including Afghanistan, Bhutan,

Burma (Myanmar), Burundi, Eritrea, Iraq, Liberia, Rwanda, Somalia, South Sudan, and Syria. Forty-five families (85%) lived in the greater Brisbane metropolitan area, while 8 (15%) lived in regional towns (Toowoomba and Cairns).

While most reported positive experiences the most common negative issues reported are;

- language barriers and unavailability of interpreters;
- particular issues with lack of interpreters in pharmacies and the impact on the quality of care;
- lack of formal health check-up on arrival;
- limited preventative advice provided by the GP;
- difficulties developing trust with health services following past experiences;
- challenges learning how to navigate the Australian healthcare system.

### **Services and stakeholders experience survey**

Sixty-nine respondents completed the baseline Services and Stakeholders Experience online survey. Participants' most common areas of practice were included the Hospital and Health Services, general practices, non-government community sector, and settlement services. 64 percent of respondents often saw patients/clients not proficient in English in the last 12 months.

Over 90 percent of respondents were involved in at least one RHNQ activity, 68 percent reported partnering with other agencies to improve refugee health outcomes. Overall, attendance to training and education sessions among stakeholders was low.

A number of gaps that could be addressed by the RHNQ were identified by respondents, including gaps in funding of services/programs, language services, communication and collaboration, cultural responsiveness, health information and education, prevention, addressing the needs of older refugees and refugees with a disability, gaps in regional areas, greater dissemination of the Policy and Action Plan, and workforce needs.

### **Conclusions**

Despite few exceptions, refugee background patients are highly satisfied with the quality of the healthcare services in Queensland. General practitioners and case workers/settlement services are the best and most common sources of advice and guidance in relation to accessing healthcare services.

In the context of the five key principles which underpin the Refugee Health and Wellbeing Policy, the data collected suggest:

- **COLLABORATION AND PARTNERSHIPS**  
Good levels of collaboration and partnerships, and moderate to high levels of involvement with RHNQ activities. A high number of refugee background respondents report having a preferred or regular GP who coordinates their care.
- **CULTURAL RESPONSIVENESS**  
Access to professional interpreter services varies across health care settings and is particularly limited when visiting pharmacies, hospital emergency departments, private dentists, and some general practices. Family members are commonly used as interpreters in some settings.  
Most services collect data on country of birth, preferred language and interpreter requirements, with a lower number of services collecting data on ethnicity and date of arrival.
- **CONSUMER AND COMMUNITY VOICE**  
Moderate to high levels of engagement of refugee background consumers/communities in service planning, development and/or evaluation. Engagement is moderate among healthcare services.
- **CONTINUOUS IMPROVEMENT**  
Attendance to training/education sessions on refugee health and wellbeing among services and stakeholders is low. However, access to RHNQ resources is high and these resources are valued by respondents.
- **CLINICAL EXCELLENCE**  
There are high levels of satisfaction with the quality of the healthcare services available in Queensland. Respondents particularly value the caring and respectful attitude of healthcare staff, the thoroughness of health assessments, and the provision of clear and useful health information and advice. Of concern are the barriers some patients from refugee backgrounds face when accessing prescribed medications, dental services, and medical specialists due to costs and/or long waiting times.

## Background

In April 2017, the Hon Cameron Dick, then Minister for Health and Ambulance Services, launched the *Refugee Health and Wellbeing: a policy and action plan for Queensland 2017– 2020* [1], which articulates a shared vision and common purpose for refugee health in Queensland and promotes a state-wide approach to improving the health and wellbeing of refugees.

The Mater UQ Centre for Integrated Care and Innovation received funding from Queensland Health to conduct an evaluation to examine the effectiveness of the Policy and Action Plan in improving the health and wellbeing of people from refugee backgrounds settling in Queensland. The specific focus of the evaluation is to assess whether or not the policy has enabled five key principles:

- Collaboration and partnerships
- Cultural responsiveness
- Consumer and community voice
- Continuous improvement
- Clinical excellence

The Mater UQ Centre for Integrated Care and Innovation has worked in partnership with Associate Professor Ignacio Correa-Velez, from the School of Public Health and Social Work, Queensland University of Technology, to undertake this evaluation. This report presents the baseline data collected between July and October 2018 as part of this 2-year evaluation.

## Evaluation Objectives

The primary objective of the evaluation is to describe the impact of the introduction of the *Refugee Health and Wellbeing: a policy and action plan for Queensland 2017 – 2020* on the healthcare experience of people from refugee backgrounds settling in Queensland.

The secondary objectives of the evaluation are:

- To identify current barriers and enablers to access health services for people from refugee backgrounds; and
- To develop recommendations for future policy development and services improvement

## Evaluation Methods

### Design

This mixed-methods evaluation uses a pre-post design (baseline – 2018; end of evaluation – 2020) and involves the collection of data through:

- Quantitative survey with recently arrived refugee background participants (Patient experience survey);
- Semi-structured qualitative interviews with refugee background families (Patient experience qualitative interview);
- Survey with services and other stakeholders (Services and stakeholders experience survey); and
- Document audits (not included in this report)

### Participants

The evaluation involves two groups of participants:

- Adults from refugee backgrounds (18+ y/o) living in the greater Brisbane metropolitan area, Toowoomba, and Cairns
- Services and other stakeholders located in Queensland that work with refugee background individuals, families and communities

### Ethics Approval

Ethics approval was obtained from the Mater Misericordiae Human Research Ethics Committee (HREC/17/MHS/143).

### Patient Experience Survey - Baseline

#### Inclusion and exclusion criteria

Eligibility to the patient experience survey included: any recently arrived (within two years) adult (18+ y/o) living in Queensland who came to Australia under the Refugee and Humanitarian Program, or had a refugee like experience in their country of origin, and had received health care services in Queensland. Adults who did not have the capacity to provide informed consent to participate, or who were highly dependent on medical care were not eligible.

#### Recruitment and sampling

A random sample of patients from refugee backgrounds were identified through the Mater Integrated Refugee Health Service (MIRHS) database (Brisbane). All new refugee arrivals in Brisbane are recorded in the MIRHS. In Brisbane, the patient experience survey included participants from the five most common countries of

origin. In regional areas (Toowoomba and Cairns), recently arrived refugee background participants were identified through local refugee settlement services.

### Data collection

Trained refugee peer researchers were given the contact details of the patient experience survey participants, provided them with all relevant information, and administered the survey either by phone or in person. Peer researchers spoke the same language of participants.

The patient experience survey was adapted from the annual ABS Patient Experience Survey [2]. The ABS survey collects data on access and barriers to a range of health care services. For the purpose of this evaluation, only general practitioners, medical specialists, dental professionals, hospital admissions, and emergency department visits were included. A copy of the Patient Experience Survey is available in the Appendix.

## Patient Experience Qualitative Interview - Baseline

### Inclusion and exclusion criteria

Eligibility to the patient experience qualitative interview included: any adult (18+ y/o) living in Queensland who came to Australia under the Refugee and Humanitarian Program, or had a refugee like experience in their country of origin, and had received health care services in Queensland. Adults who did not have the capacity to provide informed consent to participate, or who were highly dependent on medical care were not eligible. People under 18 years of age were not included as direct participants, but their experiences were captured through the information provided by their parents or guardians.

### Recruitment and sampling

Each trained refugee peer researcher recruited a convenience sample of 4-5 people from refugee backgrounds through their own ethnic community networks. Where possible and to ensure a diverse range of perspectives regarding health care services use, peer researchers sought at least 50% of participants to be people who had arrived in Australia within the past 2 years. The remaining 50% may have lived in Australia for a longer period of time.

### Data collection

Peer researchers who spoke the same language of participants conducted the semi-structured interviews. The interview aimed to investigate the health care experiences of participants and their family members. Most interviews took place in participants' homes. An outline of the semi-structured patient experience qualitative interview is included in the Appendix.

## **Services and Stakeholders Experience Survey - Baseline**

### **Inclusion and exclusion criteria**

People who were on the Refugee Health Network Queensland (RHNQ) mailing list or who was engaged in the provision of health services to people from refugee backgrounds in Queensland was eligible to participate in the services and stakeholders experience survey.

### **Recruitment and sampling**

All people included in the RHNQ mailing list were sent an email with information about the anonymous survey and a link to access it (SurveyMonkey®). In addition, public invitations were issued via existing stakeholders and other external networks (e.g. Primary Health Networks, Settlement LACs) for other individual engaged in the provision of health services to people from refugee backgrounds in Queensland who were not linked to the RHNQ.

### **Data collection**

The anonymous online survey (SurveyMonkey®) included questions about access to and participation in training, innovative models of care, referral patterns and collaboration between stakeholders, existing barriers and opportunities for coordination of care. A copy of the Services and Stakeholders Experience survey is included in the Appendix.

### **Data analysis**

Descriptive statistics have been used to analyse the quantitative data. The Patient Experience Survey has been analysed by sex while the Services and Stakeholders Experience Survey has been analysed using four primary role categories: (i) health care practitioner; (ii) settlement/health promotion practitioner; (iii) manager/supervisor; and (iv) other (e.g. refugee community representative, interpreter, project officer, researcher).

Thematic analysis has been used to analyse the qualitative data obtained from the Patient Experience Qualitative Interview.

## Results

### 1. Patient Experience Survey – Baseline

#### Respondents characteristics

Sixty-three individuals from refugee backgrounds participated in the patient experience survey; 39 (62%) were male and 24 (38%) were female. Participants' countries of birth are shown in Figure 1.1.

Figure 1.1: Patient experience survey respondents' country of birth (n=63)

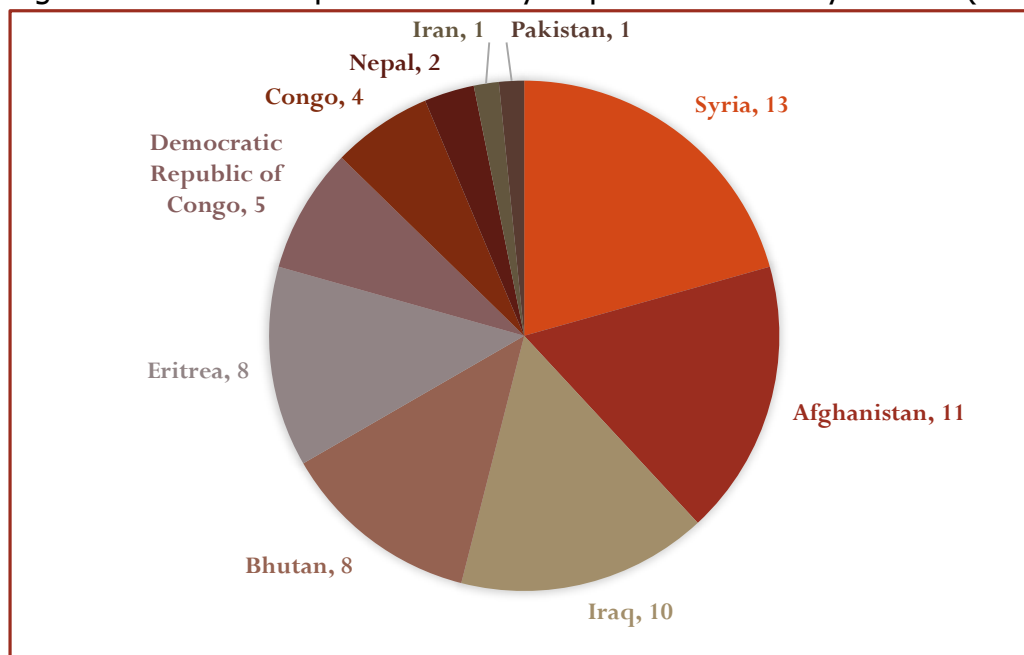


Table 1.1 shows respondents' demographic characteristics by sex. Overall, the majority of respondents have been in Australia for 2 years or less (84.1%), over one third had completed either no education or primary school, 63.5 percent reported low levels of English language ability, and 73 percent rated their health as either excellent, very good or good. Compared to males, a greater proportion of females had been in Australia for more than 2 years, had completed either no education or primary school, and reported low English language ability and lower health status.

Table 1.1 'Patient experience survey' respondents' demographic characteristics by sex

Characteristic	Females (n=24)	Males (n=39)	Total (n=63)
<b>Age (mean)</b>	40.6 years	39.5 years	39.9 years
<b>Years in Australia [n (%)]</b>			
2 years or less	16 (66.7%)	37 (94.9%)	53 (84.1%)
More than 2 years	8 (33.3%)	2 (5.1%)	10 (15.9%)
<b>Education [n (%)]</b>			
None/primary school	13 (54.2%)	10 (25.6%)	23 (36.5%)

<b>Characteristic</b>	<b>Females (n=24)</b>	<b>Males (n=39)</b>	<b>Total (n=63)</b>
<i>Secondary/high school</i>	5 (20.8%)	13 (33.3%)	18 (28.6%)
<i>College/Trade</i>	6 (25%)	15 (38.5%)	21 (33.3%)
<i>cert/University</i>		1 (2.6%)	1 (1.6%)
<i>No response</i>			
<b>English language ability [n (%)]</b>			
<i>Very well/well</i>	8 (33.3%)	15 (38.5%)	23 (36.5%)
<i>Not well/not at all</i>	16 (66.7%)	24 (61.5%)	40 (63.5%)
<b>General health status [n (%)]</b>			
<i>Excellent/very good/good</i>	15 (62.5%)	31 (79.5%)	46 (73.0%)
<i>Fair/poor</i>	9 (37.5%)	8 (20.5%)	17 (27.0%)

### Long term health conditions

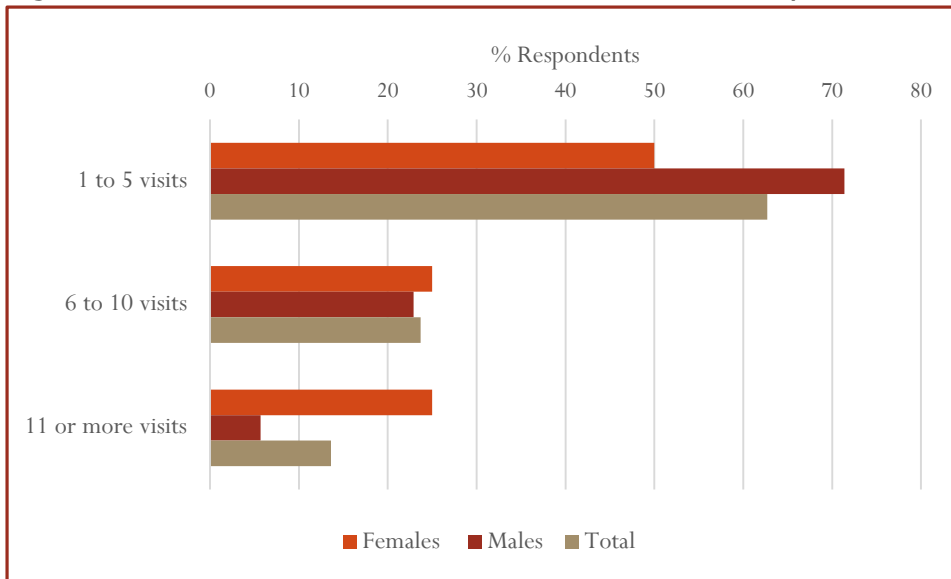
About one third of respondents (31.1%) reported having at least one health condition likely to last longer than 6 months, with females (43.5%) more likely than males (23.7%). The most common conditions were:

- Arthritis (9.5% of all respondents)
- Heart condition/High blood pressure (7.9%)
- Diabetes (4.8%)
- Long-term injury (3.2%)
- Mental health problem (3.2%)
- Other long-term condition (9.5%) (e.g. asthma, back problems, liver condition)

### Experiences with General Practitioners

Overall, 59 (94%) respondents had visited a General Practitioner in the last six months (all female respondents and 90% of male respondents had done so). A comparison of the number of visits by sex is shown in Figure 1.2. Females were more likely to report a greater number of visits to a GP.

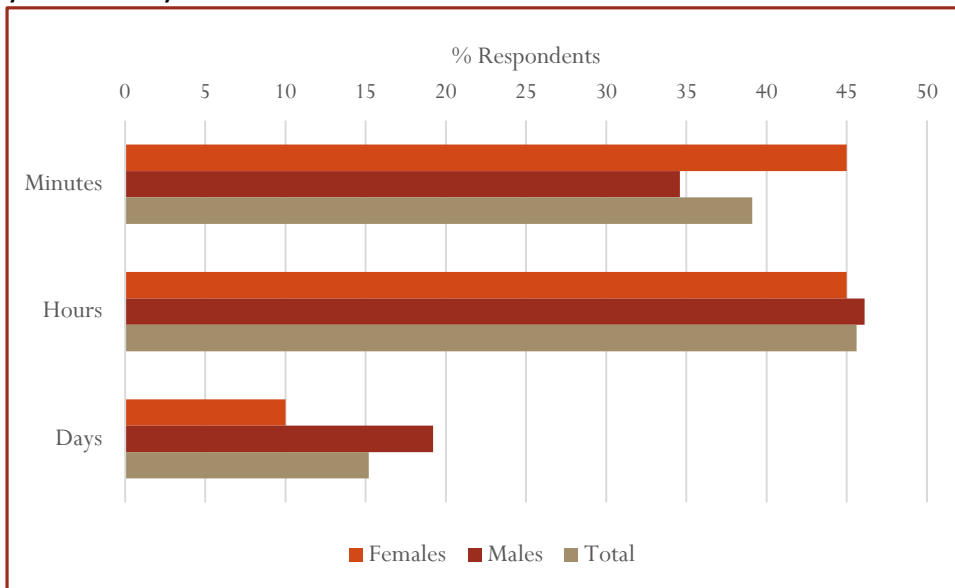
Figure 1.2: Number of visits to a GP in last 6 months, by sex



### Visits to GP for urgent medical care

Overall, the majority of respondents (85%) were seen by a GP within minutes or hours of making the appointment when they required urgent medical care. Figure 1.3 shows the length of time by sex. Compared to male respondents, females were more likely to be seen within minutes of making the appointment.

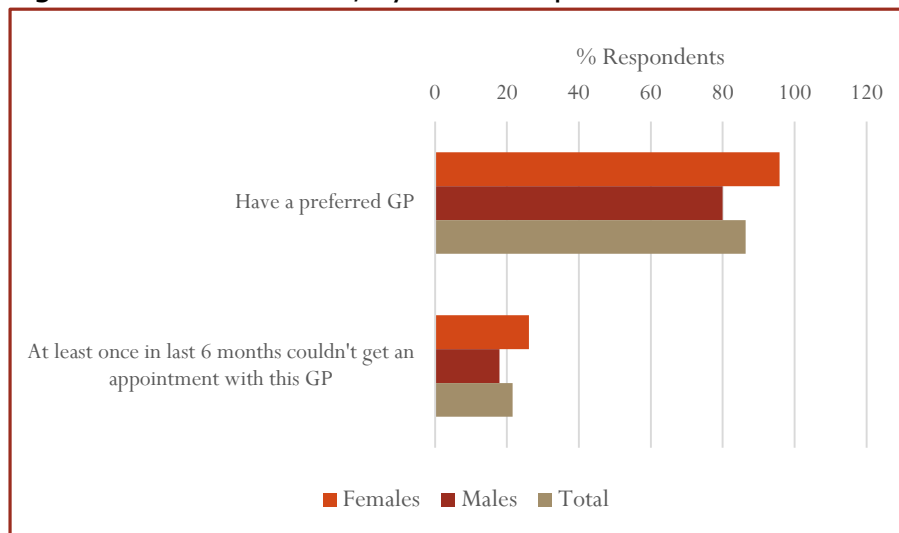
Figure 1.3: How long after you made an appointment for urgent medical care were you seen by a GP?



## Have a preferred GP

In the last six months, 86 percent of respondents had a GP they preferred to see, and 22 percent could not get an appointment with this GP at least once over the last six months. As shown in Figure 1.4, females were more likely to have a preferred GP than males (96% vs 80 %).

