



The role of Networks in supporting regional areas

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Who is arriving?

- Increasing trends towards regional settlement
- **Australian Government response to the Joint Standing Committee on Migration report: Enabling Australia Inquiry into the Migration Treatment of Disability November 2012:** From July 2012, *the health waiver for humanitarian visa applicants was streamlined. Under the streamlined health waiver, a humanitarian visa processing officer will not consider any costs for health or community care services undue. This means that a health waiver can be granted more efficiently.*
 - Welcome decision however the impact of this policy has resulted in ↑ disability which has health and support implications.

Other vulnerable groups:

- Women at Risk visa category
- Communities with complex needs e.g.
 - Yazidi – high exposure to torture/ trauma history
 - Emerging communities – access to interpreters

Challenges from a health perspective

Barriers to accessing care:

- language and cultural barriers
- trust
- low health literacy
- unfamiliarity with the Australian health system
- cost of care
- health professionals' inexperience with refugee health

Presenting health issues:

- infectious and parasitic disease
- nutritional deficiencies
- Chronic diseases
- poor oral health
- low levels of immunisation
- Torture & trauma – mental health issues
- Disability
- Limited previous access to/ experience of preventative health care

Refugee Health Network Qld (RHNQ)

- Launched April 2017 with the Policy and Action Plan
- Funded by QH – small network team with many partners
- Strong focus on building “network of networks”
- Role is to build capacity, partnerships, and facilitate coordination of care across health, settlement agencies, communities, government and non-government sectors.



RHNQ – What we do

- Development and sharing of resources
- Regular communication via e-news
- Advocacy & policy development on identified issues
- Partnership Advisory Group, along with regional networks, working groups and advisory groups
- Clinical Education



Why regional members value health networks

'Connection to others – reassuring to know you are on the right track and others are doing similar things'

'Communication about what is happening and coming up is very helpful'

'Access to resources and support that we would not have capacity to develop by ourselves'

'Having people you can call to thrash out ideas'

'Knowing that you aren't 'on your own''

'Connection to the larger group to be able to influence bigger systems'



What more can RHNQ do in the future?

- Greater outreach to regions – including provision of Clinical Support via Refugee GP Fellow
- Embed more regional representation into working and advisory groups
- More regular contact with regions and opportunities for face to face meetings



RNA – who we are

- Established January 2016
- National focus
- There are refugee health nurses in every state and territory
- Provides an opportunity for nurses working with people from a refugee background to share resources, be advocates, contribute to clinical guidelines and be involved in community of practice opportunities.



RNA – what we do

- Provide a forum for the exchange of information and resources between refugee health nurses and other relevant stakeholders across Australia.
- Promote best practice in refugee health nursing through quality improvements, professional practice and evidenced based research
- Provide leadership in the development of a national refugee health nurse clinical practice framework including the scope of practice, credentialing and models of care.
- Advocate for refugee and asylum seeker issues.



What RNA members find rewarding about working in regional areas

- “Clients are part of the community and someone will let you know if they are falling through the cracks”
- “Clients quickly become part of a community and by living and working in the same community you become a trusted member of that community also.”
- “Clients have the chance of good long term outcomes due to improved housing affordability and employment options.”
- “Seeing families happy and settling into their new community in spite of all they have been through in the past.”



Challenges highlighted by RNA members in regional areas

- Interpreting – lack of interpreters (onsite), lack of experience/ willingness to use interpreters from “mainstream” health staff – even when interpreter use supported by local policy it is difficult to put into practice
- Lack of staffing – refugee health nurses, settlement staff (often inexperienced new grads), limited staffing limits ability to flex up in response to sharp increase in arrival numbers
- Lack of capacity/ skills in local health services – bulk billing GPs, specialist services, female health staff, disability services
- Community views
- Lack of support
- Lack of locally relevant resources/ translated materials
- Reduced public transport infrastructure
- Isolation – services in metropolitan areas don’t understand challenges of working in regional areas



What RNA does to support regional workers

- 2/3 RNA members in regional areas felt network supports their work
- Resources and education
- Interstate transfer process
- Connection to refugee health nurses in other services

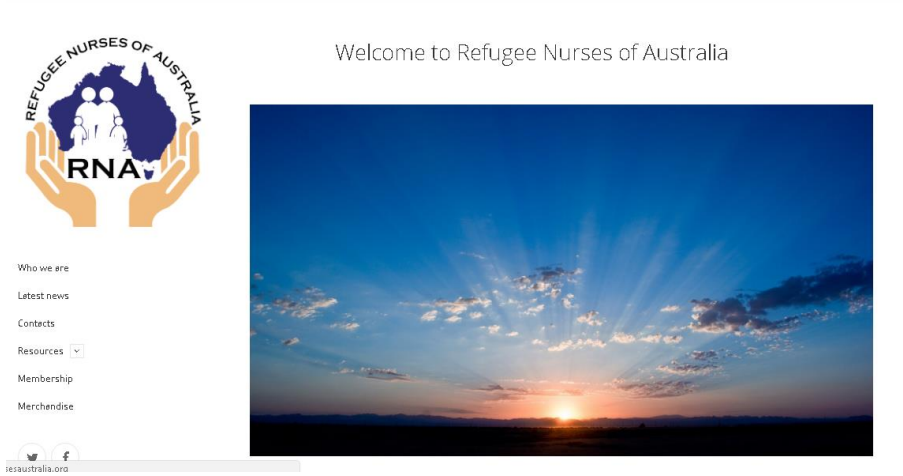


What more can RNA do in the future?

- Feedback on interstate transfer process
- Newsletter
- Increase opportunities for face to face networking
- Advocate for those in rural areas
- Advocate for policies affecting refugee health to be put into practice (e.g. interpreter policy)

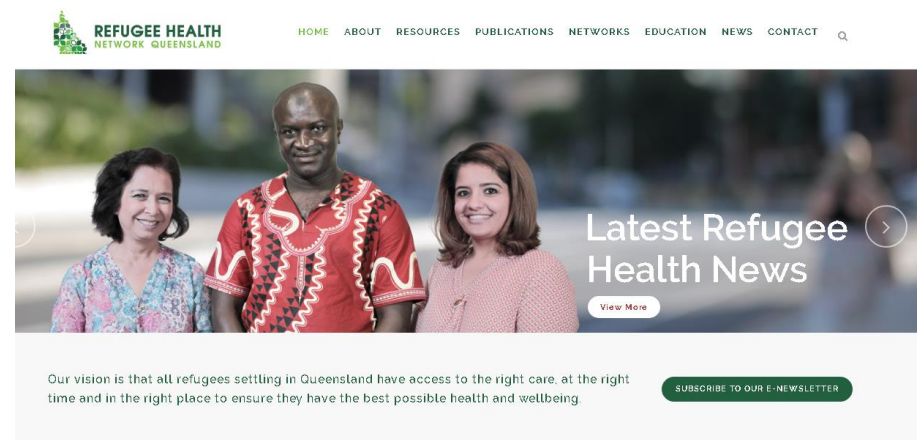


Thank you



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