

Submission to the Australian Government Department of the Prime Minister and
Cabinet

Review into integration, employment and settlement outcomes for refugees and
humanitarian entrants

Prepared by:

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INTRODUCTION

It is well documented that people from a refugee background have complex health and social welfare needs and struggle to access coordinated primary health care services in the Australian community.¹ If health issues are not addressed and people who have joined our communities through the Humanitarian Program, are not supported to access quality health care there is a risk of limiting their capacity to participate and contribute to our National and local economic, social and cultural future.

It is well known that health is an essential component for effective settlement. This submission is written from a health and wellbeing perspective to address the challenges of integration, employment and settlement outcomes for humanitarian entrants.

The submission has been written by the [Refugee Health Partnership Advisory Group Qld \(RH-PAGQ\)](#) comprising 25 key stakeholders (see Attachment 1) who collaborate to identify issues and develop strategic responses that meet the health and wellbeing needs of refugee background communities and asylum seekers settling in Queensland. The RH-PAGQ provides direction to the [Refugee Health Network Qld](#) and is guided by the [Refugee Health and Wellbeing: A Policy and Action Plan for Queensland 2017-2020](#). We have expertise in addressing the complexity of factors related to health and settlement and work collaboratively across Australia including with Refugee Health Network of Australia (RHeNA), Refugee Nurses Australia (RNA) and Migrant and Refugee Women's Health Partnership.

What are the most important changes the Government could make to improve outcomes for refugees?

1. Improve settlement planning to enhance health and wellbeing:

- [The National Settlement framework](#) sets out a commitment by the three tiers of government to enhance collaboration, sharing of information and coordination. The framework identifies three focus areas including planning however it does not provide additional resources. Whilst this framework provides a template for undertaking joint planning between governments, service providers and non-government the implementation on the ground is inconsistent. The RH-PAGQ has raised concerns with the absence of mechanisms for information sharing and planning especially with “on the ground” services like the Hospital and Health Services, primary care and other support services. This leads to poor planning, misalignment of resources, missed opportunities to leverage on innovative initiatives and ultimately poor settlement outcomes. There is an urgent need to review mechanisms for planning and Commonwealth's role in supporting local jurisdictions to undertake pre-arrival planning and ongoing information sharing. In particular, better use of existing mechanisms like Senior Officials Settlement Outcomes Group and closer engagement with existing

¹ Russell G, Harris M, Cheng I-H, Kay M, Vasi S, Joshi C, Chan B, Lo W, Wahidi S, Advocat J, Pottie K, Smith M and Furler J, 2013. *Coordinated primary health care for refugees: a best practice framework for Australia*. Report to the Australian Primary Health Care Research Institute.

networks like Refugee Health Network Qld, Refugee Nurses Australia and the Refugee Health Network Australia (RHeaNA) would enable closer collaboration with primary and tertiary health services, Primary Health Networks, non-government services and refugee background communities.

- Health and wellbeing is an identified priority area under the National Settlement Framework and is a [National Settlement Services Outcomes Standard](#) . To strengthen this focus it is recommended to develop a shared refugee health and wellbeing framework which recognises primary care as best placed to provide ongoing care but requires additional support. A stronger commitment to a shared vision for health and wellbeing will ensure settlement services are adequately resourced to meet specific health performance indicators and work closely with health providers at tertiary and primary care levels. Currently there are refugee health services in each state and territory and in many jurisdictions there is effective engagement with primary care and PHNs (Primary Health Networks) e.g. [Refugee Health Connect \(RHC\)](#). There are also active local refugee health networks which can be closely engaged in the development of a shared framework which will contribute to effective utilisation of health services and enable access to appropriate, affordable and quality health services and interventions.
- Pre-arrival planning with local communities by the three tiers of government, non-government and communities is essential in matching the interests, culture, language and social backgrounds of new arrivals and the local communities. This is a critical process for effective integration and settlement. It is recommended to identify new mechanisms for engagement especially in light of changes to the LACs (Local Area Coordination) requirements in the new HSP (Humanitarian Settlement Program). Settlement services are well placed to engage with local government and citizen groups to plan and build welcome and should continue to be inclusive, flexible and innovative in their approaches.

2. Support to access health essential for all vulnerable arrivals:

- Facilitated and resourced access to health care support to be available to people who arrive on family reunion visas (non-refugee visas). Currently this group does not have support to access health care which leads to long term influences on health and wellbeing and the capacity to settle, integrate and find employment.