Figure 1.4: Preferred GP, by sex of respondent



## Reasons for not seeing a GP when needed

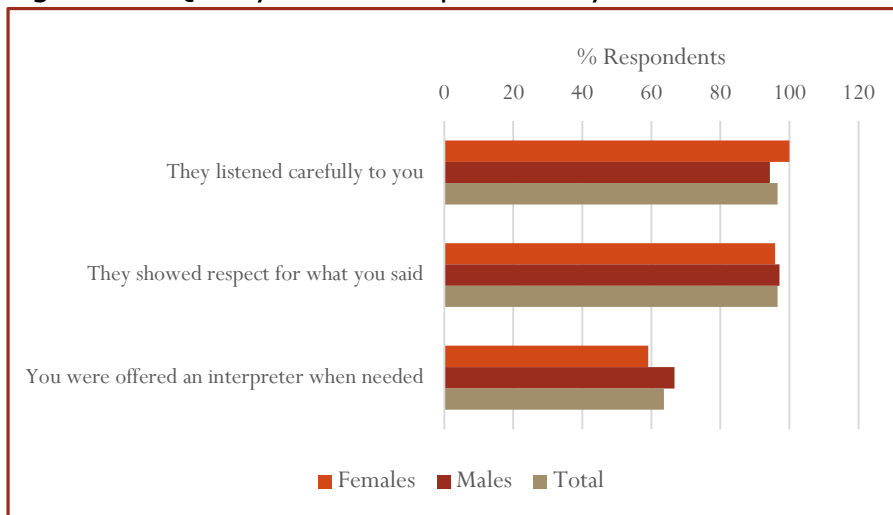
Among the respondents who could not get an appointment with a GP in the last six months when needed, the main reasons were:

- Long waiting time (50%)
- Had an upcoming appointment (17%)
- Too busy (8%)
- Other reasons (25%)

## Quality of services provided by GPs

As shown in Figure 1.5, the majority of respondent stated that their GPs always/often listened carefully to them (97%) and showed respect for what they said (97%). However, only 64 percent of respondents were (always/often) offered an interpreter when needed (with females slightly less likely than males to be offered an interpreter).

Figure 1.5: Quality of services provided by GPs in the last six months\*

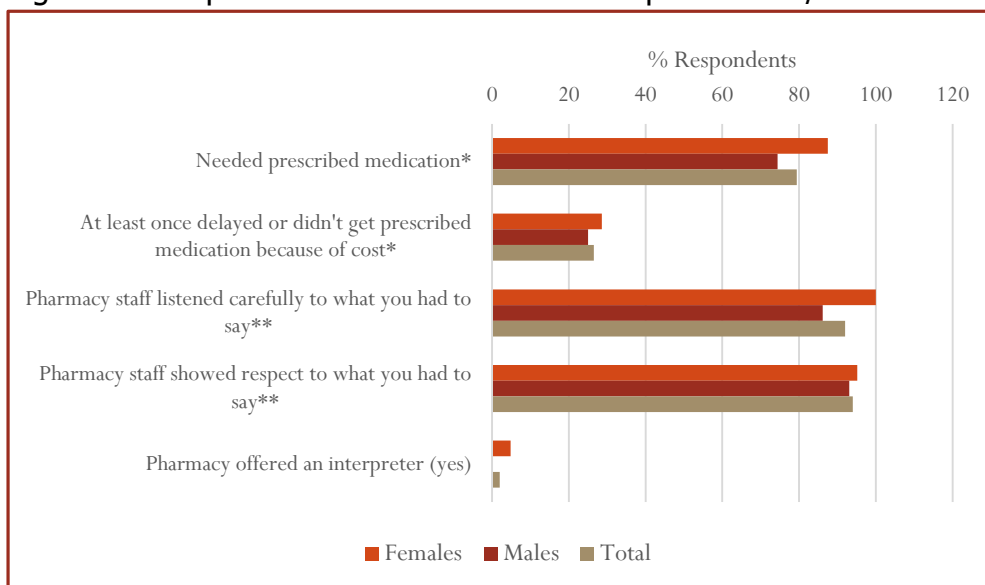


\*Responses: Always/often

### Experiences with medication and pharmacies/chemists

Respondents' experiences with medication and pharmacies/chemists are summarised in Figure 1.6. In the last six months, 50 (79.4%) respondents needed prescribed medication, with females more likely than males (87.5% vs. 74.4%). About one in four respondents reported delaying getting or being unable to get prescribed medication due to cost in the previous six months. Over 90 percent felt that pharmacy staff listened carefully and showed respect for what they had to say. However, only one respondent (2%) was offered an interpreter while seeking service from a pharmacy/chemist.

Figure 1.6: Experiences with medication and pharmacies/chemists

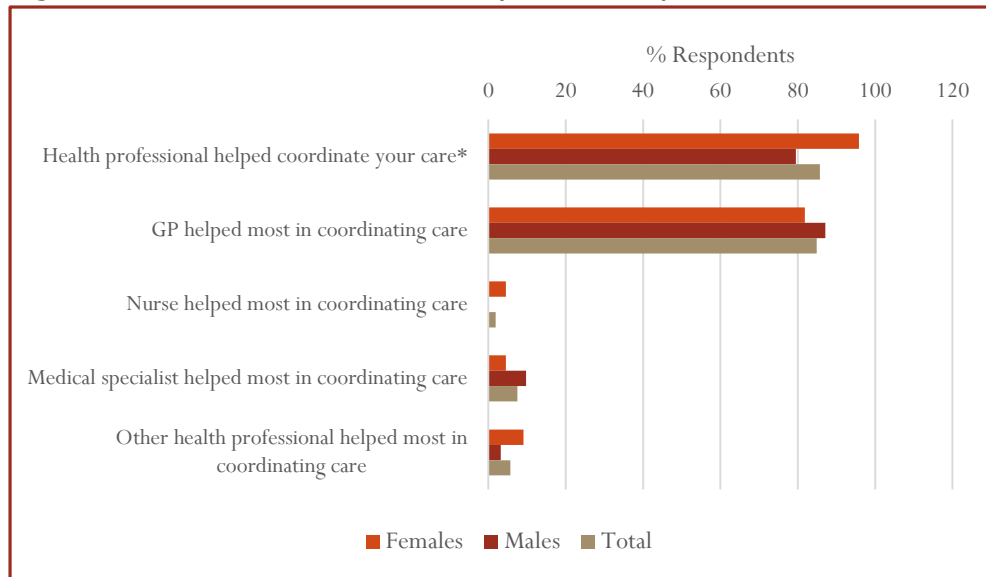


\* In the last 6 months; \*\* Always/often

## Care coordination

Figure 1.7 shows respondents' experiences with care coordination. Overall, 86% of respondents stated that a health professional had helped to coordinate their care in the last six months (women more likely than men). GPs were the most common health professionals coordinating care (85 percent of respondents).

Figure 1.7: Coordination of care, by sex of respondent



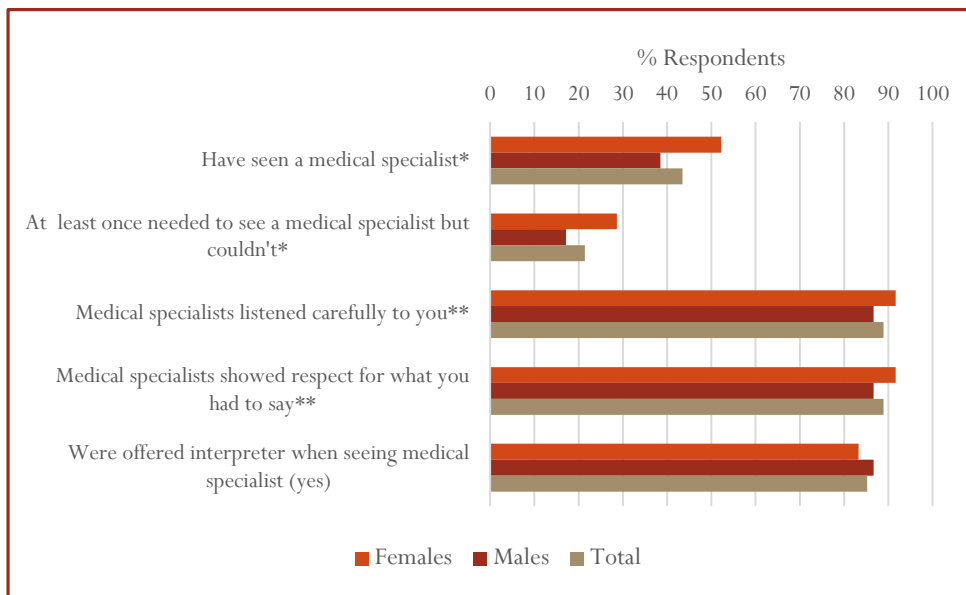
\*In the last six months

## Experiences with medical specialists

Respondents' experiences with medical specialists are illustrated in Figure 1.8. Forty-four percent of respondents had seen a medical specialist in the last six months (women more likely than men). One in five respondents (also women more likely than men) reported that, at least once in the last six months, they had needed to see a medical specialist but did not. The most common reasons for this were (respondents could state several reasons):

- Waiting time too long (66.7% of respondents)
- Service not available when required (25%)
- Too busy (25%)
- Cost (8%)

Figure 1.8: Experiences with medical specialists



\*In the last six months; \*\*Always/often

Overall, about 90 percent of respondents felt that medical specialists listened and showed respect for what they had to say, and 85 percent were (always/often) offered an interpreter when they saw a medical specialist.

The most common medical specialists visited by respondents in the last six months were:

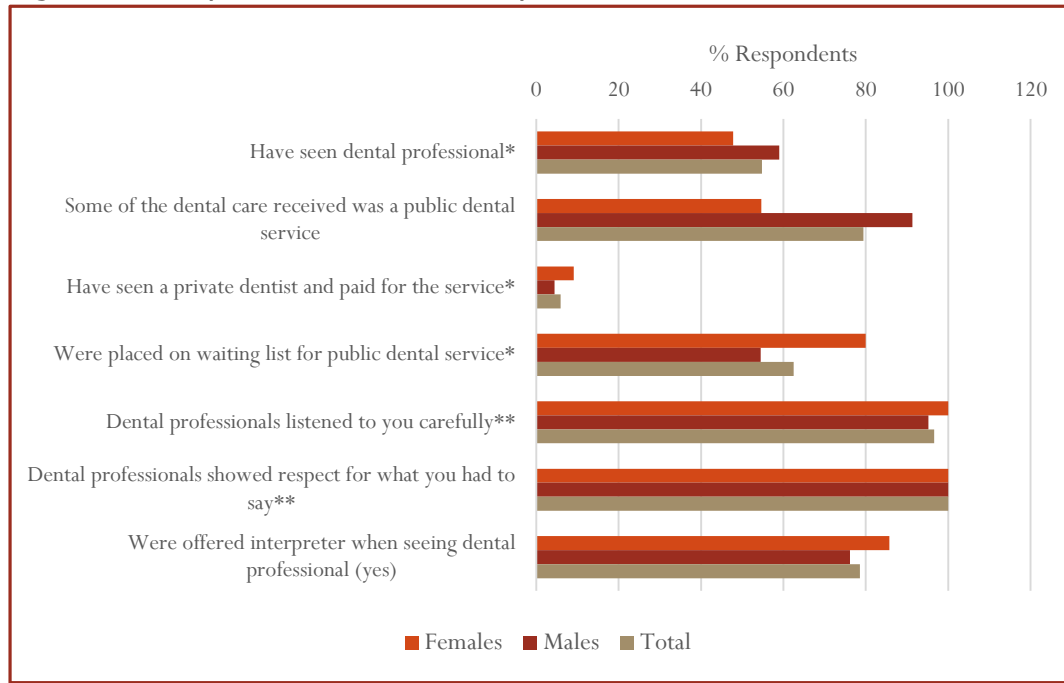
- Obstetrician/Gynaecologist (14.8%)
- Infectious disease specialist (11.1%)
- Cardiologist (7.4%)
- Respiratory physician (7.4%)
- Hepatologist (3.7%)
- Other specialist (51.8%) (orthopaedic surgeon, dermatologist, endocrinologist, surgeon, "lymph node specialist", urologist)

### Experiences with dental professionals

Figure 1.9 summarises respondents' experiences with dental professionals. Fifty-five percent of respondents had seen a dental professional in the last six months (men more likely than women). Four out of five (80%) who had seen a dental professional received some of the care in a public dental service, with men more likely than women (91.3% vs. 54.6%). Only six percent of respondents had seen a private dentist and paid for the service in the last six months. Sixty percent of respondents who had seen a dental professional in the last six months were placed on a waiting list for public dental services at least once; women more likely than men (80% vs. 54.5%) to be placed on a waiting list. The majority had to wait more than three months.

Most respondents stated that dental professionals had listened to them carefully (96.6%) and had showed respect for what they had to say (100%). Almost four in five participants (78.6%) were (always/often) offered an interpreter when they saw a dental professional.

Figure 1.9: Experiences with dental professionals



\* In the last six months; \*\*Always/often

Thirteen respondents (21% of the total sample) stated that at least once in the last six months they needed to go to a dental professional but did not due mainly to costs (30.8%), waiting time too long (30.8%), or due to service not available when needed (15.4%).

### Experiences with Emergency Departments

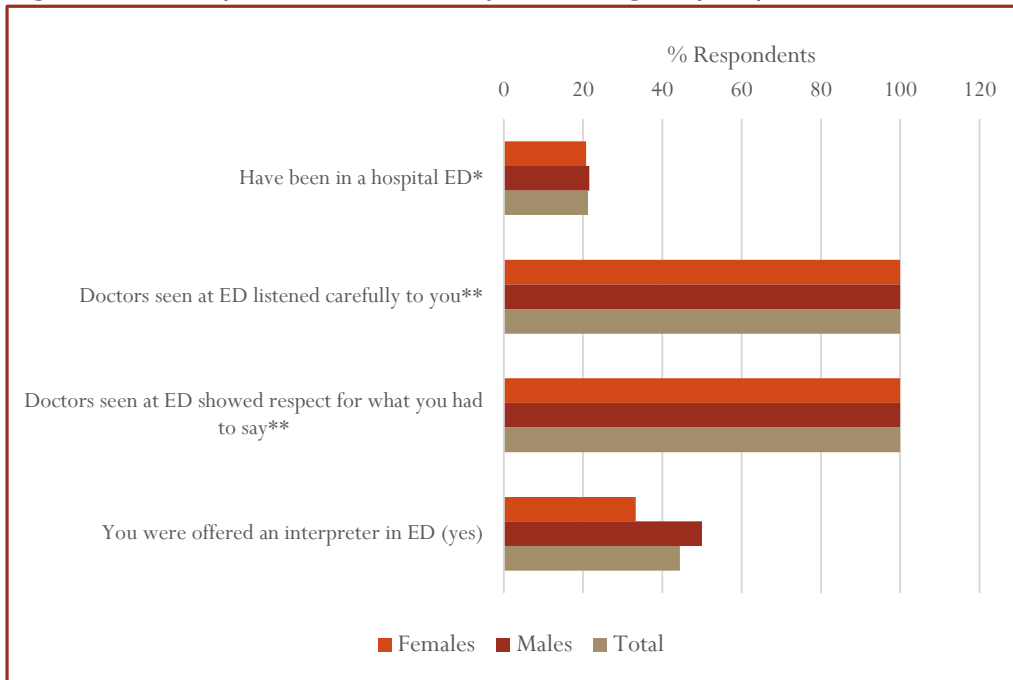
Respondents' experiences with hospital emergency departments (ED) are shown in Figure 1.10. About one in five respondents had been in a hospital ED in the last six months. The most common reasons were:

- Taken by ambulance or condition was very serious (38.5% of those who had been in ED)
- Sent to emergency by GP (23.1%)
- GP not available when required (15.4%)
- Other reasons (23.1%) (car accident, ear infection, 'went to see cardiologist but referred to emergency due to bad flu')

All respondents who had been in a hospital ED (and who provided responses to these two questions) reported that doctors listened carefully to them and showed

respect for what they had to say. Forty-four percent stated that they were offered an interpreter in ED, with men more likely to be offered an interpreter than women.

Figure 1.10: Experiences with hospital emergency departments

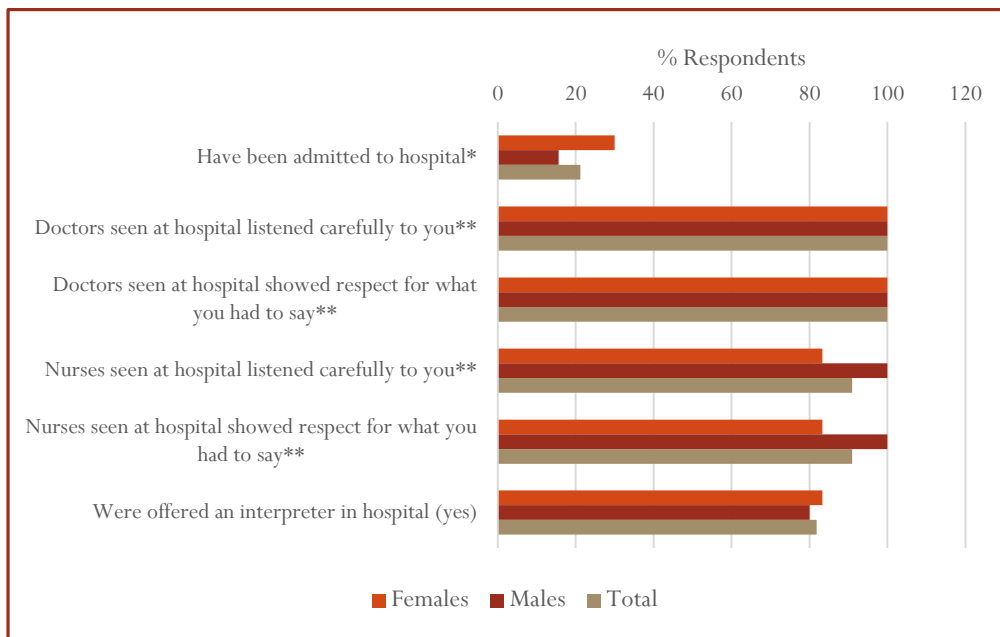


\*In the last six months; \*\*Always/often

### Experiences with hospital admissions

Figure 1.11 illustrates participants' experiences with hospital admissions in the last six months. One in five respondents had been admitted to hospital in the last six months (women more likely than men). Of these, 82% had been admitted once. Overall respondents were highly satisfied with the way doctors and nurses in the hospital listened carefully to them and showed respect for what they had to say. Four of five respondents (81.8%) who had been admitted to hospital were offered an interpreter.

Figure 1.11: Experiences with hospital admissions



\*In the last six months; \*\*Always/often

### Patient experience with health services – comparison with Australian population

Table 1.2 below compares respondents’ experience with health services with those of the overall Australian population in 2017–2018. This comparison needs to be taken with caution as data from the overall Australian population relate to persons 15 years and over, and over the previous 12 months [3].

Table 1.2 Experience of health services – comparison between survey respondents and the overall Australian population

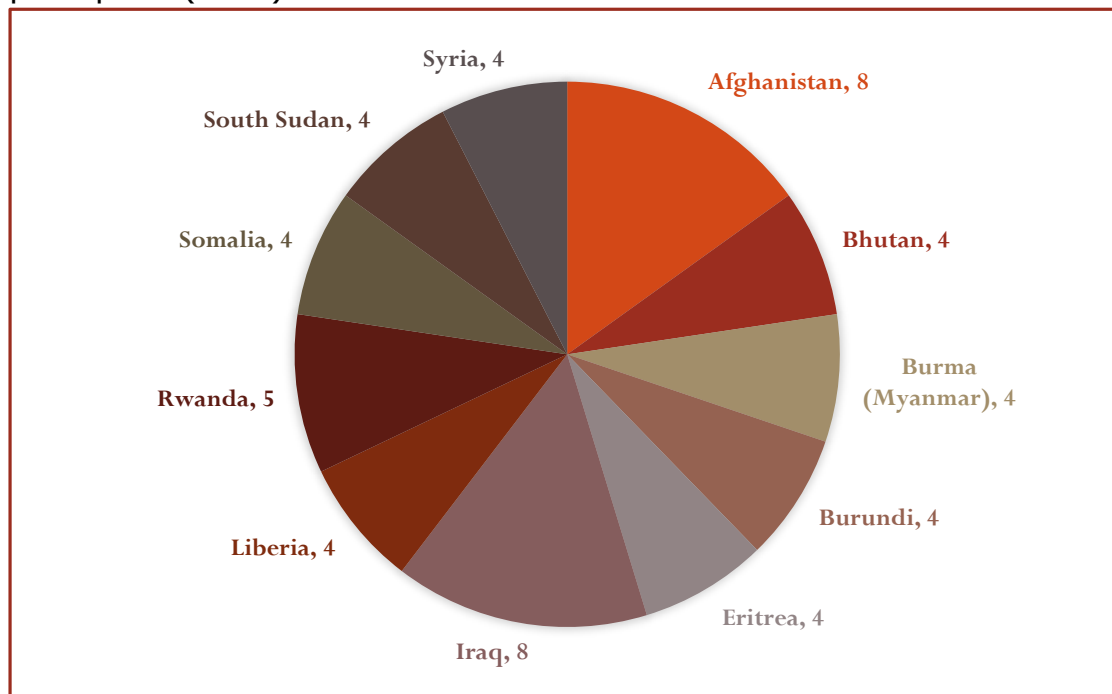
Experience of health services	Respondents from refugee backgrounds (18+ years – over last 6 months)	Overall Australian population (15 years and over – last 12 months)
Saw a general practitioner	94%	84.3%
Received a prescription for medication	79.4%	69.7%
Saw a medical specialist	44%	37.4%
Saw a dental professional	55%	50.1%
Visited hospital emergency department	21.3%	14.3%
Admitted to hospital	21.2%	12.5%

## 2. Patient Experience Qualitative Interview – Baseline

### Participants characteristics

Trained peer researchers conducted semi-structured qualitative interviews with 53 families. Primary respondents were 29 (55%) females and 24 (45%) males, with a mean age of 41.8 years (SD=12.5; Median=38 years; range=21 to 67 years). Participants' countries of birth are shown in Figure 2.1. They have been in Australia for an average of 3.5 years (SD=4.3; Median=2 years; range= 0 to 17 years), and their families in Australia had an average of 4.3 members (SD=1.8; Median=4; range= 1 to 9 members). Forty-five families (85%) lived in the greater Brisbane metropolitan area, while 8 (15%) lived in regional towns (Toowoomba and Cairns).

