

Refugee

Health and Wellbeing

A strategic framework for
Queensland 2016





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A message from the **Minister**

Refugees are one of our most vulnerable populations. Before arriving in Australia, they are often faced with poor living conditions, limited access to health services and exposure to a range of physical, emotional and environmental stressors. Refugees make significant positive contributions to Queensland's communities and we must make sure that appropriate services and supports are in place to assist with their settlement in Queensland.

Refugee Health and Wellbeing: A strategic framework for Queensland 2016 presents a revitalised commitment to improving refugee health and wellbeing in Queensland. The framework is a practical tool for healthcare professionals as well as a first step in developing a refugee health and wellbeing policy structure for Queensland.

Queensland Health recognises that improving the health and wellbeing of refugees requires a multi-faceted approach—beyond

what can be achieved by the public health system alone. That is why this framework and future refugee health and wellbeing policy development will be undertaken in a partnership environment.

I commend the members of the South East Queensland Refugee Health Partnership Advisory Group for their continued efforts to improve the health and wellbeing of refugees and for working with my department to create this framework.

I look forward to continuing to work with stakeholders as we develop the Queensland Refugee Health and Wellbeing Policy and Action Plan throughout 2016.

The Hon. Cameron Dick MP

Minister for Health and
Minister for Ambulance Services





Statement

The Refugee Health and Wellbeing: A strategic framework for Queensland articulates a shared vision and common purpose for refugee health and promotes a statewide approach to improving the health and wellbeing of refugees.

Vision

Our vision is that all refugees settling in Queensland have access to the **right care**, at the **right time** and in the **right place** to ensure they have the best possible health and wellbeing.

Purpose

The framework is intended to be a practical guide as well as a first step in developing a policy structure for refugee health and wellbeing in Queensland. The document aims to increase refugees' access to timely, high quality and culturally responsive healthcare by highlighting refugee health services and providing links to tools and resources that will assist stakeholders involved in the settlement of refugees in Queensland, particularly services that have limited experience in seeing refugee clients.

It establishes a set of principles and priority action areas aimed at improving refugee health and wellbeing which will also guide future policy development, including the

development of a refugee health and wellbeing policy in 2016. This policy will include an action plan that articulates measurable actions to improve the health and wellbeing of refugees.

To support these actions, a refugee health and wellbeing network will be established in early 2016. The network will provide a mechanism to provide support, build capacity and improve partnerships and coordination across health services, refugee settlement agencies and the non-government sector.

Background

Australia has a long standing Humanitarian Program that aims to honour its obligations as a signatory to the *1951 United Nations Convention Relating to the Status of Refugees* by assisting people in humanitarian need overseas, for whom resettlement in another country is the only available option and by sharing the responsibility for refugee protection with the international communityⁱ.

The current Humanitarian Program intake is set at 13,750 places per year. Queensland usually settles around 12 per cent of this national total, with the majority of refugees settling in Brisbane and Logan. The Commonwealth Government recently announced that it will settle 12,000 additional refugees that have been displaced by the conflict in Syriaⁱⁱ.

The Queensland Premier has offered to settle up to 3,500 of these additional refugees in Queensland and the Queensland Government is continuing to work with the Commonwealth and other stakeholders to determine how best to support the additional Syrian refugeesⁱⁱⁱ.

Most refugees have experienced traumatic events such as physical and psychological trauma or torture, deprivation and prolonged poverty, and poor access to healthcare prior to arrival. As a result, many people arriving as refugees have multiple and complex physical and psychological health problems, including high levels of avoidable illness and associated morbidity.

Refugees are Medicare eligible and have access to a number of refugee-specific services funded by the Commonwealth. This includes access to the Humanitarian Settlement Services that assists in,

for example, the initial orientation to Australia, accessing health services and Centrelink, and finding suitable accommodation^{iv}.

For more information on Australia's Humanitarian Program visit the [Department of Immigration and Border Protection's website](#).

For more information about Humanitarian Settlement Services visit the [Department of Social Services' website](#).

Current policy structure

The framework builds on and aligns to existing policies and plans governing the provision of health services and multicultural services, as outlined below.