3. Language support:

- The availability of professional interpreters in the primary care context is fundamental to delivery of safe, quality care delivered with respect and inclusion of patients.
- Access to interpreters for Allied Health Professionals is fundamental to accessible, quality care. As demonstrated by [interpreters for Allied Health programs](#) coordinated

by Brisbane South PHN, Brisbane North PHN and Toowoomba PHN. It demonstrates a need for TIS to be available to Allied Health including psychologists, occupational therapists etc. to meet the needs of humanitarian entrants.

- It is essential in the early planning process to identify existing capacities within the communities to determine the availability of appropriate and qualified interpreters. This would prevent the difficult situation faced by the recently settled Central African Republic humanitarian entrants in Townsville. The group faced many challenges including no interpreter in Australia who speaks the language of the families settling.

4. Social integration for health and wellbeing:

- The Australian Government has an internationally recognised settlement program with a focus on integration and social connection. This could be complemented by a focus on informal settlement support through social networks with the host population. As evidenced in a New Zealand study refugees identified that informal contact with a caring person was critical to fostering a sense of belonging in the host society and enlarging their social network.²
- Recent research into the resettlement experience of refugee women at risk highlights the depth of their social isolation which prevents social and economic participation³.
- Recent findings from a Churchill Fellow report into Supporting the Mental Health and Wellbeing of Resettled Refugees⁴ highlights the power of citizenship and community participation in supporting mental health and wellbeing of refugees through resettlement and integration.
- There is scope to expand engagement with local communities/citizen groups to promote welcome and integration e.g. religious organisations, neighbourhood groups and local businesses.

SUMMARY RECOMMENDATIONS:

- **Better use of existing planning and coordination mechanisms to enable effective delivery of health services.**

² Pahud M, Kirk R, Gage JD, Hornblow AR, [The coping process of adult refugees resettled in New Zealand](#), Research Paper No 179, New Issues in Refugee Research, UNHCR, November 2009.

³ Vromans L, Schweitzer RD, Farrell L, Correa-Velez I, Brough M, Murray K, Lenette C, "Her cry is my cry": resettlement experiences of refugee women at risk recently resettled in Australia, The Royal Society of Public Health, Elsevier Ltd, 2018

⁴ Turner G, [Supporting the Mental Health and Wellbeing of Resettled Refugees](#), Report for the Winston Churchill Memorial Trust of Australia, 2017

- **Develop in collaboration with all stakeholders a national refugee health and wellbeing framework to underpin planning and coordination of health service delivery.**
- **Stakeholders need to sign up to a shared vision for health and wellbeing for settlement, including that primary care is best placed to provide ongoing care but requires additional support.**
- **New mechanisms for engagement with communities need to be developed in light of changes to the LACs (Local Area Coordination) requirements in the new HSP (Humanitarian Settlement Program).**
- **Support needs to be provided for all vulnerable arrivals including those who come from refugee-like experiences but do not arrive on refugee visas.**
- **Existing community capacities need to be developed early in the planning to determine for example the availability of appropriate and qualified interpreters.**
- **TIS access for Allied Health Professionals should be provided for all humanitarian entrants.**
- **Settlement services should continue to identify innovative mechanisms for partnerships with local groups.**

What factors have the greatest positive and negative impacts on refugee employment outcomes?

- It is well documented that refugees and migrants face considerable challenges in obtaining employment and in particular employment in their professional fields. A recent Deloitte analysis⁵ found that despite over 80,000 skilled migrants and refugees coming to live in Queensland over the last 10 years, half (49%) are not fully utilising their skills and experience in the labour force” (p.7)

“Not recognising the skills and experience that migrants and refugees bring to Queensland comes at a cost to individuals to all levels of government, to industry and to the economy”.

- A longitudinal study investigating the predictors of employment among refugee migrants highlights that whilst important, English proficiency and overseas skills recognition are not necessary predictors of employment for refugee background migrants⁶.

⁵ Deloitte Access Economics, Seizing the opportunity: Making the most of the skills and experience of migrants and refugees, A research report for Multicultural Affairs Queensland, November 2018

⁶ Correa-Velez I, Barnett AG, Gifford S, Working for a Better Life: Longitudinal Evidence on the Predictors of Employment Among Recently Arrived Refugee Migrant Men Living in Australia, International Migration, Vol 53 (2) 2015