Figure 2.1: Patient experience qualitative interviews – Countries of birth of participants (n=53)



### First healthcare appointment after arriving in Australia

Overall, the first healthcare appointment after arriving in Australia was described as a positive experience by 47 (89%) respondents, negative by 2 (4%) respondents, and as a mixed experience by 4 (7%) respondents. Some of the key themes identified by respondents are shown in Table 2.1 below.

Table 2.1: First healthcare appointment after arriving in Australia – Key themes

Themes	Respondents' comments
High expectations when compared to	<i>I had high expectations that the treatment will be considerate and professional. This has much to do with my</i>

Themes	Respondents' comments
past healthcare experiences	<i>life experience in comparison of my life in the refugee camp in Guinea.</i>
Supportive settlement services	<p><i>Thankfully all is going well with my XXX case worker, along with a number of casual staff within the organisation (...) My vote of thanks goes to XXX and their ongoing commitment towards new arrivals within the centres, notable XXX.</i></p> <p><i>My first encounter with the healthcare system in Australia was very positive. Briefly, our welcoming case worker from XXX made an appointment for us and made sure that we were aware and fully prepared through daily reminders.</i></p> <p><i>Every time that we visited the healthcare centre there was someone sent from XXX or a volunteer from XXX that used to come and picked us and dropped us back home which I thought was really helpful.</i></p>
Welcoming and respectful healthcare staff	<p><i>My GP was so caring, showed empathy and very understanding. The GP was so kind and not judgemental when asking questions. The GP was respectful to us regardless our background or language barrier.</i></p> <p><i>Our first visit to the healthcare centre in Australia was the best one compared to any visit that I remember anywhere else. It was great because of the way the staff received us and talked us through everything that was getting done. In everything that was being done we were made aware of and why it was needed to be done and we felt included in all the process and decision making.</i></p> <p><i>So in the first week of living in Australia, I had to see a GP at XXX medical centre. It was very good experience because I have my GP was very happy to see us and my family regardless my condition. He was very professional in the way of assessing the situation such as asking one by one in private room. He maintained my privacy during consultation which made me feel very comfortable in explaining my condition.</i></p>
Language barrier and interpreters	<p><i>For example, because I was by myself with interpreter only I was able to express feelings and my worries about my condition. I was so happy because I did not have to explain my condition in front of my kids.</i></p> <p><i>[The GP] already speaks Arabic, which makes that easier to communicate with him without an interpreter. We've been with this doctor since.</i></p>

Themes	Respondents' comments
	<p><i>Doctor gave us telephone interpreter originally chin speaking and we didn't understand her Burmese pronunciation. We were so depressed and we couldn't sleep at that time.</i></p> <p><i>Bad experience was that it was hard for me because of language barrier as we had to wait too long some time for an interpreter because back then there were no many interpreters in my language.</i></p>
Health assessment	<p><i>The nurse from the clinic asked me for our health history and they checked our body weights, blood pressure and they gave me vaccination. We are lucky because we got interpreter so we were not worry after all. The nurse told me that we all need to see GP doctor and we all need to go to see dentist, and TB clinic as well. She transferred for those 3 clinics but we are happy to go for check-up because we knew that we can get interpreter.</i></p> <p><i>The doctor examined and checked us one by one, he asked us about our medical history. Then he did some blood test and gave my children some vaccines. We were asked to see the doctor again in a few days time. He also checked us for tuberculosis, for which the results were negative. Overall it was good experience, even though I was nervous at the beginning.</i></p> <p><i>Our first interview was generally good. In the hospital our health condition was examined like a general health check-up. In the first appointment our first course of vaccinations was injected and the rest of program of vaccination was given for us to be followed up. Our blood was tested for several illnesses such as tuberculosis.</i></p> <p><i>Well, it was very long ago, but as I remember we did not have an official health check-up. My husband had sponsored us, so we did not have any case worker. So for our very first visit my husband took us to see a GP, who did few blood tests, asked us questions about our medical history. We were all healthy, so I did not really understand why we had to see the doctor for.</i></p> <p><i>The only difficult was that my GP did not address prevention regime such referring to a dietician and health life style especially in Australia as I did not know what was best food to eat. He only adjusted the medications but not involving other healthcare people in order to best my conditions.</i></p> <p><i>In 2006 I have arrived from Sudan with severe burns on my face, hand and neck. The accident happened at home</i></p>

Themes	Respondents' comments
	<p><i>around 2 months before I came to Australia. I travelled to Australia directly from the hospital that I was admitted in Sudan. One day after my arrival I was taken to a doctor and about one week after my arrival I was admitted in [XXX hospital] for short time and then at the [YYY hospital] for about two months. In total I have 5 operations and I am still waiting to have some small surgery around my ear and neck. The first five years there was a lot of appointment in order to have procedure as I was burned badly.</i></p>
Trust	<p><i>On the other hand it was really overwhelming because we did not know what was expected of us in terms of what should we say to the healthcare professionals and what not to say. I also had an issue with trust in the first visit to the healthcare centre for the first time in Australia, although I was made aware that everything discussed was confidential, I still did not trust anyone and did not say all that I should have said in my first visit.</i></p>
Learning about Australia's healthcare system	<p><i>My first experience with the healthcare system was relatively negative for me and my family. Given the high hopes and expectations we had whilst in Africa, we hoped to engage in a healthcare system that would heal all undesirable conditions we had. While in refugee camps, Western doctors were regarded as healers, so coming to Australia was such a golden opportunity I had along with my family. During our first visit, I was introduced to the concept of "waiting list" for an appointment that was made for me to see a specialist. It was shocking, then informed the GP that I needed to see the specialist as a matter of urgency. To my understanding, this concept was very foreign, and I could never imagine how a civilized country such as Australia can have waiting lists, and people still go on them for prolonged periods of time. I argued with the GP, as I presented to him that I had a fundamental right to see a specialist, someone who would heal my condition immediately. I informed the GP that my life was in his hand and hoped that this would give him an ultimate duty to get me to the specialist. Little did I knew that the healthcare system works on procedures, and clear set guidelines how certain things should be run. As a I look back, and reflect on this episode, I feel like I should go back and apologise for my ignorance.</i></p>
Family/relatives already in Australia	<p><i>Our first visit to the healthcare as new arrivals in Australia was good. I do not really have a very good recollection of it but that is because nothing was bad about it I guess. We</i></p>

<b>Themes</b>	<b>Respondents' comments</b>
	<p><i>had a family/relative who sponsored us to Australia and they came before us meaning they were now settled and they really helped us with mostly everything.</i></p> <p><i>My husband, who was already living in the country, took me to the first appointment when we came to Australia as we were told that health checks for new arrivals is essential. The appointment itself was okay but I was new to Australia and didn't know much of anything, especially the language. The clinic was in XXX as I was living near the area and my husband booked the appointment for us.</i></p>
Sense of belonging	<p><i>The doctors and everyone involved in our first health check-up were very kind and tried to help us as much as they could, informing us that we are similar to the fellow Australians and have the same rights as the citizens when it comes to health care services. This was important to me and made me feel like a part of the country.</i></p>

### Having a regular general practitioner

Forty-nine (92%) respondents reported that they and their families had a regular GP they went to when needed, while 3 (6%) did not have a regular GP. One participant (2%) did not provide any response. Some of the respondents' comments are shown in Table 2.2.

Table 2.2: Regular GP – Respondents' comments

<b>Regular GP</b>	<b>Respondents' comments</b>
Yes	<p><i>Yes, my family have regular GP that we visit all the time. From the beginning we were referred by XXX to GP and find out he was good GP. Since then we did not think to change other doctor because I visited other Doctors whom I did not like the way they approach us. My regular GP knows that I don't speak much English and that I have not been in Australia for long time as such he is very patient with me and takes his time when asking me some questions. He also books interpreter for my family all the time.</i></p> <p><i>Yes, since our arrival we had a GP who left the medical centre about 7 months ago. Since then I used to see the first available doctor. In a period of this time, unfortunately, it happened to me to see the same doctors three to four times regularly, without a positive result. After that accidentally I was seen by another doctor of the medical centre who assessed my health condition inclusively and my medication,</i></p>

Regular GP	Respondents' comments
	<p><i>as a result now I am feeling much better, therefore, I have decided to choose this doctor as our family regular GP.</i></p> <p><i>Yes we do have regular GP at XXX medical centre, we have not changed GP since we arrived in Australia because we find him very useful as he continue to follow up with my wife's conditions. He also kept us with up to date in regards to the referrals progress. We can visit the GP anytime without making any appointment because he is very flexible and never sent us home as result of not making an appointment before.</i></p> <p><i>Yes. We have a regular doctor. He is XXX-speaking doctor...</i></p> <p><i>Yes we all have had the same GP that we first met when my family and I arrived in Australia and she just retired last year but she handed us to another GP within the same practice. And we are happy with the current one as well. At our healthcare centre, staff are kind, treat us with respect. Sometimes I just call the receptionist if it is possible to make an emergency visit to my GP on the day in a short notice. They always squeeze me in.</i></p> <p><i>Yes. My preference GP is XXX but if I need to see doctor urgently for minor things I usually go to XXX medical centre. I try to see Dr XXX if he is working.</i></p>
No	<p><i>No, I don't use a regular GP. I generally choose the nearest GP who is available when I am not feeling well.</i></p> <p><i>Not really, my children go to whoever they want, and have not maintained a single GP ever since we came.</i></p> <p><i>We don't really have a regular GP but we have a regular medical centre called XXX. We call the clinic and book an appointment with any doctor that is available. If the appointment is for me or my two eldest daughters, I make sure I request for a female doctor because of my religion and I am more comfortable with the female doctors than the male doctors.</i></p>

### Experiences with general practitioners

Fifty (94%) participants reported that they and/or their families had visited a GP in the previous six months. The key themes about respondents' experiences with GPs are shown in Table 2.3 (helpful experiences) and Table 2.4 (difficult experiences).

Table 2.3: Helpful experiences with General Practitioners – Key themes

Themes	Helpful experiences with GPs – Respondents' comments
Welcoming and respectful staff	<p><i>So far I have very good experience with my GP because first of all he knows me very well and most of the time when I visit him he reminds me an upcoming appointment. He is very nice GP and very caring. He is very welcoming GP and very understanding.</i></p> <p><i>The nurses are welcoming, treat me with respect.</i></p> <p><i>The receptionists were kind and friendly and provided me with water when I was coughing a lot and I didn't have to wait long to see the doctor on that first appointment.</i></p> <p><i>I also find it refreshing that not only the doctors but the staff at the clinic are always respectful and kind to us. They make us feel like we belong in the country which is very important to me and my children.</i></p>
Thorough and quality health care	<p><i>He has been an awesome GP, checks on us every now and then, checks on our spiritual, physical health and wellbeing. And I hope to keep this GP for a long time.</i></p> <p><i>So far it has been a very good experience with my GP because he is very flexible and caring. Because my wife has heart issue, My GP sent her to a cardiology at XXX Hospital for stress echocardiogram test which made us very happy. The GP was very understanding and caring. When my GP finds problems he does not ignore it, he continues to follow up until the problem is solved. The GP tries to solve the problems according to his best ability. For example because my wife blood pressure won't drop down, he referred us to a cardiologist at XXX. He also suggested to me see a physiotherapist due to my back pain but I declined however he tried his best.</i></p> <p><i>Since two months after my arrival to Australia, I have had the same GP, all through my pregnancy as well and he has always been friendly and treats me with respect. Recently we went to the GP for vaccination for my children where I also requested for the GP to do a general health check-up. As for the vaccinations, he explained to me that this would be the last vaccination appointment for that series of vaccines and asked me if I've had any issues with any of the vaccines such as side effects. After my children had their vaccinations done, I asked the doctor a few questions about the health of the children</i></p>

Themes	Helpful experiences with GPs – Respondents' comments
	<p><i>and once he answered my questions we were able to leave his office.</i></p> <p><i>She suffered from fever because of the childcare. You know how it can be with many children and if one is sick, all the others might get infected. In addition, she had skin rash and allergy. We took her to the GP, then we were referred to a specialist. This health condition of hers continued for about 2 months. The GP was very specific in her instructions when she was explaining what we should do about our daughter's health condition. She also asked us to come back every week to check the progression of the case. After deducing that our daughter wasn't getting any better, she then referred us to a specialist. She advised us that if we can afford it, it is much better to go to a private specialist clinic and not wait for some time to get to a specialist in a hospital through the public system.</i></p>
Clear information helps to develop trust	<p><i>The doctor was really assuring and helped us understand what the next process was and what will be done for my daughter. When she asked me to sign the consent form to let her access my daughter's information I was hesitant and didn't want this to happen. She explained to me what the purpose of the form was, why she needed access to my daughter's information and how safe it is for her to do so. This was important for me to know and so I was able to sign the consent form after further explanation.</i></p>
GP experienced in treating refugees	<p><i>I would never change my GP for anyone else. My GP treats a lot of refugees, so being there makes me feel welcomed and supported.</i></p>
Continuity of care	<p><i>He tries his best to clarify with me if there is anything required clarifications. I did not see any point of changing him because he knows my story and I can see him anytime.</i></p> <p><i>Another good thing is because we have been going to the same medical practice for a long time, my family is known by most staff at the practice.</i></p>
Use of interpreter	<p><i>So far we have been always given phone interpreter at the GP's. I ask interpreter in every office and service.</i></p> <p><i>My GP takes time to do the assessment and uses simple English terms to explain things. He always book interpreter if I have appointment with him. Even if I don't make an appointment, he uses phone interpreter.</i></p>

<b>Themes</b>	<b>Helpful experiences with GPs – Respondents’ comments</b>
	<i>I find it helpful that I am able to attend every appointment with an interpreter so that I can understand what has been said and can convey my health issues and concerns to the doctor.</i>
GP speaks same language	<p><i>There is no problem visiting our GP. He speaks XXX as well, so I feel there’s no language barrier.</i></p> <p><i>Very good, my wife got counselled by the doctor after both miscarriages, and he was very helpful, and the language barrier wasn’t there because he speaks the language, which is very helpful.</i></p> <p><i>Because we can communicate with XXX language that is really helpful for us. We can talk our health problem without other people’s help.</i></p>
Timely and flexible appointments	<p><i>The other helpful point is the time of appointment. When I make an appointment, the GP sees me on the exact given time I do not need to wait.</i></p> <p><i>I like the way my GP is very flexible even if I don’t make an appointment, he is always happy to see me. He tries his best to squeeze me in his schedule all the time.</i></p> <p><i>When I called to find an appointment with the doctor, on both occasions, I was able to be booked in fairly quickly.</i></p>
Convenient location	<i>The clinic is not very far so we can walk to the clinic that is very helpful as well.</i>
Affordability	<p><i>They don’t ask money from me; that is very helpful because I saw they asked money from other patients.</i></p> <p><i>Another good thing is that the Medicare system is really making it possible for people to access healthcare services.</i></p> <p><i>We did not have to pay anything it was all covered by Medicare.</i></p>

Table 2.4: Difficult experiences with General Practitioners – Key themes

<b>Themes</b>	<b>Difficult experiences with GPs - Respondents’ comments</b>
Long waiting times	<p><i>We went to the clinic on time/before appointment time but we needed to wait for more than one hour again so we missed other appointments if we have another one that day.</i></p> <p><i>Sometimes we only want another prescription letter for 2</i></p>

Themes	Difficult experiences with GPs - Respondents' comments
	<p><i>minutes but we have to wait for more than hour. That is difficulty for us.</i></p> <p><i>The problem is that, it is a walk in clinic and the waiting time to see our GP is very long, some times more than two hours.</i></p> <p><i>The other difficulty is long time waiting for the result of examination which made us worry. My mum has been suffering from headache for long time and several examinations have been done, still the GPs say that they are not sure what exactly the cause pain/her illness is. We really worry about our mum's health.</i></p>
GP's time constraints / fully booked	<p><i>Time, the GP seemed to have no time as he seemed to be in a rush and hoping to fit many patients in his tight schedule.</i></p> <p><i>He seemed to be in a rush and I thought he did not give me time to say what I wanted to say. He stood up to open the door for me while I thought I still had a lot to say. When I got to the reception I told the girl at the reception that my eye is sore and she told me that I should have told the doctor. I had to make another appointment to see the GP for issue. I felt like the doctor was tired because there were too many patients that he was seeing that day. I did not feel too bad but only that I had to come back three days later when he should have fixed that day.</i></p> <p><i>Sometimes it is hard to find our regular GP, and when you call in to book appointment the reception desk tells you he is not available or fully booked for the day or the next.</i></p> <p><i>My GP works only 2 days in her practice, even though I prefer to see her, it is usually not possible to get a short notice appointment.</i></p>
Language barriers and no use of qualified interpreter	<p><i>In general, I always have good experience with my regular GP but this one was different and I felt like I wasted my time. I believed that this GP will straight help me because I though was easy thing but turns out that it was not easy as I expected. I felt so bad and very upset because I tough why this GP was not including me and tell what is the process or find another solution to address this issue. I realise that every GP is different and finding good one is always difficult especial if you don't speak English very well. I think communication was issue or possibly this GP did not have enough time to see me. I wish he could tell me what was going on or whether tell me to come back next time when he has time.</i></p>

Themes	Difficult experiences with GPs - Respondents' comments
	<p><i>I do not know language to making appointment through phone call, therefore, need to go one day for making appointment and then go the other day to attend the appointment.</i></p> <p><i>It was difficult because language barrier. Sometimes I needed to fill the form at clinic reception before I see GP. I don't understand how to fill the form so very difficult for me. I needed to look for other Burmese patient from the clinic and asked for to fill the form. The receptionist cannot speak Burmese so sometimes she told me that we cannot get appointment for that day and time for to see my doctor but we don't understand so very difficult for us.</i></p> <p><i>The only issue is that my GP does not use interpreter. For example my first appointment, I visited my GP with my case worker and interpreter on phone will explain but since I have been here for sometimes my GP does not use interpreter anymore. If I don't understand, he writes on paper from Google translation. Possibly will be much better if my GP could provide me an interpreter.</i></p> <p><i>It was difficult because language barrier. Sometimes I think telephone interpreter didn't interpret what I want to say. I don't know how to mention about my health issues by myself so very difficult for me without interpreter. Sometimes I had more than one health issue but doctor don't have time to listen and they want me to come back again. That was difficult for me.</i></p> <p><i>No interpreter required as my husband speaks English and sometimes I go with my kids who interpret for me.</i></p>
Poor quality of care	<p><i>The first doctor that we used to see wasn't good at all. Whatever you ask the doctor he used to answer with "Google it". We, then, began to see another GP in the same clinic and she is absolutely great and helpful, and actually says "Do not google anything".</i></p>
Navigating the system	<p><i>Navigating through the system, notably the use of technology and understanding how the booking system works.</i></p>
Medications	<p><i>I faced was the medication that was prescribed for me. I did not know why I was so sleepy, could not sit even for a short period of time and have not energy and patience of talking and listening. But when one day according to my GP advice I did not take my medication because of doing scan of my head and the following day I forgot to take surprisingly, find my</i></p>

Themes	Difficult experiences with GPs - Respondents' comments
	<p><i>health condition better, I was no sleepy and tired. So, I thought that it might the effect of medication, therefore stopped taking it and I was right, I had taken that medication for two weeks.</i></p> <p><i>That would be the limitation to what the GP can prescribe. Sometimes it is better to have a larger supply of the medicine that you are taking, because it would be very difficult if you are sick and need to go visit the GP to get the appropriate medication, but you are not able to do so in the first place. Even if there are afterhours doctors, does that mean that you have to wait and suffer silently until it is the afterhours so that you can get to see the doctor at your home? That's also if there are some free doctors to start with. So, generally speaking, if your case is not severe enough, you won't be entitled to get more than a certain amount of a certain medicine. So, the main problem to me is my ability to go get the medicine or the treatment from the GP when I could be very sick I won't be able to move, or I could be busy taking care after my daughter.</i></p>
Gender of GP	<p><i>The other problem is that my GP is male, and it is sometimes hard to talk to him about my health concerns very openly. Even though I understand I can share anything with doctors, I just don't always feel very confident.</i></p>
No referral to specialists	<p><i>Not referring me to a specialist, though I asked him to do so! And also dismissing my concerns about this, despite the fact that it is affecting my ability to sleep properly. If we were in Syria, I would have gone to a specialist on day one, had all the necessary tests done within the same day or the day after and got transferred to a hospital for the operation to be done as early as possible. Here, the routine is nerve-killing. So, until I was assured that nothing was malignant, and it is a simple operation, I was already mentally tired of all of that. After that, everything related to the operation and the treatment and services provided at the hospital was just excellent.</i></p>

### Experiences with specialists

Thirty-three (62%) respondents stated that they and/or their families had seen a specialist over the previous six months. Tables 2.5 and 2.6 show the helpful and difficult experiences with specialists reported by the respondents.