- [Multicultural Recognition Act 2016](#)
- [Queensland languages service policy](#)
- [Multicultural mental health framework](#)
- [National primary health care strategic framework](#)
- [Royal Australian College of General Practitioners vision for general practice and a sustainable healthcare system](#)





Refugee services in Queensland

Delivering culturally responsive health services to refugees can benefit from a collaborative approach by all providers in the health system. Current agents within this system include:

- [South East Queensland Refugee Health Partnership Advisory Group](#)
- [Refugee Health Clinical Advisory Group](#)
- Humanitarian Program settlement service providers:
 - » Brisbane and central coast: [MDA](#) (Multicultural Development Association)
 - » South west: [MDA](#)
 - » South east: [ACCESS Services](#)
 - » North and west: [Townsville Multicultural Support Group](#)
 - » Far north: [Centacare Cairns](#)
- [Hospital and Health Services \(HHS\)](#)
- [Mater Health Services](#)
- [PHNs](#)
- [Refugee Health Connect](#)
- [Queensland Transcultural Mental Health Centre](#)
- [Queensland Program of Assistance to Survivors of Torture and Trauma](#)
- [Health practitioners and specialists more broadly, including mental health and allied health workers](#)

The settlement experience



Refugees will have different settlement experiences depending on their health and cultural backgrounds, country of origin, location of and length of stay in refugee camps or transition countries, willingness to engage with settlement services on arrival and their settlement location. Refugees are not forced to engage with settlement services; rather, they are actively encouraged to participate to achieve a smoother transition and successful settlement into the Australian community. A generalised depiction of a refugee settlement experience in Queensland is provided on the right. The diagram also provides a brief indication of the challenges faced by health services due to the nature and characteristics of the refugee population.



Challenges

- Inconsistent medical history prior to and on arrival and lack of information
 - Language and cross-cultural communication issues, including access and use of interpreters
 - Ability to respond to timeframes and track clients
 - Ability to link/support GP community
 - Limited understanding of Australian health system
 - Difference in health beliefs
 - Highly mobile population
-
- Complex and limited referral pathways into specialist care
 - Unfamiliarity with clinical presentations of new emerging groups
 - Language and cross-cultural communication issues, including access and use of interpreters
 - Discrimination
 - Lack of coordination across system
 - Lack of training and clinical support and low awareness of what services are available

1. Refugee arrives in Queensland
2. Settlement agency links with refugee
 - Meets refugee at airport
 - Provides orientation to Australia
 - Case management
 - Support access to Centrelink, health services, accommodation and schools
3. Settlement agencies partner with a range of services including PHNs, HHSs and other organisations to facilitate access to health services for refugees

4. Refugee attends a refugee Health Service (HHS or 'refugee-friendly' GP)
 - Referrals to mainstream services, specialist services or Primary Care
 - Health assessment
 - Immunisation catch-ups

5. Refugee establishes a medical home
 - Ongoing care
 - Immunisation
 - Referrals to mainstream and specialist services

Queensland's refugee health and wellbeing principles

Five refugee health and wellbeing principles have been established to provide a structure for future refugee health and wellbeing policy development.



Collaboration and partnerships

across sectors and agencies will extend the reach and timeliness of services and realise efficiencies.



Cultural responsiveness

of service providers including access to language services will improve health service accessibility.



Consumer and community voice

is central to ensuring needs are met and effective partnerships with communities are sustained.



Continuous improvement

that reflects research and evaluation.



Clinical excellence

will promote high quality health outcomes.

Priority areas for action



The priority areas for action are grouped by the principles and provide an initial commentary on areas that will require focus to improve refugee health and wellbeing.

This section also includes links to resources and tools that can increase stakeholders' awareness of the unique refugee health experience, existing support services and innovative refugee models of care.

1. Collaboration and partnerships

- » **Action 1:** Communicate and collaborate with colleagues
- » **Action 2:** Establish the statewide refugee health and wellbeing network

2. Cultural responsiveness

- » **Action 3:** Modify usual practices to meet the health and wellbeing needs of refugees
- » **Action 4:** Use professional interpreter services

3. Consumer and community voice

- » **Action 5:** Engage with the community

4. Continuous improvement

- » **Action 6:** Measure, collect, collate, monitor and innovate

5. Clinical excellence

- » **Action 7:** Establish links and collaborate with primary healthcare providers



Collaboration and partnerships

Action 1:

Communicate and collaborate with colleagues

Effective collaboration, partnerships and planning within and between agencies and sectors is essential to enhancing the pathways for care for refugees and improving their health outcomes. To respond to the ever-changing immigration policy environment, the health system needs to be sufficiently robust and coordinated to ensure health information continues to be comprehensive and shared in a timely way.

Within Queensland and across the nation there is a rich source of expertise and experience from which health service providers can draw.