- The evidence from the longitudinal study and the Deloitte report highlight the importance of local networks and work experience to enhance employability. Employer hiring practices that favour local experience or have lack of experience with employing “visibly different” recently arrived refugee settlers are considerable barriers.
- Greater focus on providing internships and work experience programs like [Career Seekers](#) in Sydney and Melbourne could be modified for the health sector where professional registration and skills recognition are critical. The Deloitte report supports a multipronged approach and close collaboration between Government, Industry and Community. For example the successful inaugural internship program for an Assistant In Nursing (AIN) at Mater Health demonstrates the partnership between industry and community with significant benefits to both the individual and the organisation.
- It would also be relevant to take into consideration that when talking about employment, existing literature highlights that measuring the economic contribution of people from refugee backgrounds in purely financially and short term parameters (rates of paid employment) is reductionist and inaccurate .⁷ Refugee economic participation must be understood and measured in the long term, sometimes across generations, and in the context of human, social, produced/financial, and natural capital. When this model of measurement is applied, refugee populations are seen to make significant contributions by opening new markets, filling empty jobs, starting new social and business enterprises, bringing new skills, knowledge and diversity, building social networks and communities and volunteering.
- Review the current Job Active Providers (JAPs) system. Currently, people from a refugee background are grouped together with all other job seekers, including newly arrived migrants. There is an expectation that JAPs have the responsibility to provide culturally sensitive and individually tailored services provision. However, the specific needs and challenges faced by this client group are not formally recognised by the system and they are not required to provide trauma informed service provision to this cohort. Informal feedback and anecdotal evidence provided to services of this network include JAPs not using interpreters even when one is requested, job plans and mutual obligations not effectively being explained, JAPs not recognising or responding to trauma related mental health issues being faced by clients and clients being made to search for work on computers on their own even though they may not have basic level of English or might be illiterate in their mother tongue.
- Consider the competing pressure of having to learn a new language and at the same time having to look for work. This continues to create anxiety, stress, confusion and

⁷ Parson, R (2013) Assessing the economic contribution of refugees in Australia (MDA)
<http://apo.org.au/node/35435>

levels of shame and inadequacy in this client group which it will further impact in the positive outcome of finding employment.

SUMMARY RECOMMENDATIONS:

- **Government focused employment programs need to take an active role in upskilling a health work force and partner with health organisations interested in developing internships that focus on refugee health. Government should allocate a target number of places for traineeships in health care focusing on health system navigation that facilitates integration and employment outcomes of humanitarian entrants.**
- **Government should consider innovative initiatives like internship programs for overseas trained professionals or individuals having difficulties gaining registration to professional bodies. Governments should implement policies that are inclusive and flexible e.g. flexible recruitment processes, mentoring programs and not limit internships to younger arrivals.**
- **Government should review the JAP's system to enable more flexible and trauma informed approaches to job seekers.**

What challenges and opportunities arise for refugees settling in regional areas?

Small regional communities can facilitate smoother settlement influencing ease of integration and often provide better community supports. The Refugee Health Partnership Advisory Group and the Refugee Health Network Queensland represent and monitor the health and wellbeing issues for new arrivals across Queensland. These mechanisms have identified significant additional issues in regional and remote Queensland where lack of development of service systems and primary care options impact on the capacity of refugee new arrivals being able to have their health issues addressed adequately. In 2018 the new cohort of Central African Republic (CAR) to Townsville created challenges to the health systems.

A large group of Central African Republic (CAR) families arrived in Townsville in November. Townsville Multicultural Support Group Inc. (TMSG) staff were aware that they were coming from the same location as the first group of CAR arrivals, many of whom had tested positive for malaria after arrival. Little pre-arrival health information was provided through HSP system, and information from the other CAR group arrival had proven unreliable. TMSG and Refugee Health Nurse (RHN) attempted to establish a pathway of referral for testing of malaria for this group prior to arrival with the Townsville Hospital Health Service (THHS), however at this point in time it was not known if there was an avenue for pre-emptive testing of this group. To be tested through THHS, clients had to show malarial symptoms and present to ED. As a consequence, the weekend after the large group arrived TMSG supported at least 5 clients to attend THHS emergency department with malarial symptoms, some of whom were admitted as in-patients. Other clients fell ill with malaria over the next couple of weeks, or tested positive through blood test as part of their comprehensive health assessment. Lack of a clear guidance for treatment of malaria resulted in some confusion with HSP case managers (and possibly health staff) As a result, THHS/RHN are currently working bringing together stakeholders to discuss contingencies around malaria treatment for new arrivals.

- Currently regional primary care services are able to access support through the Refugee Health Network Queensland resources and training and through the working groups attached to the RH- PAG – especially the Clinical Advisory Group, the interpreter working groups and the annual state-wide refugee health showcases.
- RH-PAG has sponsored a coordinated state wide funding submission to Qld Health to build sustained capacity in refugee health services across all settlement regions.
- Currently all these initiatives and partnerships are funded through state government, PHNs and philanthropic sources. Given the increased emphasis on regional settlement, it is even more imperative that the Commonwealth through its HSP resources work closely in the regions with existing initiatives, networks and partnerships to improve the health component of good settlement.