Table 2.5: Helpful experiences with specialists – Key themes

Themes	Helpful experiences with specialists – Respondents' comments
Welcoming and reassuring staff	<p><i>When I got there, it was very different, from receptionist and other staff were so welcoming. I was with my daughter, they were so happy to see my daughter and asking her how she was doing. This made me feel so comfortable and happy to see a specialist soon. I was called by specialist then with big smile on his face. He made me feel so happy and I was ready to tell my problem.</i></p> <p><i>The experience was great, friendly staff and good environment we felt that there was so much different between my country of origin and Australian health system. Even the private health service is not even close to public health system in my country of origin. We received the best health advice.</i></p> <p><i>When we got to his appointment, one of the people at the front desk saw how nervous he was and they talked to him a little bit and gave him water. It was very nice of them to reassure us and make him feel comfortable. He was still nervous going inside for the procedure, actually both of us were nervous and scared, but he was a bit better once the reception staff and the doctor talked to him.</i></p>
Quality health care	<p><i>The visit went very well. The doctors addressed my health problem quite professionally, and the treatment was very respectfully administered.</i></p> <p><i>Every few months after that, they would call her back in to check how she was doing and her recovery progress. When we left the hospital, they said they will send a letter for appointment with a cardiac specialist to check her heart and see what damage the illness has done and the letter was sent to me a few months after we left the hospital. We went and saw the specialist who checked her and we were told to bring her back for a second appointment and informed me that they will send another letter in two months. I took her once more a few weeks after the appointment was confirmed and they checked her again, just like before by putting machines on her to monitor her heart and check her body for any complications.</i></p> <p><i>My daughter [who has cerebral palsy] was very sick when we came to Australia. She was not able to eat and looked very small. Since we have been seeing the specialists and had surgery to allow her to eat, she has become healthier and happier. She is able to eat a bit more and now weighs about 23 kg from the 7kgs she weighed when we arrived. When I</i></p>

Themes	Helpful experiences with specialists – Respondents' comments
	<p><i>was in Somalia, I struggled to feed my daughter food, even in small amounts and didn't understand what was wrong with her or why she had disabilities. We would spend hours just trying to help her eat her breakfast and this was extremely difficult. I was not able to acquire a good doctor to help us and since Somalia is a war zone, I was very scared of going far to looking for a doctor. For those who seek specialist help in Somalia, the doctors often send them overseas to get treatment from another country, which requires a lot of money. In Australia, all the doctors and specialists have helped us very much and my daughter is making progress in her health.</i></p>
Use of interpreters	<p><i>It was good experience because they booked me an interpreter for me and the interpreter filled a form for me.</i></p> <p><i>He explained all this with interpreter and he discussed with us what was the treatment and intervention options so we could choose which one was best for us.</i></p> <p><i>The interpreter was booked for her as well. The specialist reviewed all the tests and was able to change her medications accordingly. It was very good experience because they provided her an interpreter and as some of her medications were not used in Australia a cardiologist was able to explain to her what was best for her and change the medications.</i></p> <p><i>The interpreter was the reason I got the proper medical treatment for my case.</i></p> <p><i>I am always happy with the health service I receive. There was female interpreter present.</i></p>
Specialist spoke same language	<p><i>There was a doctor who spoke in XXX [language]. There was a direct communication between the patient and the doctor. This was very helpful indeed.</i></p>
Good communication	<p><i>When I got into the room, he asked me how I was doing and he already knew my history and why I was there to see him. He started asking when the problem started instead of telling me to repeat full story. This was a very positive experience as I did not have to repeat myself again. He also made me feel more valued as he was asking me more information and some decisions he could make he will ask me first whether it was appropriate.</i></p> <p><i>After this procedure, the doctor calmly explained what the next step would be and how to minimize the pain from the</i></p>

<b>Themes</b>	<b>Helpful experiences with specialists – Respondents' comments</b>
	<p><i>ulcers in the meantime. Although my brother didn't want to go to the appointment because he was scared about a foreign object going inside his stomach, he was in a lot of pain and decided it was best to go and see the specialist. It was scary at first on that day but the experience was altogether good.</i></p> <p><i>The whole experience with the specialist with regards to my daughter was amazing. They were very helpful and the doctors included me in their discussions about what was happening to my daughter and what I should be expecting next. I was very worried that she might get sick again but the doctors reassured me that we were in the best hands and they will look after us well. The way the doctors helped me is something I would not have gotten in Somalia. Unless you have a lot of money to see a great doctor, your child could easily die in front of you and nobody will help you.</i></p>
Communication between specialist and GP	<i>The specialist sent my records to my GP as well so my GP knows what they need to follow up for me. But not always like that only my regular specialist did that way.</i>
Follow up	<p><i>Additionally, I was told that my kidneys and urinary system will be examined again after six months.</i></p> <p><i>They informed us that they would follow up if anything came back abnormal in any of the tests conducted.</i></p>

Table 2.6: Difficult experiences with specialists – Key themes

<b>Themes</b>	<b>Difficult experiences with specialists – Respondents' comments</b>
Long wait to get appointment	<p><i>I had to wait for longer than five months to see a specialist even though I was in lot of pain.</i></p> <p><i>First is with the ENT, and I was waiting for almost a year and a half now, I will see him on 08/08. The second appointment is with an urologist. It's been over a year now and I still haven't gotten an appointment. The waiting time is so difficult for us and so frustrating. For my wife, she saw a cardiologist and a gynaecologist didn't take as much time to see her (for the cardiologist it took only 3 months, the gynaecologist saw her twice within 7 months). Dr XXX mentioned that the ENT takes a very long time, and he was right.</i></p> <p><i>There was a waiting period for the gynaecologist to take a biopsy operation from April until now. This is medically</i></p>

Themes	Difficult experiences with specialists – Respondents' comments
	<p><i>unacceptable, because a biopsy is generally performed whenever there is doubt of a serious hidden thing to be revealed (like cancer for example), and waiting six months to do the biopsy is not helpful, the disease will not wait, it can proceed to a dangerous irreversible condition and this is not for the benefit of the patient. The patient will be worried all this time about his case, this will affect him emotionally and mentally and will affect his life negatively.</i></p>
Long wait in clinic	<p><i>The waiting time once you arrive at the specialist clinic is long around 1 hour to 2 hours and depends really on how many people are there. If there are a lot of people waiting, you will wait a long time but if there are fewer people you will be seen on time or have to wait only for a little while. Although this is the case, they do tell us on the appointment letter that the waiting time is between 1 to 2 hours so I guess that's a way to prepare the patients of the long waiting time before seeing the specialist.</i></p>
No qualified interpreter provided	<p><i>I showed the referral paper. I was then advised to take a seat. After a while a doctor came and gave me a needle. I did not require to speak in English.</i></p> <p><i>The interpreter was not available, and they tried to call for one but couldn't find any.</i></p> <p><i>My mum and daughter visited specialists. My mum visited the cardiologist. They didn't have any problems, and their experience was generally good. My wife was their interpreter.</i></p>
Difficulties working with interpreters	<p><i>Sometimes very difficult for me because language barrier. I don't like some interpreters because they didn't interpret what I mean. Sometimes, I got telephone interpreter and very difficult to talk because I needed to explain all my conditions again and sometime telephone interpreters didn't understand at all. Especially, I don't want to talk my HIV status to all interpreters that is why I asked the one I like and trusted interpreter but hospital didn't requested that interpreter for me. I understand some English words but I don't know how to talk back.</i></p>
Challenging communication with specialist	<p><i>The very slow routine, and the over straightforwardness of the doctor, which can be a bit too scary, because that too much honesty without any consideration for my feelings left me in a shock and a trauma of the whole thing. Also, the GP said when asking for the CT scan of my entire head that I would be lucky if it was completely normal. Frankly, this scared me</i></p>

<b>Themes</b>	<b>Difficult experiences with specialists – Respondents' comments</b>
	<i>to death. I was so afraid at that moment that I lost any connection to my surroundings and I wasn't able to comprehend what was being said to me by the interpreter, though I was able to hear it very clearly.</i>
Additional costs	<i>I had to pay \$100 which, in our circumstances back then, wasn't easy. I had to call a friend of mine who was a dentist to interpret for me at the administration office. I didn't return to the specialist again because I didn't want to pay more money just to get the same answer again.</i>  <i>Not much difficult but there was a fee attached to this visit as it was not fully covered by the Medicare, knee MRI SCAN, so there was a bit of financial problem.</i>
No continuity of care with specialist	<i>I saw a cardiologist on more than one occasion for my annual heart check-up. I found it really confusing because I didn't see the same cardiologist every visit, and every cardiologist had a different opinion. Sometimes I was seen by an intern cardiologist. I didn't find that very good, as I was waiting for a long time to see the specialist, and in the end I get to see an intern who actually cannot give me any opinion about my health and has to refer to his supervisor.</i>
Discrimination	<i>I met different specialists and I got different treatment and I don't like it. Sometimes I felt uncomfortable with some specialists and they treated me unfairly. Sometimes, I felt like discrimination in hospital specialist's room.</i>

### Experiences with dentists

Thirty-nine (74%) participants reported that they and/or their families had visited a dentist over the previous six months. Respondents' helpful and difficult experiences with dentists are shown in Tables 2.7 and 2.8 respectively.

Table 2.7: Helpful experiences with dentists – Key themes

<b>Themes</b>	<b>Helpful experiences with dentists – Respondents' comments</b>
New experience	<i>Attending the dentist clinic sounds strange for us as we never been to the dentist back in home country. We did not know what to expect. However it turned out that it was a very good experience.</i>  <i>It was very good experience because since I was born I never seen a dentist as it is not common in my country.</i>

Themes	Helpful experiences with dentists – Respondents' comments
Referral from GP	<p><i>I took my son to the GP once and showed him my sons' teeth. The GP advised us to seek dental help because my sons' teeth needed fillings and only a dentist could help.</i></p>
Making appointments	<p><i>I made the appointment by calling the XXX on their 1300 number. Sometimes they send us messages reminding me that my children are due for a check-up at the dentist with the child's name and their phone number and once we call the number they tell us which clinic to go to and when the appointment is confirmed for.</i></p> <p><i>We would ask our case officer to book the appointment for us, and then later he would send us the appointment's relevant information.</i></p> <p><i>I have suffered from a pain in my teeth for several days, but among a couple of days, the pain increased and affected my sleep, so I went to the GP to get their help on this matter. I was put on a waiting list. I was sad about that, so I called my case manager and told her that I am dying from the pain, and that it is preventing me from sleeping at night. She then looked online for a nearby clinic and a close appointment vacancy. Luckily, she found me one in XXX after a week from the call date. Then, I went there on my appointment day, and I was frankly afraid of what will happen to me there (in terms of my teeth).</i></p>
Reminders from dental clinic	<p><i>I was able to go in with my son to the dentist. Since the first appointment, the dentist clinic themselves send a letter and message and let me know that my son is due for another appointment and that the appointment is at a certain date and time.</i></p>
Welcoming and caring staff	<p><i>The dentist was very experienced and more engaging with us. The dentist started conversation with jokes asking me how I was doing. I found him to be so caring. He did not know me but the way he was talking to me I felt like I knew him before. I was more comfortable to tell him and answer all questions without hiding anything. He also approached me with respect, explained every steps during consultation. I like the way he gave me more time to ask questions.</i></p> <p><i>I like the way people received us and made us feel like we have been for long time. We had to wait for some time to see a dentist but not for long time. Staff at the dental clinic were very nice and kind.</i></p>

Themes	Helpful experiences with dentists – Respondents' comments
Quality dental care including prevention	<p><i>The comprehensive assessment of our teeth and the advice for filling and taking out of the damaged teeth.</i></p> <p><i>It was very helpful because the dentist fixed my daughter teeth problem. She cleaned her teeth and she did 2 fillings. After that she taught her how to brush her teeth properly. She explained to my daughter should need to brush her teeth morning and night before she goes to bed. She told her not to drink sugary drinks and not to eat lollipops because that can cause her tooth decay. She didn't listen to me but she listened to dentist and she brushed her teeth thoroughly and she didn't eat lollipop any more. That is really helpful to us.</i></p>
Consent	<p><i>We were updated to what was happening every time. The dentist was so good he will ask consent every single thing was doing. They explain everything to us using simple English because we did not have interpreter with us. They also remind us what is important and how often should visit a dentist.</i></p>
Good communication	<p><i>The most recent appointment was my daughter where they cleaned up her teeth and fixed what they could within the appointment time. The dentist put some medication on her teeth and I asked her where I can get that medication after she explained why she was using it. She told me to go to the pharmacy and that I will be able to find it. I was not able to understand what the name of the medication was so the dentist went online and showed me how the medicine applied to my daughters teeth looked and wrote the name for me on a piece of paper. At the end of our appointment she explained to us what she had done for my daughter and asked us if we had any questions for her after which we were able to go home.</i></p>
Interpreter available	<p><i>Whenever the appointment is booked, there is always an interpreter available as it is one of the conditions of my Medicare. When we got to the appointment, the interpreter was already waiting for us. My son has been continuously seeing a dentist who has been filling his teeth to make them healthier.</i></p> <p><i>Public clinics are generally good. We usually go for regular checking. Interpreters are usually available.</i></p> <p><i>The presence of face to face interpreter was very helpful. The treatment of our teeth took place at least in four</i></p>

<b>Themes</b>	<b>Helpful experiences with dentists – Respondents’ comments</b>
	<i>appointments and always the face to face interpreters were present there.</i>
Dentist speaks same language	<i>Really good. The dentist was really experienced and what was more helpful is that she speaks the language.</i>
Affordability	<i>We only used the voucher that comes from the government for children to have their teeth checked, that was helpful because the family did not have to think of the financial part of it.</i>  <i>We had a voucher that we used to pay for the dental consultation. We got it from the government because the waiting list was too long and we had an emergency.</i>

Table 2.8: Difficult experiences with dentists – Key themes

<b>Themes</b>	<b>Difficult experiences with dentists – Respondents’ comments</b>
Long wait while in pain	<i>Not good experience about dental services, I waited one month while I had a very painful tooth. I could not sleep and used to take painkiller after few hours every day and night.</i>  <i>Last month I called the 1300 number to get an emergency dental appointment, I was given appointment for 1 month but could not wait till the appointment due to severe pain. I called them back and was told to wait for my appointment. I went to the GP and got some numbing cream and painkillers for the toothache. The medicine wears off quickly that I could not keep working any more. I had to stay home because of the pain. I called back again to 1300 number and explained the situation, I was given appointment for 1 week instead and I told the lady I cannot wait that long with the amount of pain that I had. She told me "can't help it you are like everyone else". I went to XXX dental clinic to explain the situation and get help; they said to wait but cannot promise any appointment unless a cancellation. Thankfully I managed to get seen on the same day and they help me quick enough to extract my decayed teeth</i>
No interpreter provided	<i>But we got there I was a bit disappointed because they didn't book interpreter for us. My daughter can speak English so no problem for her.</i>

Themes	Difficult experiences with dentists – Respondents' comments
	<p><i>For myself lack of interpreter has been difficult. The centre had never provided interpreter, therefore, several times I had not attended the follow-up appointment although I had been suffering from toothache. Last time when I needed to see a dentist, I requested my case manager from XXX to make me an appointment with the hope that I might be provided with interpreter but it did not happen.</i></p>
<p>Poor communication</p>	<p><i>Before getting a dentist appointment, usually you have to call the XXX Oral Health Service to give you a voucher to see a dentist. I took the voucher a few days later and booked an appointment at a private dental clinic and it was not a good experience. I went inside the dentist room and they didn't explain anything. They just told me to lie down on the chair and started looking around my mouth.</i></p>
<p>Not affordable</p>	<p><i>This was not actually a very good experience. Because I heard it for too long from friends that if you need to see a dentist in Australia it is very expensive. So my teeth have been decaying for so long I have never been able to visit a dentist as I could not afford it if I had to pay. By the time I told my GP and got a referral from my GP to a public dentist my teeth were in a bad condition and three of them had to be removed.</i></p> <p><i>I told them that I was having constant pain in my lower back teeth and that if they could look and see what the problem was. I also requested if I could get a cleaning of my teeth while I was there. They just looked around, cleaned my teeth little, did a filling and told me to come back another time with another voucher. They explained to me that the voucher was only \$250 and that I needed more money if I wanted more to be done as more of my teeth needed filling and the voucher would only cover one tooth filling. At this point, they said that the appointment was over with no further explanation. When they said the appointment was complete, I wasn't sure what was going on and was very shocked. Not a good experience at all.</i></p> <p><i>It is difficult because I have lost my teeth and if I had money I would have gone do it privately and saved my teeth.</i></p>
<p>No pain relief</p>	<p><i>One dentist extracted 3 teeth on the same session without any painkillers, and I was in pain for a whole day with swelling in the area.</i></p>

Themes	Difficult experiences with dentists – Respondents' comments
Limited treatment options available in public clinics	<p><i>Not so good, they tend to extract rather than offer other type of treatment to keep the teeth. They told me they don't do root canal treatment in public place but I have heard from some people that they do root canal treatment in XXX dental clinic. I might try to make appointment there for after I deliver my baby.</i></p> <p><i>Yes, I visited the XXX for dental checking. They suggested a treatment plan which I found not right, because to me it was like solving a problem by creating a bigger one. I am a registered dentist overseas, and I worked in dentistry for almost 40 years now. I had a private clinic, I was a manager in a public hospital, and I also worked as a lecturer at [University] / College of Dentistry, so you can say I know a thing or two about dentistry. I explained the ideal treatment plan to the supervisor and he told me they do not do that kind of treatment, and this is only existing in the private clinics and it costs a lot of money. It was not that complicated, and this means there are treatments just for the private clinics which only the rich people can afford, this is against the soul of medicine which does not differentiate between one patient and another.</i></p>
Complications after treatment	<p><i>I know of a couple of other people who also had problems with dentists. A girl had an extraction which needed stitches, I think it was the wisdom tooth. The stitches opened and the girl kept bleeding. She went to a friend's house who tried to stop the bleeding temporarily and took her to a hospital. He is a dentist from XXX. The other one is my daughter, she's got her teeth filled, but it wasn't perfect, which caused the area to accumulate pus. She went to the dentist, and he confessed it was his mistake and offered to fix it straight away without waiting. She was pregnant at that time.</i></p>

### Experiences with pharmacists

All 53 (100%) respondents stated that they and/or their families had visited a pharmacist at least once over the previous six months. Both helpful and difficult experiences with pharmacists are shown in Tables 2.9 and 2.10 respectively.