Action 2:

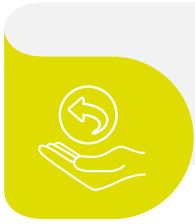
Establish the statewide refugee health and wellbeing network

A coordinated approach to sharing and distributing resources and information across partner agencies will be assisted by a statewide refugee health and wellbeing network that will:

- maintain collaboration through sharing of information and shared problem solving
- support health professionals and settlement services
- develop and implement innovative responses to refugee health and wellbeing issues
- articulate, plan and comment on health related policy
- embed a holistic view of health to recognise social determinants
- support clinically led networks such as the Refugee Health Clinical Advisory Group
- support links to national and international networks through, for example, the Refugee Health Network of Australia (RHeaNA).

For more information about the national refugee health network visit the [RHeaNA website](#).





Cultural responsiveness

Action 3:

Modify usual practices to meet the health and wellbeing needs of refugees

Cultural responsiveness describes the capacity of health services to respond to the healthcare issues of diverse communities, and requires knowledge and capacity at different levels of intervention. It also requires health services to engage effectively with communities to ensure health services are developed and informed by lived experience. Usual service practices may need to be modified to meet refugee health and wellbeing needs, and people's experiences and social and cultural practices.

Action 4:

Use professional interpreter services

An essential step in providing culturally responsive services that improve health literacy is to ensure effective communication between refugees and service providers through the use of professional interpreting services. Poor communication and understanding of a client's information needs can compromise a client's health outcomes and contravene health services' risk management requirements and duty of care.

For more information on interpreting services visit: [Interpreter and Patient Support Services](#) and [Translating and Interpreting Services](#).





Consumer and community voice

Action 5:

Engage with the community

Committing to engaging refugees and communities in health service planning, delivery and policy development will assist in addressing barriers in the provision of healthcare services. Engaging refugees and their communities will also assist in

improving health literacy, strengthening partnerships and facilitating an open and inclusive policy development process. Within Queensland and across the nation there is a rich source of expertise and experience from which health service providers can draw.

For an example of effective community engagement collaboration refer to The Greater Brisbane Refugee Health Advisory Group's [Evaluation Report February 2015](#).



Continuous improvement

Action 6:

Measure, collect, collate, monitor and innovate

Monitoring outcomes is critical to guiding and understanding the effectiveness of health and wellbeing interventions and innovations, as well as identifying both current and future refugee health and wellbeing needs.

To provide quality healthcare to refugees, service providers require an understanding of the diverse health and wellbeing impacts of the refugee experience including:

- the impact of resettlement and social factors such as low income and poor housing
- the special needs of particular groups within the refugee population (women, children, the aged, etc)
- risk factors and presentations for certain conditions
- refugee service entitlements.

For more information about the unique refugee experience visit the [Victorian Refugee Health Network's information library website](#). The library includes links to a wide variety of resources from Australia and around the world.

[Mater Health Services' Refugee Health website](#) also includes a number of resources detailing the unique refugee experience, including some translated information for patients.



Clinical excellence

Action 7:

Establish links and collaborate with primary healthcare providers

Refugees frequently have complex health and wellbeing needs. The early linkage of a refugee to primary healthcare providers who are sensitive to their needs is critical. Clinical practice for refugees should reflect the special needs of this group. A commitment to delivering evidence-based, quality healthcare for refugees includes:

- supporting the development of innovative models of care for refugees, including those with complex health needs, to achieve a successful settlement which includes access to, and effective engagement with, the primary care sector, non-government organisations and settlement services

- supporting the need for community-based specialist refugee health services, including mental health, to work in collaboration with primary healthcare
- promoting multi-disciplinary team-based healthcare, integrated with the Patient Centered Medical Home (PCMH) in the community to ensure right care, right time, right place
- supporting clinically led networks which enable easy sharing of expertise and new information.

For more information about innovative models of care for refugees, download the [*Coordinated primary health care for refugees: a best practice framework for Australia.*](#)

Appendix

Definitions

Refugee:

Any person who owing to well-founded fear of being persecuted for reasons of race, religion, nationality, membership of a particular social group or political opinion, is outside the country of their nationality and is unable or owing to such fear, is unwilling to avail themselves of the protection of that country; or who not having a nationality and being outside the country of their former habitual residence as a result of such events, is unable or, owing to such fear, is unwilling to return to it^v.

Culturally responsive:

Refers to healthcare services that are respectful of, and relevant to, the health beliefs, health practices, cultural and linguistic needs of diverse consumer / patient populations and communities. That is, communities whose members identify as having particular cultural or linguistic affiliations by virtue of their place of birth, ancestry or ethnic origin, religion, preferred language or language spoken at home. Culturally responsive describes the capacity to respond to the healthcare issues of diverse communities. It thus requires knowledge and capacity at different levels of intervention: systemic, organisational, professional and individual^{vi}.

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