Regional Health Challenges:

- Under resourcing to support and encourage local health personnel of their capacity to respond to refugee health needs influenced by historical peaks and troughs of arrivals. Arrival levels are currently increasing and having significant impact on capacity and professional confidence. Peaks and troughs of arrivals affecting ongoing knowledge of changing health personnel workforce.
- Managing panicked reaction of health personnel to new cohort health issues resulting in confusion, miscommunications and a lack of coordinated strategies across health authorities
- A ‘push back factor’ from health services to the settlement service along with unrealistic expectations of settlement service capacity (interpreter/transport/ connection to allied health professionals.
- Minimal resources to support and encourage uptake of interpreter services.

Opportunities:

- Capacity to engage community members as volunteers to support client navigation of systems.
- Opportunity to consider “nurse navigators” for humanitarian entrants (Qld Health initiative).
- Sound Collaborative networks in place that can be utilised to strengthen health knowledge and delivery of services. Refer Townsville Case Study (see Attachment 2).
- Good will of regional centres and awareness of increased economic and labour force opportunities of regional settlement.

SUMMARY RECOMMENDATIONS:

- A collaborative review of resourcing to bring regional centres in line with health resourcing of major metropolitan centres should be conducted at both Commonwealth and State levels.
- A Regional refugee health policy should be included within a National Refugee Health and Wellbeing framework
- Additional resourcing should be made available to enable national and State wide sharing of innovative digital and technological processes to enhance refugee pathways to good health and subsequent sound settlement outcomes. (Improve access to support services utilising technology such as video conferencing would improve settlement outcomes).

What works well in Australia's settlement service provision, and where is there room for improvement?

It has been noted that when there are strong partnerships across settlement, health, communities and other key stakeholders' significant outcomes are gained. There are two case studies available on line in the Policy and Action Plan, Case Study 1 "[*What happens when diverse stakeholders come together to address oral health needs of recent arrivals? An amazing dental fair*](#)" and Case Study 2 "[*What happens when an effective collaborative partnership is sustained?*](#)" These illustrate successful settlement outcomes and innovative models from a health and wellbeing perspective.

Attachment 1

Membership of Refugee Health Partnership Advisory Group Qld current for 2018:

- Access Community Services Ltd
- Australian Red Cross
- Brisbane North PHN
- Brisbane South PHN
- Cairns and Hinterlands Hospital and Health Service
- Centacare Multicultural Services Cairns
- Children's Health Qld Hospital and Health Service
- Darling Downs Hospital and Health Service
- Darling Downs West Moreton PHN
- Department of Social Services (DSS)
- Mater
- MDA Ltd – Brisbane
- MDA Ltd – Toowoomba
- Metro North Hospital and Health Service
- Metro South Hospital and Health Service
- Queensland Health – Strategy, Policy and Planning Division
- Queensland Health : Mental Health Alcohol and Other Drugs Branch
- Queensland Health: Communicable Diseases Branch
- Queensland Health: Office of the Chief Dental Officer
- Queensland Program of Assistance to Survivors of Torture and Trauma (QPASTT)
- QUT – Faculty of Health
- St Vincent's Private Hospital
- Townsville Hospital and Health Service
- Townsville Multicultural Support Group Inc.

Please note Multicultural Affairs Queensland (MAQ) abstained from contributing to this submission

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Attachment 2

Townsville case study

2018

A Congolese woman with a 6 and 1 year old arrived in Townsville in March 2018. She had very limited level of English and lifeskills. Her medical information indicated she was HIV positive. The refugee health nurse in Townsville supported the woman to attend the sexual health clinic for treatment, showed where and how to purchase medication, and linked to early childhood health nurse for advice regarding safe breastfeeding, resulting in very positive health outcomes for both mother and children. When the family decided to move to Brisbane in October 2018, the RHN informed all of the health services the family had accessed in Townsville - including sexual health of the patient's plans to relocate. The RHN put together all the woman's and children's relevant health information in a hard copy record for her to take with her to her new GP clinic in Brisbane. Without this record it would have been very difficult for the woman to explain her health information to the new services, resulting in a negative outcome for the client.

What are the key elements that demonstrate success?

- Recognition of the client's particular circumstances
- willingness to work collaboratively between services
- coordinate of care
- information provided to the family which they owned

What structures, programs, policy or leadership supported this success?

Refugee health network advocacy for RHN in Townsville