Table 2.9 Helpful experiences with pharmacists – Key themes

Themes	Helpful experiences with pharmacists – Respondents' comments
Easy access	<p><i>Quick and easy access to the medication.</i></p> <p><i>The system in Australia is straightforward. All I needed was a medical transcript, and the rest was taken care of.</i></p>
Useful information	<p><i>My recent experience at the pharmacy was nice and clear. I took in a medical transcript, then the pharmacist treated me with respect as she explained to me how each medication would be used. Pharmacist used figurative language to make sure that I understood what she was doing. Overall, my experience was quite good.</i></p> <p><i>It was good because the pharmacy staff took the time to explain to me how to take the medication and if I have taken that type of medication before. The staff also explained to me the side effects of the drugs prescribed, what to expect as normal and abnormal reaction if that does happen.</i></p> <p><i>I had an infection about two months ago and went to get the pharmacy with a prescription from the doctor. The pharmacist took the prescription and I waited only a few minutes before I was called out to receive my medication. The experience was great for a few reasons but one thing that stood out for me was that even though I told the pharmacist I had taken this particular drug before, they still reminded me of a few things to consider while taking the medication and asked me if I had any questions about the information they had given me. I left the pharmacy feeling quite happy as always.</i></p>
Affordability and choice between brand and generic medications	<p><i>They give us concessions on our medications, which is a good thing.</i></p> <p><i>Giving options of choosing from varieties of medication available for the same usage was empowering and good so that an affordable one is bought without much financial stress.</i></p> <p><i>I have to say since coming to Australia I haven't met a pharmacist or gone to any pharmacy that hasn't been helpful as there is always someone to assist you. What I find most interesting is when they ask if you want the generic brand, as it is cheaper but still the same active ingredients and continue to further explain what they mean. In Kenya for example, they will sell you the expensive medication and not tell you there is a cheaper brand, even when they acknowledge that you won't be able to afford it. It is nice to know that there is a cheaper</i></p>

Themes	Helpful experiences with pharmacists – Respondents' comments
	<i>brand and we don't have to go for the expensive brand, both of which work just the same.</i>

Table 2.10 Difficult experiences with pharmacists – Key themes

Themes	Difficult experiences with pharmacists – Respondents' comments
Not welcoming	<p><i>My experience was quite alright, but for one staff who completely ignored me as I spent about 25 minutes looking for a bandage. She could see me as she raised up her eyes on the computer she was using but made no effort to engage or even offer to help. This experience made me feel ignored and was also annoyed to see someone who should be engaging and helping patients and clients disregard my needs.</i></p> <p><i>Most of them that I have visited, it was not good experience because the pharmacy environment it is not very welcoming.</i></p>
Language barrier and no interpreter offered	<p><i>My recent trip to the local pharmacy was quiet pleasant but struggled with language barriers. The pharmacist was not aware that my English was below the minimum threshold, hence the need for interpreter. Thankfully, there was someone who understood Swahili, a common language in East Africa who was able to help understand what the pharmacist was talking about. Overall, my experience was alright, would have been much better if we had access to interpreting services.</i></p> <p><i>I always take the script and hand it to the pharmacist and I just have to wait. The pharmacist never ask me whether I need interpret or if I understand the medications regime. I gave my script to the pharmacist, she did not explain anything or even ask me to wait. I just had to wait. If you don't have prescription from doctor is always hard to know what is available for you and environment is not very welcoming. For example, my doctor prescribed some medications and I went to the pharmacy to collect it, they explained medications but because I don't understand much English and I don't know how to read. When I got home was taking two tables instead of taking one and I did not know where to store the medications. Then when my friend looked the medications box she told me that I was supposed to take one tablet early</i></p>

Themes	Difficult experiences with pharmacists – Respondents' comments
	<p><i>morning in the empty stomach and keep this medication in the fridge. It was so difficult for me to understand all these because they did not explain to me in my language. There is limited information about interpreter at the pharmacy.</i></p> <p><i>The husband is on medication to keep the high blood pressure under control and does not feel much difficulty except language wise. He does not understand the dosage of the medicines when explained by the pharmacist. No interpreter is provided at the pharmacy which makes things difficult. The wife also walks to the pharmacy to buy her medicines. She hands in the prescription, signs on where she gets instructed to. With her little English she asks what medicines at what time to take. She cannot ask complicated questions.</i></p> <p><i>The major difficulty I have faced in pharmacies is that there is no interpreter for me, no one to speak my language. I have a sick daughter who requires constant medication and to not speak English and not have an interpreter is very hard, even when I am going to the pharmacy to buy something like Panadol. I use my hands and face to express what I need and this is very difficult. I don't know most medications to use sometimes when we need medication or can't say I am sick with these symptoms or my children are sick. I have to go to the doctor sometimes so that they can write it down for me because with doctor appointments I have an interpreter always. Something as simple as needing a cold medication for my children or headache medication, I have to make an appointment with the doctor. In Somalia, it was very easy. The people speak the same language and so if I need anything from the pharmacy I don't have to struggle. This is one of the biggest difficulties I have experienced with the Australian health care system.</i></p> <p><i>Though we had language barriers, the pharmacist was able to engage with me through gestures, and even went to the extent of using another patient who happened to be looking for medications as well.</i></p> <p><i>Pharmacy staff are so good; their body language is very helpful, I understand them.</i></p>
Costly medication	<p><i>I don't have health care card these days because I have part time job and I had saving money so Centrelink didn't give me health care card any more. I have to take my HIV medication for the rest of my life and it cost me \$40 per month instead of</i></p>

Themes	Difficult experiences with pharmacists – Respondents' comments
	<p><i>\$6.40 before. That is very difficult for me regarding about financial issue because I had to buy other medication as well.</i></p> <p><i>A little bit of financial difficulty to pay for the medicines. My wife's medicines for allergy are expensive and I should also pay for my couple of regular medicines. We wish there was some financial support to enable us buy the medicines.</i></p>

### Experiences with hospitals

Forty (75%) respondents stated that they and/or their families had been to a hospital since arriving in Australia. Tables 2.11 and 2.12 show the helpful and difficult experiences with hospitals as reported by participants.

Table 2.11 Helpful experiences with hospitals – Key themes

Themes	Helpful experiences with hospitals – Respondents' comments
Professional and caring staff	<p><i>Our first appointment for our health condition assessment and vaccination was good. While my brother and then my mother fainted at the pathology section during taking blood for testing everybody was so good and acted quickly and kindly to get them to the emergency section. Even the lady from the other building who had listened to our health history, referred us to other health departments came to see what has happened to them and stayed till they got better.</i></p> <p><i>The experience was always good, as a stressed parent with 3 unwell children I sometimes became upset or emotional and cried in the hospital at times saying to myself "why me why me"? But the hospital staff (nurses) would come and console me every time that happened to me. Someone would sit with me and assure me that it was okay and calm me down. I find that very caring.</i></p>
Cultural competence of staff	<p><i>The quick rapport through chat with personnel makes us feel confident enough to speak with less pressure and feel relaxed during consultation. The cultural awareness of the health professional was very respectful. Doctors always clarified comments and paraphrase if they are unsure. Asking question whenever not sure during the interview was helpful to maintain information gathered to be kept accurate in the health file.</i></p>

Themes	Helpful experiences with hospitals – Respondents' comments
Comprehensive assessment and quality of care	<p><i>I liked the way they had to do all the assessments and testing such as X-ray, US and blood test. This was very impressive compared to my country where Dr only prescribe medications without any proper investigations.</i></p> <p><i>It was such a beautiful experience a part from childbirth labour as I was going in to have a baby. It was completely a new experience for me in such an amazing way. Because I compared giving birth back in my country of origin and now in Australia it was completely different, here I was treated like a queen and I was given something for pain. Staff at the hospital were very kind and polite despite the noise and screaming I was making from the labour pain. After the baby is born a lot of tests are being done to make sure the baby is ok. I was amazed.</i></p> <p><i>After a while I decided not to wait for the home doctors and take my daughter to the emergency at XXX, because her temperature was still increasing. Once we reached there, they immediately took her in and took some blood tests. They came back a while later and said that they had found an infection and they were not only going to give us a prescription for medication but also inject her with it to help fight the infection until I was able to acquire the medication. Before we left the hospital, she got worse and started vomiting, diarrhoea and her fever was still very high. The doctors decided that it would be best if we stayed until they did further tests and find out what else is going on with my daughter. We stayed there for almost three weeks and in that time, she had medication being pumped into her, she was being fed through a tube and had doctors and nurses check on her several times day and night. At some point, she developed new symptoms, her body swelling up and rashes all over body. They tried different medication because they couldn't figure out what was wrong with her. Finally, one of the medications worked and she started getting better and we were discharged after the doctors and specialists confirmed she was okay to go home.</i></p> <p><i>Whenever I needed anything from the nurses or needed to see a doctor, all I had to do was press a button and they would come to me immediately and ask me what I needed. For example, there was a time my daughter was in a lot of pain and screaming and I did not know what to do and I pressed the call button. The nurse on duty came to us within a few seconds and helped us by giving my daughter some</i></p>

Themes	Helpful experiences with hospitals – Respondents' comments
	<p><i>pain medication. We had our room, our own toilet, my own bed and our own fridge. This was good as it provided us with some privacy and basic needs and didn't need to be far from my daughter in this time of distress.</i></p>
<p>Interpreter available</p>	<p><i>In the ward they booked an interpreter when a doctor came and explained what was wrong with my daughter. Before my daughter get discharged, they call an interpreter to explain what was happening and what we could do next. They informed the next appointment, pharmacist explained medications and how to use it. Nurse also explained all discharge paper which was so good. I felt that they were so caring and they had to make sure I understood everything before I leave the hospital. Being in hospital with my daughter, it was a very good experience apart from no having an interpreter in ED. All medical staff were very helpful.</i></p> <p><i>First time I went to hospital, I was lost because we don't know where we need to go. Luckily, someone took us to the clinic when we showed our appointment letter. We were afraid that we don't know what is going to happen next. But we saw interpreter was waiting for us in front of the receptionist desk and we are so happy. I had to go for delivery my baby at XXX hospital. During the delivery time they didn't call interpreter for me but luckily my sister speak English these days and she interpreted for me.</i></p> <p><i>The helpful thing was that there was an interpreter throughout the process so I was made aware of the paperwork that I was signing and everything was explained to me.</i></p>
<p>Accessible and affordable</p>	<p><i>I always find helpful with hospital admissions is the fact that there is a Medicare system and we do not have to pay for the treatment. That is very helpful for my family. I can trust the hospital staff to the point that I leave my child in their care to go home and cook for the once that are left behind sometimes.</i></p>
<p>Transport support</p>	<p><i>Another helpful thing was the hospital would sometimes give me a pass to use for the train and this was helpful because I didn't have to worry much about payments. He also explained to me that I didn't need to come in everyday to the hospital and can come every three days so that I don't exhaust myself. The hospital also gave me a voucher to use for taxi and this was helpful as I didn't have to worry about money.</i></p>

Table 2.12 Difficult experiences with hospitals – Key themes

Themes	Difficult experiences with hospitals – Respondents' comments
Long wait in ED	<p><i>The second time when one evening my mum suddenly fainted, we called the ambulance and ambulance crew after checking of my mum's condition decided to take her to the emergency section. In the emergency section we waited for three hours, my mum got a bit better while waiting and was insisting to go back home, but I insisted to stay in order to see what was wrong with my mum's health, finally my mother name was called but that time her health condition was changed positively, therefore, after checking blood pressure, weight and asking few questions the doctors advised her to see the GP.</i></p> <p><i>I remember this quite well because it wasn't a good experience to start with but at least it ended well. It was about 8 months ago, I was having severe stomach pains. I came directly to my GP as I was worried. Upon examining me, the GP called the ambulance immediately and I was taken to XXX Hospital. When I arrived there, they put me in the waiting room of the emergency department, even though I was in extreme pain, could barely stand upright and was feeling quite weak. I was in this area for at least 4 hours and got even worse and started sweating immensely and feeling very hot. I was with a family friend and she had to yell for someone to come help us. At this point, they had not examined me at all. I remember right before I saw one of the people coming near me, I fainted and came to when they were taking my blood pressure. After that, they gave me some medications but I was still left in the waiting room for a few more minutes before being taken in to see a doctor. I have to say that was a very bad experience. The service was not good, they didn't listen to us when we told them that I needed to see someone when my pain was getting worse.</i></p>
No interpreter available	<p><i>When we got at the hospital, the paramedics handed over to the emergency department nurses so we stayed in the room and had to wait for my husband to come from home so he can interpret. Doctor did the assessment when my husband arrived and we did know what was happening next. After that we stayed for three to four hours until we were transferred to another ward. It was very challenging and confusing situation for myself and my daughter because I did not understand much that was happening. Doctors and nurses were very helpful as they tried so hard to communicate with us even</i></p>

Themes	Difficult experiences with hospitals – Respondents' comments
	<p><i>though my daughter did not get any care until the assessment was done.</i></p> <p><i>I remember the bed side nurse [in ED] had to print some of the common words from computer and she will come and point out on one word when asking questions and I could say yes or not. I found this very useful as I felt that nurse was so nice to us and not being judgemental even though language was a barrier.</i></p> <p><i>We had a bad experience. In May this year, my wife was 2 weeks overdue. On 18 May early morning 4:30 am we arrived in XXX hospital by ambulance because my wife had water broke and blood discharged. When we got there, half an hour later they put my wife to labour room. My wife was suffering severe contractions at that time but they didn't call interpreter, we cannot speak English especially my wife could not communicate with staff. I used broken English and 3 and half hours later they gave her pain killer injection with telephone interpreter. My wife did not have energy to push anymore. I did not know how to talk to them for doing something for my wife. I was so worry about my wife. Even I thought that she could not make it in this situation. They wanted her to change so many positions. Luckily, after 11 am we met one doctor who spoke XXX language and he was offered to us to do interpreter for us. I explained my wife situation and he checked to my wife and he agreed. He is the one who delivered my baby by using vacuum. Finally, my baby was born after 12 pm.</i></p>
Feeling ignored and/or discriminated	<p><i>This was a very difficult experience for me as this was an emergency and I was in severe pain. My GP had to call the ambulance to transport me to the hospital and once I got to the hospital I expected that I would be assessed quickly and seen by a doctor rather than being put in the waiting area as I could barely even stand up. I expected them to be more caring and listen when I told them that I was feeling worse than when I came in and even after I fainted, they still didn't provide me with a room or somewhere to lie down for several minutes. I felt that no one was listening to me. I wasn't able to talk much or stand upright because of the pain and that should have been an indicator that something was very wrong and they should have examined me more. My family member was speaking for me most of the time and they weren't</i></p>

Themes	Difficult experiences with hospitals – Respondents' comments
	<p><i>listening to her either until she had to scream for help once I fainted.</i></p> <p><i>Some of the midwives were not kind. For my wife and I, this was our first baby and we were scared and nervous and needed help understanding what was going on. My wife and I were treated by some of the midwives as if we had ten children as there wasn't much help offered to us and would have to ask many times before we were helped. For example, having had the C-section, my wife was in pain and sore and couldn't do much such as showering the baby. We asked the midwives to help us and they would say 'we'll be right there' but not come or it would be shift change by the time we see another midwife. We felt abandoned and alone. Sometimes my wife would make a remark such as 'maybe they are treating us this way because we are not from Australia' and this was very difficult to hear. My wife became very depressed and had multiple anxiety attacks because the whole experience with some of the midwives was cruel in their approach to us. The midwives should be giving more help to mothers who are new to the whole experience as well as those who are unable to do anything due to pain or any other complications but most importantly, they should not show bias or prejudice towards a certain community. We had to use YouTube to be able to learn how to bath our baby but can you imagine if someone who was illiterate or couldn't speak English in our place? This would be a devastating experience for them and might result in them not wanting to experience having a baby again. I am not saying this was all the staff but some of the midwives. The midwives my wife saw during her pregnancy were exceptional and it would be great if they had been there during the process of the birth. Seeing new midwives every few hours due to shift change and having to explain what we needed was tiring as well. There needs to be a system where the midwives before coming into the patients' room can know what happened in the last shift or what was requested by the patient.</i></p>
Parking	<p><i>We used public transport, because it can be challenging to find parking sometimes.</i></p> <p><i>I had to pay so much money for parking just to stay in the hospital overnight.</i></p> <p><i>Car parking was very difficult, and if it's late at night this can be the only way to get the patient out of hospital.</i></p>

## Best sources of advice and guidance to access healthcare services in Australia

The best sources of advice and guidance in relation to accessing healthcare services in Australia, as stated by respondents, are shown in Table 2.13.

Table 2.13 Best sources of advice and guidance to access healthcare services in Australia

Source of advice	Respondents' comments
General Practitioner and staff from medical centre (68% of respondents)	<p><i>The local GP we have had since arriving in Brisbane has been very helpful in detailing the process of health system navigation.</i></p> <p><i>Our healthcare centre/GP at XXX Medical Centre. We get advice verbally and in written form about healthcare services at our local healthcare centre.</i></p> <p><i>Every time I need advice I see my GP. He is the best source of advice.</i></p>
Case worker / Settlement service (51%)	<p><i>My source of health advice was firstly, by my caseworker when I newly arrived in Australia.</i></p> <p><i>The best person I used to get advice and guidance from in terms of accessing the health services was my case manager from XXX. She was very helpful in explaining a lot of the services I was entitled to and what my rights were. She helped explain to me how to access the buses, trains and the clinic where I go to see my GP.</i></p> <p><i>The case manager from XXX informed us about the appointment and then a person from XXX (cultural support worker) came to drive us to the hospital and do the paper work. Also when my mum and I were suffering badly from earache and toothache, we informed our case manager then she sent an XXX worker who drove us to the medical centre, we did not know anything about the services.</i></p>
Community members, friends and neighbours (32%)	<p><i>The second source has been my friends and community networks.</i></p> <p><i>Also friends from my English classes I attend three days a week; have been fruitful in major orientation of healthy food for improvement of my wellbeing.</i></p>
Family members (15%)	<p><i>First person for advice and guidance since we came to Australia would be my big brother as he's been here for a very long time and knows most of the services needed. He has been helpful with what to do, what we can access and just general things. It was hard at the start to trust anyone</i></p>

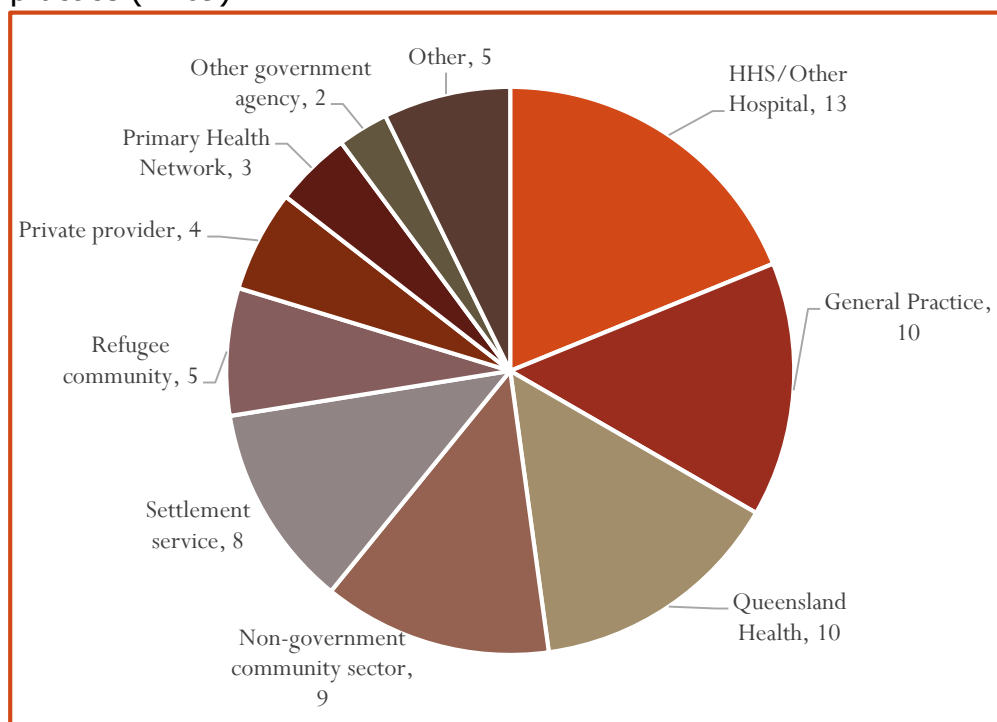
	<i>and ask them questions, for example, who to go to when we were sick but he was always there for us and helped us quite a lot.</i>
Bicultural healthcare worker (8%)	<i>The XXX multicultural health worker.</i>
Others: Church, health information sessions, interpreters, specialists and hospital staff, sponsor, children's school, internet, Centrelink (23%)	<p><i>Sometimes I attend some functions where health information is delivered: XXX health information classes. I personally found attending these classes really helpful because they teach health information and provide information about prevention and management of chronic diseases.</i></p> <p><i>I also remember that my son would sometimes come home from school with a folder or brochure about the health services that are offered and what is needed for children at different ages such as immunizations. I learnt a lot from reading these brochures, to understand what me and my son were entitled to.</i></p> <p><i>We also rely on information available on internet.</i></p> <p><i>Centrelink also helped us understanding some issues about Medicare Health Care Cards.</i></p>

### 3. Services and Stakeholders Experience Survey – Baseline

#### Respondents characteristics

Sixty-nine respondents completed the baseline Services and Stakeholders Experience Survey. Figure 3.1 shows the respondents' areas of practice. Almost three quarters of respondents worked either in Hospital and Health Services (HHS)/other hospital (13; 19%), general practices (10; 14%), Queensland Health (10; 14%), non-government community sector (9; 13%), or in settlement services (8; 12%). The 'other' category included refugee health services (n=2), secondary/tertiary education sector (n=2), and the RHNQ (n=1).

