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

Baseline Evaluation - Executive Summary

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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.