Figure 3.1: Services and Stakeholders Experience survey respondents' area of practice (n=69)



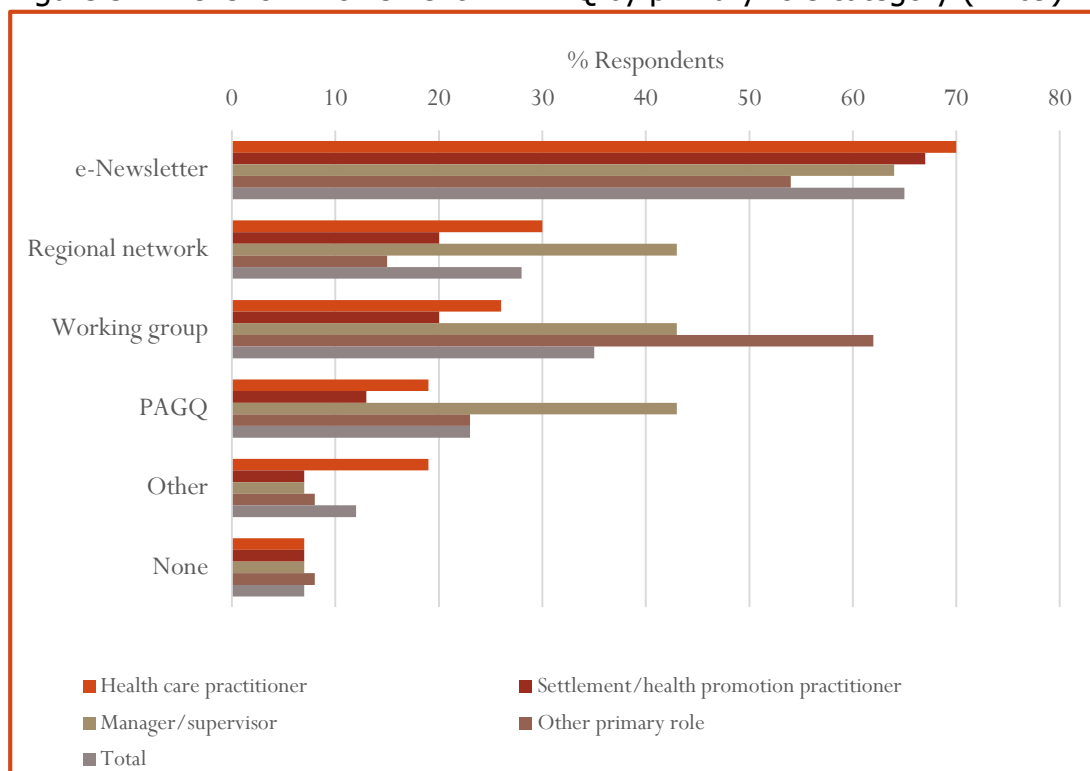
The primary role categories of respondents were:

1. Health care practitioners (n=27; 39%) (e.g. general practitioner, medical specialist, nurse, allied health)
2. Settlement/health promotion practitioners (n=15; 22%) (e.g. settlement worker, community development worker, asylum seeker agency worker, health promotion practitioner, health educator)
3. Manager/supervisor (n=14; 20%)
4. Other primary role (13; 19%) (e.g. refugee community representative, interpreter)

### Level of involvement in Refugee Health Network Queensland (RHNQ)

The level of involvement of respondents in different activities of the RHNQ is shown in Figure 3.2. Over 90% of respondents were involved in at least one activity, with subscription to the e-Newsletter being the most common. Overall, compared to the other groups of respondents, health care practitioners were more likely to be subscribed to the e-Newsletter and be involved in 'other' activities, managers and supervisors were more likely to participate in the regional network and be a representative on the Partnership Advisory Group Queensland (PAGQ), and the 'other primary role' respondents were more likely to participate in a working/advisory group.

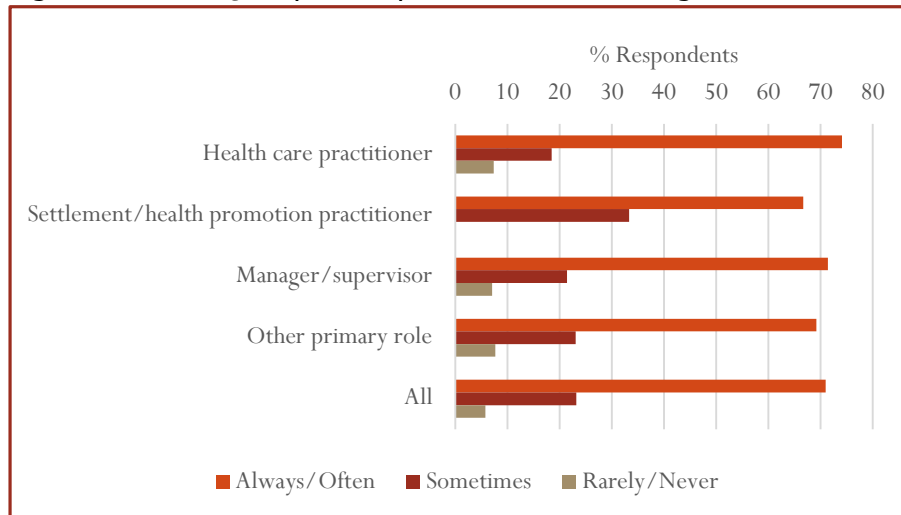
Figure 3.2: Level of involvement in RHNQ by primary role category (n=69)



### Access of resources from RHNQ

Overall, 71 percent of all respondents reported accessing the resources of the RHNQ in the last six months: health care practitioners (70%), settlement/health promotion practitioners (67%), managers/supervisors (71%), and 'other primary role' (77%). The majority of respondents reported that the RHNQ kept them up to date with all refugee health issues (Figure 3.3).

Figure 3.3: RHNQ keeps me up to date with all refugee health issues



### Partnering with other agencies to improve refugee health outcomes

Sixty-eight percent of all stakeholders reported partnering with other agencies to improve refugee health outcomes.

#### Health care practitioners

Seventy percent of health care practitioners collaborated with other agencies to improve refugee health outcomes. Examples of these partnerships included collaboration with settlement services (e.g. ACCESS, MDA, Centacare), Inala Community House, ECCQ, QPASTT, World Wellness Group (WWG), Queensland Transcultural Mental Health Centre, Harmony Place, Mater Hospital (MIRHS), Logan Central Refugee Nurses, GPs, Child Health, Aged Care Assessment Teams, Public Health, Transition Care Program, interpreters and universities. Some specific examples of these partnerships were:

*"MIRHS nurse visits every week and we do refugee health assessments. Attempting to get other agencies involved to provide improved health outcomes to our patients... e.g. want to do a My Health for Life program for CALD"*

*"MMH refugee group practice partners with Inala Community House to provide settlement and social supports to pregnant refugee women"*

#### Settlement/health promotion practitioners

Seventy-three percent of settlement/health promotion practitioners partnered with other agencies to improve health outcomes for refugees. These partnerships were with ACCESS, MDA, ECCQ, Logan Health Day, GPs, medical specialists, refugee health nurses, allied health providers, Queensland Health, disability services, QUT health clinics, Northern Australia Primary Health Ltd (NAPHL).

*"Training for ACCESS staff and use ACCESS venue for refugee health education"*

*"Joint initiatives, training, community development"*

*"Provision of bowel cancer screening education session to CALD communities"*

*"Run preventative health information sessions for refugees in partnership with Refugee Health Nurse"*

### **Managers/supervisors**

Seventy-nine percent of managers/supervisors collaborated with other agencies to improve refugee health. Some of the partners included Brisbane South PHN, local refugee interest network, Mater Hospital, MDA, ACCESS, Hub Community Centre, QPASTT, AMPARO Advocacy, ECCQ, WWG, Belong (Acacia Ridge), Maternity and Child Health, Community Services, Queensland Health, and refugee community leaders networks.

*"Deliver information sessions, contribution towards health related events"*

*"Discussions and planning re: advocacy for improved services"*

*"Mater provides us with nurses; we collaborate with MDA and ACCESS regarding new services. We cross-promote activities occurring at the Hub Community Centre. We refer patients to QPASTT, AMPARO, ECCQ, WWG and Belong for programs they are funded to deliver"*

*"Work with refugee community leaders networks, work with MDA community engagement team re: inclusion into community based age care services"*

### **'Other primary role' respondents**

Forty-six percent of respondents in the 'other primary role' group partnered with other agencies such as settlement providers, ECCQ, other NGOs, Lady Cilento Children's Hospital and other health services, to improve the health outcomes of people from refugee backgrounds.

*"Partner with settlement agencies, non-profits, health services in research and program delivery"*

*"The ECHO [Extension for Community Healthcare Outcomes] project at LCCH [Lady Cilento Children's Hospital]"*

### **Local health strategies to support people from refugee backgrounds**

Fifty-nine percent of all respondents reported that their service had developed a local health strategy or program to support people from a refugee background: health care practitioners (56%), settlement/health promotion practitioners (67%),

managers/supervisors (57%), and 'other primary role' (62%). For example, a manager/supervisor stated:

*"We provide acute care services and health screening for newly arrived refugees (around 2-500 patients per year). In addition we provide ongoing care to patients of refugee background with one in seven of our consultations being delivered through interpreters. All of our staff have attended cultural awareness training and we are actively trying to improve health literacy, social cohesion and the availability of CALD health workers in our region. We advocate for the needs of refugees in health service planning and are actively lobbying for changes to Medicare funding to more adequately reflect the complexity and time involved. To this end we have been successful in getting Multi-cultural Affairs Qld to raise the issue nationally triggering a review. We have also developed an app in prototype to help practices plan and deliver required catch-up immunisations. We are actively seeking funding in order to be able to complete the tool and make it available nationally"*

Other examples of these strategies or programs were:

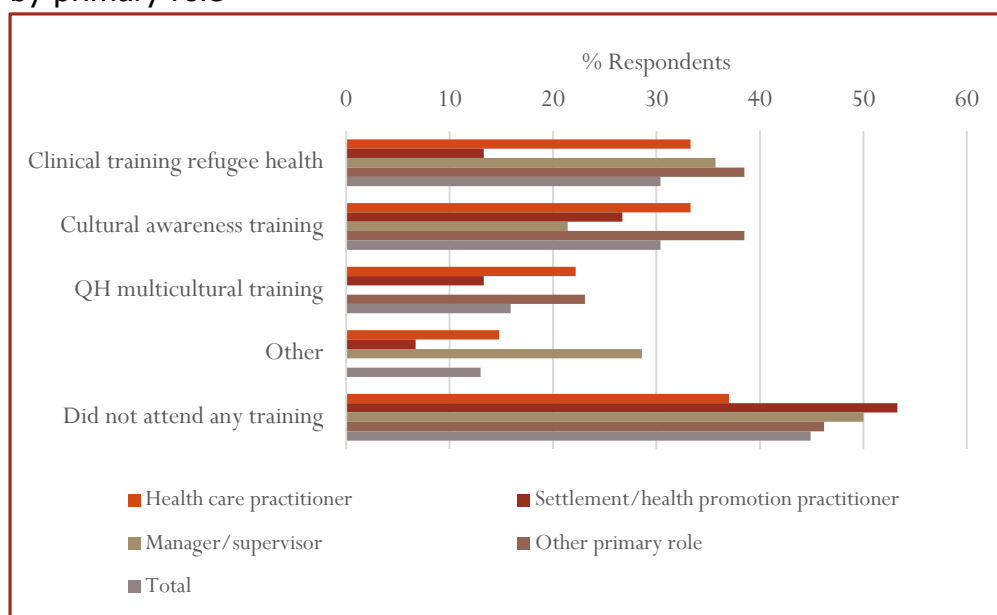
<p><b>Health care practitioners</b>  <i>Caring for pregnant mums from a refugee background.</i>  <i>Assessing newly arrived refugees along with the refugee nurses.</i>  <i>Educate refugees about lifestyle and health. A refugee health protocol.</i>  <i>A book with a plan to assist a cohesive approach.</i>  <i>Refugee health ready practice.</i>  <i>Strong clinical guidelines for managing refugee clients.</i></p>	<p><b>Settlement/Health promotion practitioners</b>  <i>Health literacy session delivered to refugee families.</i>  <i>(...) a refugee nurse from the West Moreton region to assist newly arrived clients with health assessments and appointments coordination.</i>  <i>Refugee health referral pathways developed.</i>  <i>Specifically designed health education and promotion programs.</i>  <i>Working with National Settlement Standards and local health services.</i></p>
<p><b>Managers/supervisors</b>  <i>Fund refugee health nurses and AHP [Allied Health Professionals] access to TIS.</i>  <i>Mental health.</i>  <i>Multicultural health program – various projects.</i>  <i>Program supports CALD, with special initiatives for people from refugee backgrounds.</i></p>	<p><b>Other primary role</b>  <i>Collaborative program development and implementation – primary focus on mental health.</i>  <i>Health information at Logan area.</i>  <i>Healthy Start.</i>  <i>Mater complex care for refugees.</i></p>

### Refugee health training/education

Overall, attendance to training and education sessions among stakeholders was low: clinical training (30%), cultural awareness (30%), QH multicultural training (16%),

other training (13%). Figure 3.4 below shows respondents' attendance to refugee health training or education in the last 12 months by primary role. Overall, half of all respondents had attended at least one training or education session, with one third attending a clinical and cultural awareness session. About one third of health care practitioners reported attending clinical training in refugee health, and one third had also attended cultural awareness training. Other types of training included refugee health literacy workshops, NDIS and CALD, working with interpreters, PHN community of practice, health promotion initiatives, and domestic violence alert training.

Figure 3.4: Attendance to refugee health training or education in the last 12 months by primary role



### Application of knowledge and skills

Forty-six percent of respondents who had attended training sessions reported having applied the knowledge and skills learnt from the training: health care practitioners (56%), settlement/health promotion practitioners (40%), managers/supervisors (50%), and 'other primary role' (31%). Some examples are stated below.

<p><b>Health care practitioners</b>  <i>Being aware of the clients' culture and using interpreters more efficiently.            Cultural awareness and clinical knowledge including info about NDIS.            I became more aware about refugee health issues.            Working with interpreters</i></p>	<p><b>Settlement/Health promotion practitioners</b>  <i>Disease profile of refugees, torture and trauma awareness, changes to mental health.            Helped patients access services, applied knowledge re: NDIS, culturally sensitive sexual health and reproduction.            Linking with health info to communities.            Referring to services, advocating with mainstream services.</i></p>
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	<i>Using telephone interpreters to discuss sensitive topics.</i>
<b>Managers/supervisors</b> <i>Culturally appropriate care.</i> <i>Effort to become more culturally inclusive.</i> <i>In relation to client alerts and escalation of needs.</i> <i>We provide information/education to community groups and service providers</i>	<b>Other primary role</b> <i>Strategy, planning.</i>

### Language issues

Stakeholders were asked a number of questions related to the English language proficiency of their patients/clients, provision of interpreter services, and language policies. Overall, 64% of stakeholders often saw patients/clients not proficient in English in the last 12 months, and 74% reported that their services always/often used qualified interpreters for these clients.

Figure 3.5 shows the breakdown by primary role group. About 80 percent of health care practitioners, settlement/health promotion practitioners, and managers/supervisors stated that qualified interpreters were always/often provided by their services for patients who were not proficient in English. Overall, eight out of ten respondents were aware of the Queensland Health Language Services Policy, and about three quarters of all stakeholders reported that their organisations had a language service or interpreter policy.

When asked about the reasons for not using interpreters when required, stakeholders stated:

*"One in seven of our consultations uses an interpreter. We use hundreds of interpreters every week. We often find XXX interpreters to be of poor quality, doing household tasks whilst doing interpreting by phone, or not available as they are such small language groups. We believe that XXX pays the lowest amount, hence the more experienced interpreters move from XXX to other providers. With the lack of compulsory health care training required of interpreters there is hugely variable quality and ability to really rely on interpreters. This needs to be addressed"*

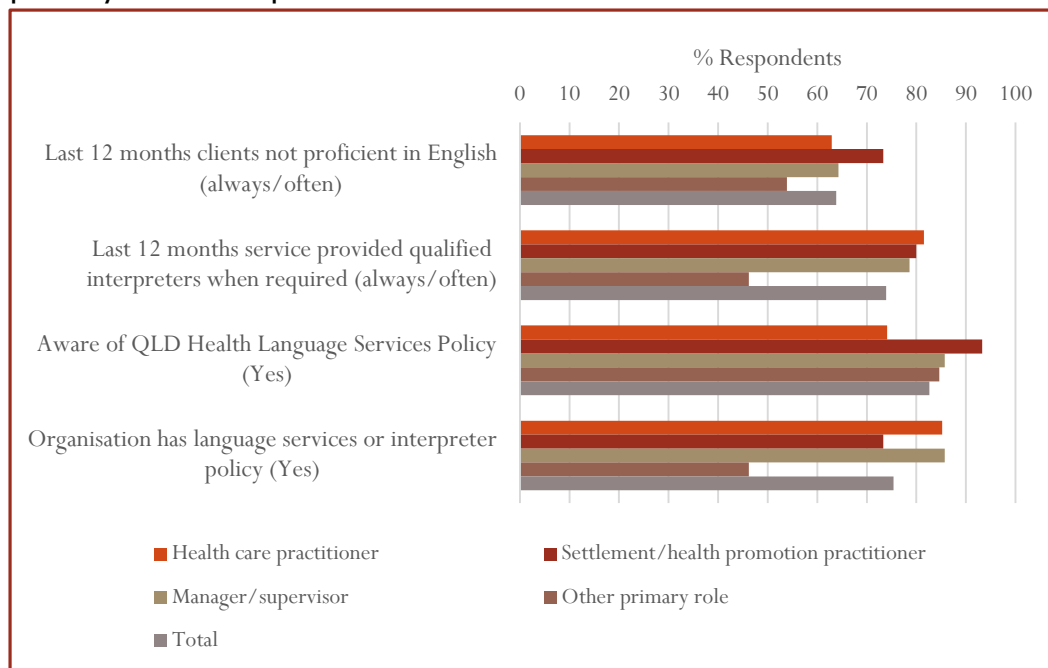
*"Occasionally XXX cannot provide an on-site interpreter, we then use phone interpreter which is not optimal for our cohort (aged/frail/disabled)"*

*"Not available Rohingya or Oromo language"*

*"Some patients prefer to use family or friends as interpreter - this is not our preferred option though."*

*"Not applicable as we employ bilingual staff"*

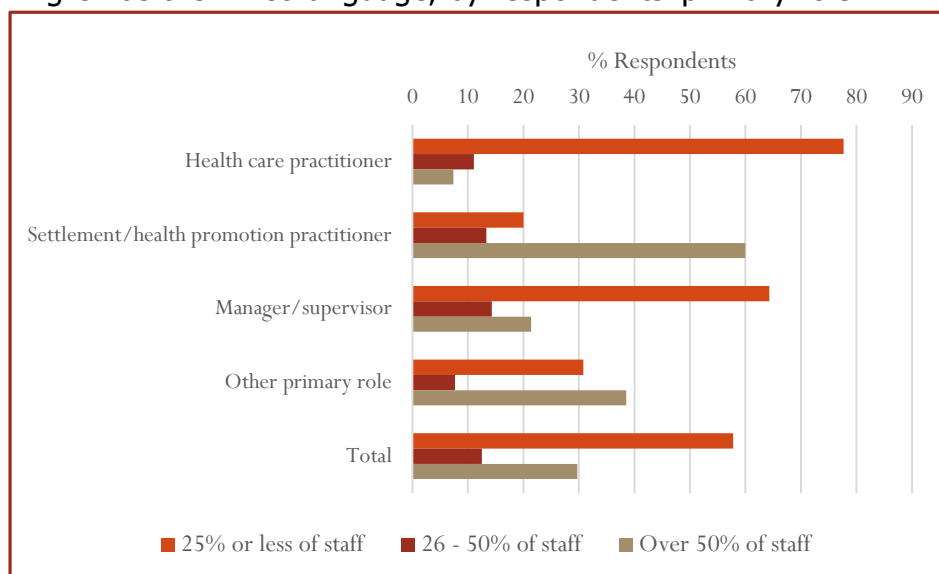
Figure 3.5: Language issues related to patients/clients from refugee backgrounds by primary role of respondents



### Language diversity of staff

The proportion of staff in the respondents' teams, who spoke a language other than English as their first language (by primary role) is shown in Figure 3.6. Settlement and health promotion practitioners' teams had the highest percentage of staff speaking a language other than English as their first language. Health care practitioners' teams had the lowest percentage of staff with diverse language skills.

Figure 3.6: Percentage of staff in respondents' team speaking a language other than English as their first language, by respondents' primary role

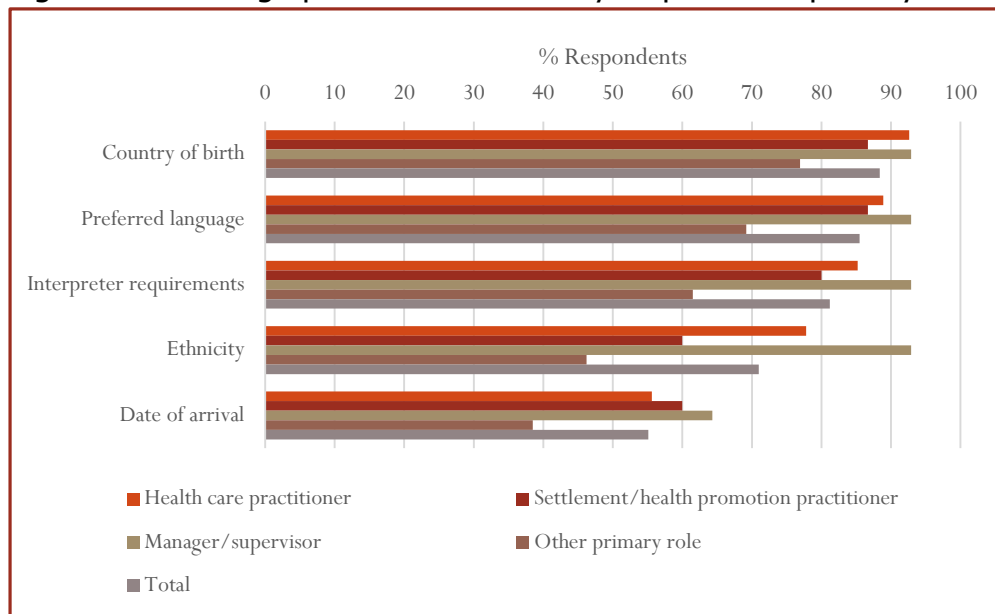


## Collection of refugee-relevant demographic data

Overall, 88 percent of respondents' services collected data on country of birth of their patients/clients, 86 percent on preferred language, 81 percent on interpreter requirements, 71 percent on ethnicity, and 55 percent on date of arrival. Types of data collected by respondents' primary role are shown in Figure 3.7.

Managers/supervisors were more likely to report higher levels of collection of these demographic characteristics by their services.

Figure 3.7: Demographic data collected by respondents' primary role

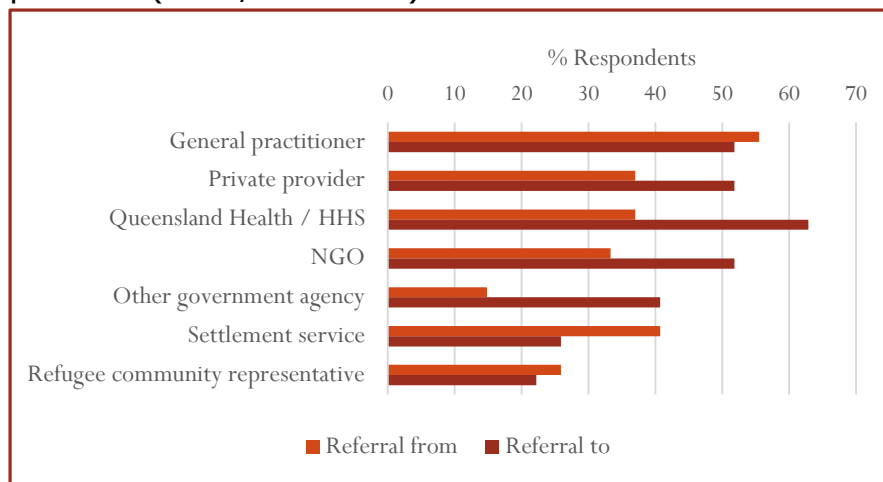


## Referrals from and to other agencies/providers

### Health care practitioners

As shown in Figure 3.8, health care practitioners frequently received referrals from general practitioners and settlement services, while they commonly referred patients to Queensland Health/HHS, general practitioners, private providers and NGOs.

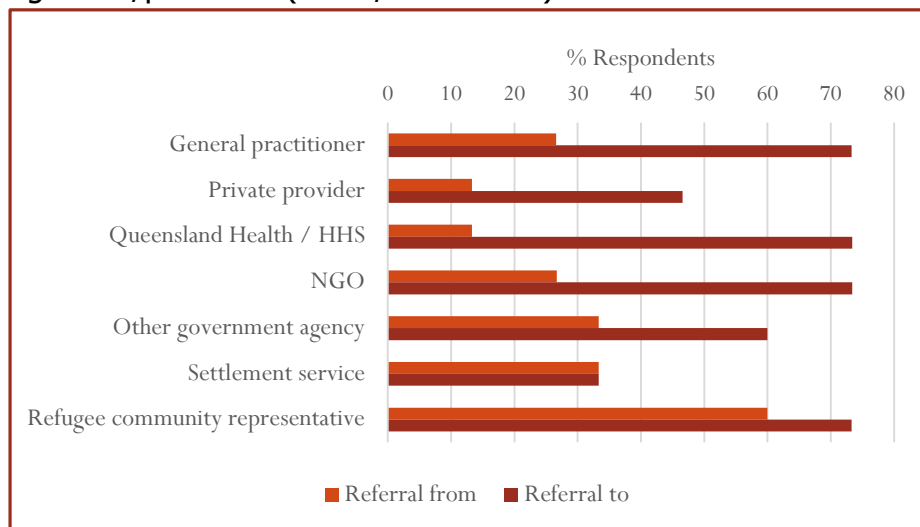
Figure 3.8: Health care practitioners – Referrals from and to other agencies and providers (Often/Sometimes)



### Settlement/health promotion practitioners

Settlement/health promotion practitioners’ referrals are shown in Figure 3.9. More often referrals were received from refugee community representatives, while they frequently referred clients to general practitioners, Queensland Health/HHS, NGOs, and refugee community representatives.

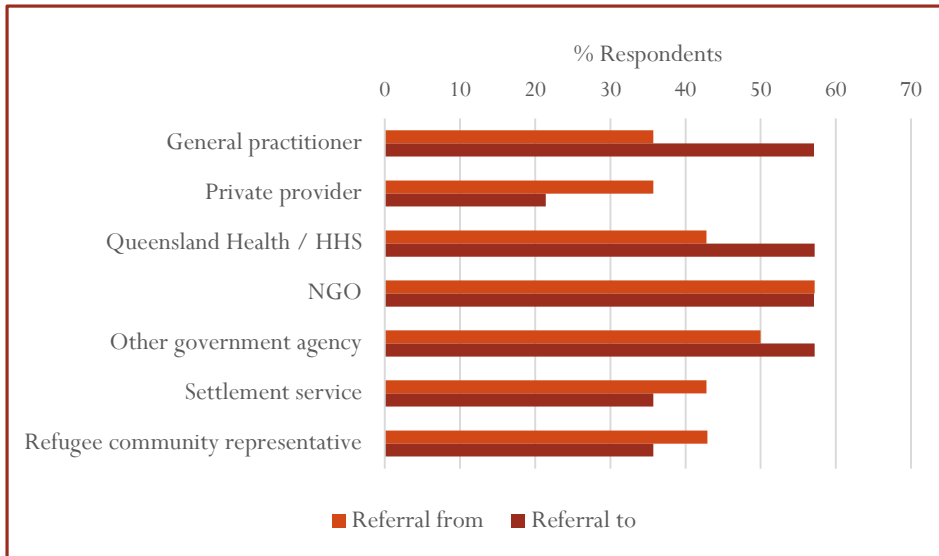
Figure 3.9: Settlement/health promotion practitioners – Referrals from and to other agencies/providers (Often/Sometimes)



### Managers/supervisors

Figure 3.10 shows the referrals reported by managers/supervisors. They frequently received referrals from NGOs and government agencies (other than QH/HHS), while they commonly referred clients to general practitioners, Queensland Health/HHS, other government agencies, and NGOs.

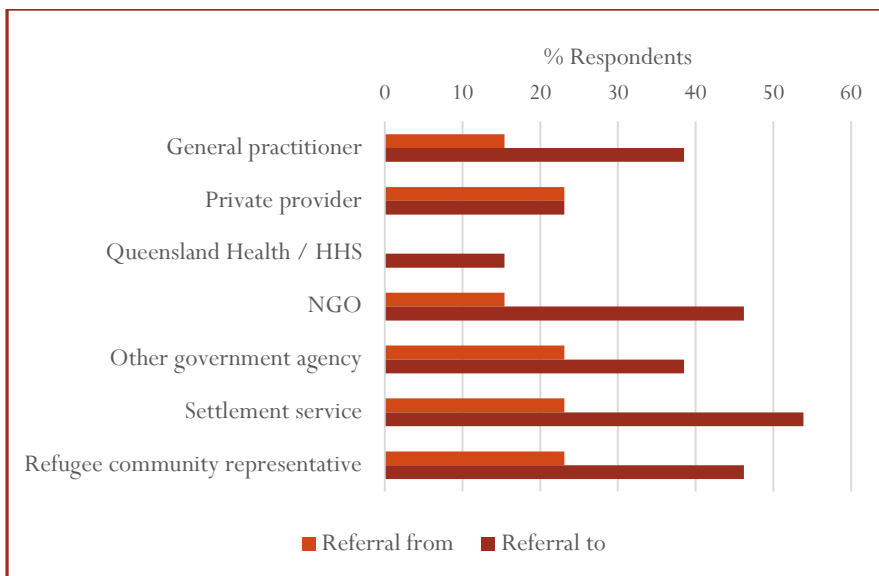
Figure 3.10: Managers/supervisors – Referrals from and to other agencies/providers (Often/Sometimes)



**'Other primary role' respondents**

Referrals reported by respondents in the 'other primary role' group are shown in Figure 3.11. Overall, this group of respondents reported lower levels of referrals from other agencies/providers compared to the other groups of stakeholders, but frequently referred clients to settlement services, refugee community representatives, and NGOs.

Figure 3.11: Other primary role – Referrals from & to other agencies/providers (Often/Sometimes)



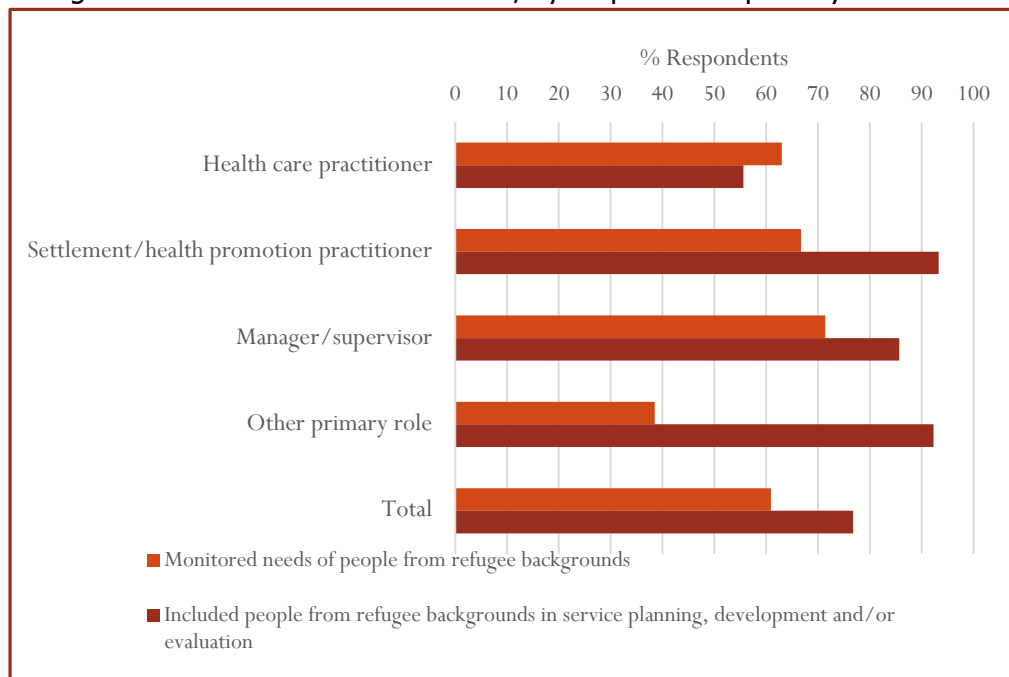
**Monitoring the needs of people from refugee backgrounds and including them in service planning, development and/or evaluation**

Overall, 61 percent of respondents indicated that their services had monitored the needs of people from refugee backgrounds within the last 12 months, and 77 percent had included this population group in service planning, development and/or evaluation. The breakdown by primary role group is shown in Figure 3.12. Over 60 percent of health care practitioners, settlement/health promotion practitioners, and managers/supervisors reported that their services had monitored the needs of this population group. The inclusion of people from refugee backgrounds in service planning, development and/or evaluation was commonly reported by settlement/health promotion practitioners, managers/supervisors, and respondents in the 'other primary role' group.

Some examples of how services had monitored these needs are shown below:

<p><i>Case management plans and community consultations.</i></p> <p><i>Community consultation, mapping, needs assessment.</i></p> <p><i>Through case plans, anecdotal, meetings with leaders, feedback from other services</i></p> <p><i>Constant feedback received through our ongoing work with people from refugee backgrounds.</i></p> <p><i>GP reviewing referrals. Follow ups with patients seen us.</i></p> <p><i>Monitor interpreter needs.</i></p>	<p><i>On a frequent basis: look at cohorts health literacy and needs in general and by assessing individuals needs fully soon after arrival. Nursing and medical assessment.</i></p> <p><i>Ongoing consultation and engagement with key community leaders.</i></p> <p><i>As part of research evaluation.</i></p> <p><i>Our usual service planning and monitoring processes.</i></p> <p><i>We track new arrival numbers, ages and genders, no show rates at the service, other non-medical support needs.</i></p>
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Figure 3.12: Percentage of services that had monitored the needs of people from refugee backgrounds within the last 12 months, by respondents' primary role



### Engagement with universities for refugee health research

Half of all respondents indicated that their services had engaged with a university for refugee health research: health care practitioners (52%); settlement/health promotion practitioners (47%); managers/supervisors (50%); and other primary role (54%).

### Gaps that could be addressed by the RHNQ in the future

Stakeholders identified a number of gaps that could be addressed by the RHNQ in the future. These included gaps in funding, language, communication and collaboration, cultural appropriateness, health information and education, prevention, addressing the needs of older refugees and refugees with a disability, gaps in regional areas, greater dissemination of the Policy and Action Plan, and workforce needs.

<p><b>Health care practitioners</b>  <b><u>Financial support for GPs</u></b>  <i>Financial support for GPs to provide care given that refugee appointments often take longer, are prone to no show, are complex. Link workers, refugee nurses, culturally appropriate support workers based in practices make it easier to provide care.</i></p> <p><i>Private general practice URGENTLY needs additional financial support to provide high</i></p>	<p><b>Settlement/health promotion practitioners</b>  <b><u>Financial support</u></b>  <i>Funding for our service so we can expand.</i></p> <p><b><u>Language services</u></b>  <i>Advocating for Qld oral health to use TIS so that clients can independently make/modify/cancel appointments.</i></p> <p><b><u>Collaboration</u></b></p>
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<p>quality care to refugees, similar to our ATSI population.</p> <p><b><u>Language services</u></b> Sustainable funding for the sector; ongoing improvement with interpreter training and recruitment</p> <p><b><u>Communication between providers and other stakeholders</u></b> Have allied health and mental health providers communicate, in writing, regarding what happens with the patients we refer to them. Communication back is very poor - they want everything from the GP and give nothing in return. We need to treat our patients holistically. How can we do this when we do not know what is happening with the psychologist, psychiatrist, etc.</p> <p>I find working within Qld Health quite limiting when we talk about needs gaps (within our own service). I'm not sure of the scope of RHNQ to be more involved in Qld Health service provision discussions.</p> <p><b><u>Health information resources</u></b> More health information in the language of the refugee eg, hand-outs. I can access information, however, due to our printers, I cannot print anything as it doesn't print in any legible language. If there was a way that we could order resources, that would be great.</p>	<p>Greater collaboration with us.</p> <p>Bringing together agencies to discuss gaps in addressing physical health needs of asylum seekers.</p> <p>Work more closely with existing funded programs for migrant and refugees.</p> <p><b><u>Cultural responsiveness and inclusion</u></b> Need for culturally-responsive mental health services in Cairns.</p> <p>Cultural diversity in the workforce.</p> <p>Ensuring that the government includes refugee and migrant communities in their strategic plans and that those plans are progressed rather than being just written and not acted upon.</p> <p><b><u>Health education and prevention</u></b> More research in health literacy.</p> <p>Health needs specific to certain developmental stages.</p> <p>More preventative initiatives</p>
<p><b>Managers/supervisors</b></p> <p><b><u>Funding</u></b> We need to be able to access routine sources of funds to provide health literacy support and more case worker support to navigate the care system.</p> <p>Dedicated mental health services (...) also need lots more funding as the waiting lists are huge.</p> <p><b><u>Sharing of information and services</u></b> Dissemination of information Qld-wide to PHNs.</p>	<p><b>Other primary role</b></p> <p><b><u>Policy and action plan</u></b> Annual progress update on the policy and action plan. Work plan of RHN.</p> <p>There is a need to raise greater awareness of the Action Plan and Language policies within more mainstream services and training programs that I think are largely unaware of these policies and guidelines.</p> <p><b><u>Language services</u></b> Translation of information</p> <p><b><u>Workforce</u></b> More recruitment in all sectors.</p>

*More sharing of models of care and services would be good.*

**Older refugees and disability**

*More focus on older refugees.*

*Support navigating into aged care and disability services. These services are very complex and only accessible online.*

**Regional areas**

*More visits to the regions.*

*Provision of training in regional areas. Train the trainer approach would be most effective.*

## **Limitations of baseline evaluation**

A number of limitations should be acknowledged:

- Data were collected between July and October 2018, one year after the Policy was officially launched. It is difficult to ascertain whether or not some of the findings shown by the data collected are the result of actions/strategies already implemented.
- There was a lower than expected response rate among services and stakeholders survey. Although this sample may not be representative of the broader population of services and stakeholder, respondents were from a range of areas of practice including HHS/other hospital, general practices, Queensland Health, non-government community sector, and settlement services.

## **Conclusions**

This report presents and discusses the baseline data collected as part of the 2-year evaluation of the Refugee Health and Wellbeing: a policy and action plan for Queensland 2017–2020. Based on the data collected through the patient experience survey (n=63 respondents), the patient experience qualitative interviews (n=53), and the services and stakeholders experience survey (n=69), the following can be concluded in relation to the five key principles which underpin the Refugee Health and Wellbeing Policy:

### **Collaboration and partnerships**

Data from the services and stakeholders survey suggest good levels of collaboration and partnerships with other agencies to improve refugee health outcomes, and moderate to high levels of involvement with a number of RHNQ activities.

This level of collaboration and partnership, and the role played by the RHNQ, may have contributed to the high number of refugee background respondents who report having a preferred or regular GP (86 percent among recent arrivals – patient experience survey; 92 percent among a mix of recent and older arrivals – patient experience qualitative interviews), and who indicate that a health professional (often a GP) helped them to coordinate their care (86%).

### **Cultural responsiveness**

Although data from the services and stakeholders survey report moderate to high provision of professional interpreting services to patients/clients not proficient in English, and high levels of awareness of the Queensland Health Language Services Policy, data from the patient experience survey and qualitative interviews indicate that access to interpreters varies across healthcare settings, and is particularly limited when visiting pharmacies, hospital emergency departments, private dentists and some general practices. Additionally, the qualitative data suggest that the use of family members as interpreters is common in healthcare settings. The unavailability of professional interpreters causes particular distress among patients.

Language diversity of staff varies widely across services with healthcare practitioners' services having the lowest percentage of staff speaking a language other than English.

### **Consumer and community voice**

Data from the services and stakeholders survey indicate moderate to high levels of engagement of refugee background consumers and communities in service planning, development and /or evaluation. Engagement of consumers was higher among settlement/health promotion practitioners, but moderate among healthcare practitioners.

## **Continuous improvement**

Overall, attendance to training and education sessions relevant to refugee health and wellbeing among services and stakeholder respondents is low, with about half of those who attended being able to apply the knowledge and skills learned. However, respondents report a high level of access to RHNQ resources, and that these resources are useful and valued. The development of a local health strategy or program to support people from a refugee background ranged from 56 percent (healthcare practitioners) to 67 percent (settlement/health promotion practitioners). Monitoring of the needs of refugee background clients in the previous 12 months ranged from 39 percent (other primary role) to 71 percent (managers/supervisors). Half of agencies have engaged with a university for refugee health research.

Overall, most services collect data on patients' country of birth (88%), preferred language (86%), and interpreter requirements (81%), while a lower number of services collect data on ethnicity (71%), and date of arrival in Australia (55%).

## **Clinical excellence**

Despite few exceptions, data from the patient experience survey and qualitative interviews suggest high levels of satisfaction with the quality of the healthcare services available in Queensland. Respondents particularly value the caring and respectful attitude of healthcare staff, the thoroughness of health assessments, and the provision of clear and useful health information and advice. According to respondents, general practitioners/practices and case workers/settlement services are the best and most common sources of advice and guidance in relation to accessing healthcare services.

Of concern however are the barriers some patients from refugee backgrounds face when accessing prescribed medications, dental services, and medical specialists due to costs and/or long waiting times.

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2. Australian Bureau of Statistics. *4839.0 - Patient Experiences in Australia: Summary of Findings, 2016-17*. 2017 [cited 2017 27/10]; Available from: <http://www.abs.gov.au/ausstats/abs@.nsf/mf/4839.0>.
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## Appendices

### Patient experience survey questionnaire

#### [Demographic questions to ask following the question about consent]

Gender                       Male               Female

1. How old are you now? (years) \_\_\_\_\_

2. In which country were you born? \_\_\_\_\_

3. When did you arrive in Australia? (MONTH AND YEAR) \_\_\_\_\_

4. What is the highest educational level that you have COMPLETED?

- None
- Primary school
- Secondary/High School
- College / Trade certificate
- University degree

5. How well do you speak English now?

- Very well
- Well
- Not well
- Not at all

1. Do you consent to completing the patient experience survey which forms part of the evaluation of the Refugee Health and Wellbeing: A policy and action plan (your responses remain anonymous)

- Yes
- No

2. In general would you say that your health is

- Excellent
- Very Good
- Good
- Fair
- Poor

### 3. GP SECTION

In the last 6 months, have you seen a GP for your health? Please excludes times you went to a hospital or emergency department (if no skip GP Section)

- Yes
- No

4. In the last 6 months, how many times did you see a GP for your own health?

- 1-5
- 6-10
- 11-15
- 16-20
- 21-25
- 26-30
- Not Applicable

5. In the last 6 months, did you also see a GP for non-urgent medical care?

- Yes
- No

6. In the last 6 months, thinking about urgent medical care, how long after you made the appointment were you seen by the GP ?

- Minutes
- Hours
- Days
- Not Applicable

7. In the last 6 months, do you have a GP you prefer to see?

- Yes
- No
- Don't know

8. Were there any times in the last 6 months you couldn't get an appointment with this GP?

- Yes
- No

9. In the last 6 months, what was the main reason that you didn't go to see a GP when needed?

- Cost
- Dislike or fear of service
- Long waiting time
- Other (please specify)
- Not available service
- Had an upcoming appointment
- Too busy

10. Thinking about all the GPs you have seen in the last 6 months, how often did they listen carefully to you?

- Always
- Often
- Sometimes
- Rarely
- Never

11. Thinking about all the GPs you have seen in the last 6 months, how often did they show respect for what you said?

- Always
- Often
- Sometimes
- Rarely
- Never

12. Have you been offered an interpreter when you see the GP?

- Always
- Often
- Sometimes
- Rarely
- Never

**13. MEDICATION**

In the last 6 months, have you needed prescribed medication?

- Yes
- No

14. In the last 6 months, has there been any time you delayed getting or did not get prescribed medication because of the cost?

- Yes
- No

15. When collecting medication in Pharmacy/ Chemist how often did the staff listen carefully to what you had to say?

- Always
- Often
- Sometimes
- Rarely
- Never

16. When in Pharmacy/ Chemist how often did the staff show respect for what you had to say?

- Always
- Often
- Sometimes
- Rarely
- Never

17. In the Pharmacy /Chemist were you offered an interpreter?

- Yes
- No

**18. CARE COORDINATION**

In the last 6 months, was there a time that a health professional helped you coordinate your care?

- Yes
- No

19. In the last 6 months, what type of health professional helped most in coordinating your care?

- GP
- Medical specialist
- Nurse
- Other (please specify)

20. MEDICAL SPECIALIST

In the last 6 months have you seen a medical specialist

- Yes
- No

21. If yes, what kind of specialist?

- Infectious/ Communicable Diseases
- Gastroenterologist (digestion)
- Hepatologist (Liver)
- Psychiatrist (how you feel)
- Haematologist (blood)
- Cardiologist
- ENT
- Obstetrician/ Gynaecologist
- Respiratory Physician

Other (please specify)

22. In the last 6 months has there been any time you needed to see a medical specialist and didn't

- Yes
- No

23. If yes, what was the main reason you did not go?

- Cost
- Dislike or fear of service
- Waiting time too long
- Service not available when required
- Had an upcoming appointment
- Too busy

Other (please specify)

24. Thinking about all the medical specialists you have seen in the last 6 months how of often did they listen carefully to you?

- Always
- Often
- Sometimes
- Rarely
- Never

25. Thinking about all the medical specialists you have seen in last 6 months how often did they show you respect for what you had to say

- Always
- Often
- Sometimes
- Rarely
- Never

26. Were you offered an interpreter when you saw the medical specialist?

- Yes
- No
- Not applicable

27. DENTAL PROFESSIONAL

In the last 6 months have you seen a dental professional for your own health?(if no, please skip this section)

- Yes
- No

28. In the last 6 months have you needed to see a dental professional?

- Yes
- No

29. Including public dental services provided at a private dental clinic, was any of the dental care you received a public dental service?

- Yes
- No

30. Have you seen a private dentist and paid for the services?

- Yes
- No

31. In the last 6 months has there been any time when you were placed on a waiting list for public dental services?

- Yes
- No
- Don't know

if yes, how long did you wait?

32. In the last 6 months has there been any time you needed to go to a dental professional but didn't? What was the main reason you didn't go?

- Cost
- Dislike or fear of service
- Waiting time too long
- Service not available when required
- Had an upcoming appointment
- Too busy
- Not applicable

Other (please specify)

33. Thinking about all the dental professionals you have seen in the last 6 months how often did they listen to you carefully?

- Always
- Often
- Sometimes
- Rarely
- Never

34. Thinking about all the dental professionals you have seen in the last 6 months how often did they show respect for what you had to say?

- Always
- Often
- Sometimes
- Rarely
- Never

35. Were you offered an interpreter when you saw the dental professional?

- Yes
- No
- Not applicable

36. Do you have any of the following conditions that are likely to last longer than 6 months

- Arthritis
- Asthma
- Cancer
- Diabetes
- Heart or circulatory condition
- Mental Health Condition, including depression or anxiety
- Long term injury
- Any other long term health condition
- No condition

37. EMERGENCY DEPARTMENT

In the last 6 months have you been to a hospital emergency department? (if no please skip rest of ED questions)

- Yes
- No

38. What was the main reason you went to the emergency department rather than a general practice?

- Taken by ambulance or condition was serious
- GP not available when required
- Sent to emergency by GP
- Waiting time for GP appointment too long
- Lower cost than GP visit
- GP does not have required equipment or facilities

Other (please specify)

39. Thinking about all the doctors and specialists you have seen at a hospital emergency department in the last 6 months how often did they listen carefully to you?

- Always
- Often
- Sometimes
- Rarely
- Never
- Didn't see any doctors or specialists

40. Were you offered an interpreter in the Emergency Department?

- Yes
- No
- Not Applicable

41. Thinking about all the doctors and specialists you have seen at a hospital emergency department in the last 6 months, how often did they show respect for what you had to say ?

- Always
- Often
- Sometimes
- Rarely
- Never

42. HOSPITAL ADMISSION

In the last 6 months have you been admitted to hospital? (if no please skip the hospital section)

- Yes
- No

43. In the last 6 months how many times have you been admitted to hospital?

44. Thinking about all the doctors and specialists you have seen at a hospital in the last 6 months how often did they listen carefully to you?

- Always
- Often
- Sometimes
- Rarely
- Never
- Didn't see any doctors or specialists

45. Thinking about all the doctors and specialists you have seen at a hospital in the last 6 months, how often did they show respect for what you had to say?

- Always
- Often
- Sometimes
- Rarely
- Never
- Didn't see any doctors or specialists

46. Thinking about all the nurses you have seen at a hospital in the last 6 months, how often did they listen carefully to you?

- Always
- Often
- Sometimes
- Rarely
- Never
- Didn't see any nurses

47. Thinking about all the nurses you have seen at a hospital in the last 6 months, how often did they show respect for what you had to say?

- Always
- Often
- Sometimes
- Rarely
- Never
- Didn't see any nurses

48. Were you offered an interpreter in hospital?

- Yes
- No
- Not applicable

## **Patient experience interview guide**

### **Demographic questions**

1. Country of Origin
2. Date of arrival in Australia
3. Family composition including age and gender of family members

### **Health care experiences**

4. Please describe what it was like for you and/or your family to go to your first healthcare appointment after arriving in Australia
5. How would you describe your health and the health of your family over the last 6 months?
6. Do you and/or your family have a regular doctor (GP) you go to when needed?
7. Have you or anyone in your family seen a GP in the last 6 months? If YES:
  - a. How was this experience?
  - b. What was helpful?
  - c. What was difficult?
8. Have you or anyone in your family seen a SPECIALIST in the last 6 months? If YES:
  - a. How was this experience?
  - b. What was helpful?
  - c. What was difficult?
9. Have you or anyone in your family seen a DENTIST in the last 6 months? If YES:
  - a. How was this experience?
  - b. What was helpful?
  - c. What was difficult?
10. Have you or anyone in your family visited a PHARMACY in the last 6 months? If YES:
  - a. How was this experience?
  - b. What was helpful?
  - c. What was difficult?
11. Since arriving in Australia have you or anyone in your family been in HOSPITAL? If YES:

a. How was this experience?

b. What was helpful?

c. What was difficult?

12. Where/who has been the best source of advice and guidance for you in relation to accessing health services in Australia?

13. Is there anything else you want to comment regarding your experience and/or your family experience with the health care system in Australia?

## Services and stakeholders survey questionnaire

### \* 1. What area do you work in?

- Settlement Service
- General Practice
- HHS/Other hospital
- Other Government Agency
- Non Government Community Sector
- Refugee Community
- Private Provider
- PHN
- Qld Health
- Other (specify below)

Other (please specify)

### \* 2. What is your primary role?

- General Practitioner
- Medical Specialist
  
- Clinician (Allied health and Nurses )
- Settlement Worker
- Administration
- Manager/ Supervisor
- Refugee Community Representative
- Other (specify below )

Other (please specify)

### \* 3. What is your level of involvement in the Refugee Health Network Qld?

(Choose as many as relevant)

- Subscribe to E-Newsletter
- Participate in regional network
- Participate in working / advisory group
- Representative on Refugee Health Partnership Advisory Group Qld (RH-PAGQ)
- None
- Other (specify below)

Other (please specify)

\*4. Have you accessed resources from Refugee Health Network Qld in the last 6 months?

- Yes
- No

\*5. Do you partner with other agencies to improve refugee health outcomes? Eg. co location, joint initiatives.

- Yes
- No

If yes, please provide example/s

\*6. The Refugee Health Network Qld keeps me up to date with all refugee health issues.

Always	Often	Sometimes	Rarely	Never
<input type="radio"/> Always	<input type="radio"/> Often	<input type="radio"/> Sometimes	<input type="radio"/> Rarely	<input type="radio"/> Never

\*7. Has your service developed a local health strategy or program to support people from a refugee background in your local area?

- Yes
- No

If yes, please explain

\*8. In the last 12 months have you attended any refugee health training or education? If so, please indicate which training? (Choose as many as relevant)

- Clinical training relating to Refugee Health
- Cultural awareness training
- Qld Health Multicultural Training
- Other (specify below)
- No I have not attended training

Other (please specify)

\*9. Have you applied any of the knowledge and skills learnt from training attended?

Yes	No	N/A
<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> N/A

If yes, please specify:

\*10. In the last 12 months how often were your clients not proficient in English?

Always	Often	Sometimes	Rarely	Never
<input type="radio"/> Always	<input type="radio"/> Often	<input type="radio"/> Sometimes	<input type="radio"/> Rarely	<input type="radio"/> Never

\*11. In the last 12 months, how often has your service used a qualified interpreter for patients who are not proficient in English?

Always	Often	Sometimes	Rarely	Never
<input type="radio"/> Always	<input type="radio"/> Often	<input type="radio"/> Sometimes	<input type="radio"/> Rarely	<input type="radio"/> Never

If your service has not used an interpreter when required, what were the reasons?

\*12. Are you aware of the Queensland Health Language Services Policy?

- Yes
- No

\*13. Does your organisation have a language services or interpreter policy?

Yes	No	Don't know
<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Don't know

\*14. Has your service included people from refugee backgrounds in service planning, development and/or evaluation?

- Yes
- No

\*15. What data does your service collect? (Choose as many as relevant)

- Country of birth
- Preferred language
- Interpreter requirements
- Date of arrival
- Ethnicity
- None of the above

\*16. How often do you receive a referral from these agencies/ providers?

	3 or more per week	1-2 per week	1-2 per month	1-2 every 6 months	1-2 per year	Never	N/A
GP	<input type="radio"/> GP 3 or more per week	<input type="radio"/> GP 1-2 per week	<input type="radio"/> GP 1-2 per month	<input type="radio"/> GP 1-2 every 6 months	<input type="radio"/> GP 1-2 per year	<input type="radio"/> GP Never	<input type="radio"/> GP N/A
Private Provider	<input type="radio"/> Private Provider 3 or more per week	<input type="radio"/> Private Provider 1-2 per week	<input type="radio"/> Private Provider 1-2 per month	<input type="radio"/> Private Provider 1-2 every 6 months	<input type="radio"/> Private Provider 1-2 per year	<input type="radio"/> Private Provider Never	<input type="radio"/> Private Provider N/A
Queensland Health /HHS	<input type="radio"/> Queensland Health /HHS 3 or more per week	<input type="radio"/> Queensland Health /HHS 1-2 per week	<input type="radio"/> Queensland Health /HHS 1-2 per month	<input type="radio"/> Queensland Health /HHS 1-2 every 6 months	<input type="radio"/> Queensland Health /HHS 1-2 per year	<input type="radio"/> Queensland Health /HHS Never	<input type="radio"/> Queensland Health /HHS N/A
Non Government Community Sector	<input type="radio"/> Non Government Community Sector 3 or more per week	<input type="radio"/> Non Government Community Sector 1-2 per week	<input type="radio"/> Non Government Community Sector 1-2 per month	<input type="radio"/> Non Government Community Sector 1-2 every 6 months	<input type="radio"/> Non Government Community Sector 1-2 per year	<input type="radio"/> Non Government Community Sector Never	<input type="radio"/> Non Government Community Sector N/A
Other Government Agency	<input type="radio"/> Other Government Agency 3 or more per week	<input type="radio"/> Other Government Agency 1-2 per week	<input type="radio"/> Other Government Agency 1-2 per month	<input type="radio"/> Other Government Agency 1-2 every 6 months	<input type="radio"/> Other Government Agency 1-2 per year	<input type="radio"/> Other Government Agency Never	<input type="radio"/> Other Government Agency N/A
Settlement Service	<input type="radio"/> Settlement Service 3 or more per week	<input type="radio"/> Settlement Service 1-2 per week	<input type="radio"/> Settlement Service 1-2 per month	<input type="radio"/> Settlement Service 1-2 every 6 months	<input type="radio"/> Settlement Service 1-2 per year	<input type="radio"/> Settlement Service Never	<input type="radio"/> Settlement Service N/A

	3 or more per week	1-2 per week	1-2 per month	1-2 every 6 months	1-2 per year	Never	N/A
Refugee Community Representative	<input type="radio"/> Refugee Community Representative 3 or more per week	<input type="radio"/> Refugee Community Representative 1-2 per week	<input type="radio"/> Refugee Community Representative 1-2 per month	<input type="radio"/> Refugee Community Representative 1-2 every 6 months	<input type="radio"/> Refugee Community Representative 1-2 per year	<input type="radio"/> Refugee Community Representative Never	<input type="radio"/> Refugee Community Representative N/A

\*17. How often do you refer clients to these agencies/ providers?

	3 or more per week	1-2 times per week	1-2 times per month	1-2 times every 6 months	1-2 times per year	Never	N/A
GP	<input type="radio"/> GP 3 or more per week	<input type="radio"/> GP 1-2 times per week	<input type="radio"/> GP 1-2 times per month	<input type="radio"/> GP 1-2 times every 6 months	<input type="radio"/> GP 1-2 times per year	<input type="radio"/> GP Never	<input type="radio"/> GP N/A
Private Provider	<input type="radio"/> Private Provider 3 or more per week	<input type="radio"/> Private Provider 1-2 times per week	<input type="radio"/> Private Provider 1-2 times per month	<input type="radio"/> Private Provider 1-2 times every 6 months	<input type="radio"/> Private Provider 1-2 times per year	<input type="radio"/> Private Provider Never	<input type="radio"/> Private Provider N/A
Queensland Health /HHS	<input type="radio"/> Queensland Health /HHS 3 or more per week	<input type="radio"/> Queensland Health /HHS 1-2 times per week	<input type="radio"/> Queensland Health /HHS 1-2 times per month	<input type="radio"/> Queensland Health /HHS 1-2 times every 6 months	<input type="radio"/> Queensland Health /HHS 1-2 times per year	<input type="radio"/> Queensland Health /HHS Never	<input type="radio"/> Queensland Health /HHS N/A
Non Government Community Sector	<input type="radio"/> Non Government Community	<input type="radio"/> Non Government Community	<input type="radio"/> Non Government Community	<input type="radio"/> Non Government Community	<input type="radio"/> Non Government Community	<input type="radio"/> Non Government Community Sector Never	<input type="radio"/> Non Government Community Sector N/A
	3 or more per week	1-2 times per week	1-2 times per month	1-2 times every 6 months	1-2 times per year	Never	N/A
Other Government Agency	<input type="radio"/> Other Government Agency 3 or more per week	<input type="radio"/> Other Government Agency 1-2 times per week	<input type="radio"/> Other Government Agency 1-2 times per month	<input type="radio"/> Other Government Agency 1-2 times every 6 months	<input type="radio"/> Other Government Agency 1-2 times per year	<input type="radio"/> Other Government Agency Never	<input type="radio"/> Other Government Agency N/A
Settlement Service	<input type="radio"/> Settlement Service 3 or more per week	<input type="radio"/> Settlement Service 1-2 times per week	<input type="radio"/> Settlement Service 1-2 times per month	<input type="radio"/> Settlement Service 1-2 times every 6 months	<input type="radio"/> Settlement Service 1-2 times per year	<input type="radio"/> Settlement Service Never	<input type="radio"/> Settlement Service N/A
Refugee Community Representative	<input type="radio"/> Refugee Community Representative 3 or more per week	<input type="radio"/> Refugee Community Representative 1-2 times per week	<input type="radio"/> Refugee Community Representative 1-2 times per month	<input type="radio"/> Refugee Community Representative 1-2 times every 6 months	<input type="radio"/> Refugee Community Representative 1-2 times per year	<input type="radio"/> Refugee Community Representative Never	<input type="radio"/> Refugee Community Representative N/A

\*18. Has your service monitored the needs of people from refugee backgrounds within the last 12 months?

- Yes
- No

If Yes, how was this done? \_\_\_\_\_

\*19. Has your service engaged with any university for Refugee Health Research?

- Yes
- No

\*20. In your team, what percentage of staff speak a language other than English, as their first language?

0-10%	11-25%	26-50%	51-75%	76-100%	Don't know
<input type="radio"/> 0-10%	<input type="radio"/> 11-25%	<input type="radio"/> 26-50%	<input type="radio"/> 51-75%	<input type="radio"/> 76-100%	<input type="radio"/> Don't know

21. What gaps (if any) could the Refugee Health Network Qld address in the future?

Thank you for your participation. We will keep you informed of the outcomes of the evaluation through the Refugee Health Network Qld E Newsletter. Subscribe [here](#) if you haven't already.

Done